

Leaving Care in Massachusetts: Policy and Supports to Facilitate the Transition to Adulthood

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Executive Summary

Young adulthood is a challenging developmental time period even under the best of circumstances. For youth leaving foster care to transition to a life of independent adulthood this period has particular challenges. Although many of these young people have both the internal resilience and external support to successfully manage this challenge, for others serious obstacles can temporarily or permanently derail prospects for a healthy adulthood. Numerous studies have identified that former foster youth who leave care at age 18 are vulnerable to a wide variety of negative outcomes. None of these studies, however, focused specifically on Massachusetts.

The current study was designed to spotlight the situation in Massachusetts with the intent to produce data for use in developing enhanced strategies to assist transition-age foster youth with establishing a successful young adulthood. This study was conducted in response to a Request for Proposals (RFP) issued by the Massachusetts Task Force on Youth Aging Out of Department of Social Services (DSS) Care.

The RFP indicated the desire for a study to gather information related to:

- the quantity and quality of transitional services youth received or utilized while in care;
- outcomes achieved within 1-2 years of leaving custody;
- relationship between services received and youth outcomes;
- policy and program responses needed to improve outcomes for these youths.

To address these information needs Boston University School of Social Work designed a study with four components:

- an examination of DSS administrative data;
- a retrospective survey of youth who turned 18 while in care;
- a qualitative study of youth who have re-entered care after 18;
- interviews with key policy and program stakeholders.

These multiple methods were utilized to provide a comprehensive perspective on the issue of youth transitioning from care.

Key Findings

Numerous findings are provided in the final report. The findings reflect analysis of DSS administrative data for 812 youth who turned 18 in 2005, surveys with 96 former foster youth, qualitative interviews with 16 youth who re-entered care after age 18, and qualitative interviews with 30 policy and program stakeholders. Selected findings are highlighted below.

Analysis of State Agency Data

- 812 youth turned 18 while in the care of DSS in 2005.
- The most frequent reasons why these young people were initially removed from their homes were: child behavior problems (34%), neglect (27%), and caretaker inability (25%).
- Being on the run from placement was not uncommon; approximately 5% of youth placed out of home were on the run.

Retrospective Survey of Youth

- Prior to age 18: 46% received assistance with high school or GED; 53% with reconnecting with family; 38% with employment; 66% with life skills; 83% with accessing health care; and 48% with housing assistance.
- Post age 18: 41% received assistance with high school or GED; 21% with reconnecting with family; 33% with employment; 28% with life skills; 62% with accessing health care; and 44% with housing assistance.
- In all categories, both prior to and after age 18, at least 75% of those receiving these services reported them to be helpful.
- Housing assistance was the most common service that young people thought would be helpful.
- Over half of the sample reported having a DSS outreach worker at some point in care (pre or post 18); feedback about this service was generally positive.
- Both quantitative and qualitative feedback about experiences with DSS care were overall more positive than negative and identified several experiences with caring workers. Often, however, young people did express the belief that the agency or workers could have done more for them.
- Qualitative comments about earlier foster care experiences suggested many young people perceived these experiences negatively.
- The majority of respondents (90%) had contact with their birth families. Siblings and mothers were the most frequent family members with whom the young people were in contact.
- The majority of respondents (69%) reported that they had a mentoring relationship with an adult other than a parent or guardian.
- Data on outcomes included the following:
 - 37% reported an experience of perceived homelessness since age 18
 - Since age 18: 62% had completed high school, 28% had completed a GED, 38% had completed a job training program, and 42% had enrolled in college

- 46% were currently employed; of these, 55% were employed more than 20 hours per week
 - average monthly income was \$621; less than half (43%) reported being able to save money
 - 70% reported excellent or good physical health; 49% reported excellent or good emotional health
 - 95% were able to see a health care provider, when needed, in the past year; 87% were able to see a counselor or therapist, when needed, in the past year
 - 43% have been pregnant or gotten someone pregnant
 - 30% reported being threatened or injured with a weapon in the previous 12 months
 - 33% reported ever having been hurt physically and/or sexually on a date
 - 11% reported sexual contact against their will within the past 12 months
 - 67% had not used illegal drugs and 69% had not drunk heavily in the past 30 days
 - 59% reported within the past 12 months having felt “sad or hopeless almost every day for two weeks or more in a row.”
- Outcomes were generally better for those young people who were still in care versus those not in care although it is uncertain whether being in care protects against negative outcomes or whether those doing better on these outcomes are more likely to remain in care.
 - Those still in care reported more empowering treatment while in foster care and more satisfaction with services from DSS than those who were no longer in care.

Qualitative Study of Youth Who Return to Care

- Reasons for choosing to initially leave care included: desire for independence, failure of their last placement/living situation, being tired of programs and placements after a long history of care, and running from placement.
- Youth experienced greater freedom in decision-making when they returned to care post-18 and this helped make their experience with DSS better than it had been prior to age 18.
- Youth expressed appreciation and positive feedback for the work of the DSS adolescent outreach worker at this stage in their life.
- The main reason young people chose to return to DSS care was because of the concrete assistance DSS could provide, primarily with housing and educational assistance. Some had experienced a crisis after living on their own that led them to ask for help.

Stakeholder Interviews

- Stakeholders had a variety of perspectives on the problem of youth transition and potential solutions. Some of the key system problems identified included: the core focus of the child welfare system is child protection which is not congruent with this population; state agencies do not work collaboratively to serve this population; there is a lack of existing opportunities and

options for this population (especially housing); implementation of large scale initiatives is lacking even when there is vision; and there is no accountability for poor outcomes.

- Potential solutions included: create a sense of permanency for these youth; develop better data, research, and evaluation systems; develop more comprehensive youth-development-oriented programming; enhance coordination among state systems; create legislative change that supports services to this population; and encourage more youth to sign back in for care post-18.
- Two political challenges to serving this population included the belief that children and adolescents do not get a fair share of political attention and that resources to assist them are constantly inadequate. There was some political optimism expressed, however, due to the new governor and committed members of the legislature.

Conclusions and Recommendations

Concrete assistance, especially with employment and housing, is warranted. In other domains, such as health care and education, positive outcomes are more apparent. The challenges of employment and housing appear more difficult, hence they require concentrated attention. Additionally, these are the two service areas that youth most frequently suggested would be helpful to them (Table 10).

Good employment opportunities not only provide skills and entrée into the world of work, but can also provide the natural mentoring opportunities that provide sustained interpersonal connections as well as enhanced linkage to the world of work and the possibility of career trajectories. We found very little evidence of concentrated planning and linkage to sustained employment. It was noted by some respondents that although federal, state, and local employment and training programs are technically open to foster youth, in reality it can be hard to get these young people into these slots. While education is important, and may lead to good jobs in the long term, more immediate employment options are also needed.

Many youth spoke about completing high school or obtaining a GED while others spoke about enrolling in college. These are obviously fine accomplishments. It is important to consider, however, the appropriateness and timing of continued educational pursuits. Young people described instances in which education was pushed on them in order to receive services. This practice should be reexamined. Youth who are not ready to attend secondary or proprietary schools should be allowed to explore alternative transition pathways, namely employment. Although education is an important and easily measured outcome, it should not be a standard pathway by which all youth are measured.

Housing assistance is definitely needed and we believe this may be the most difficult challenge for this population because of the high cost. When asking respondents about the housing assistance they received, most responses focused on foster homes and group care or independent living arrangements. This is not the kind of housing assistance the questions sought to elicit but the answers are indicative of the rather short-term approaches that seem to be in play. The high percentage of young people who reported episodes of homelessness since age 18 also indicated problems in this area. Housing experts participating in the stakeholder interviews spoke well on this issue, but other stakeholders rarely addressed housing needs at all. Further efforts in this area need to make use of housing experts, who identified the need for additional rent subsidies as part of the solution.

Given the feedback provided by the surveyed youth about their experiences in the foster care system (Appendix B), we suggest *greater attention to the selection and oversight of foster parents*, as well as *mechanisms by which youths' voices about their foster care experience while in placement can be heard*. Respondents' statements of their negative earlier experiences in foster care surprised us because this was not the focus of the survey. It clearly must be important if so many youth speak to it when not even prompted by a specific question. We had expected the feedback that youth would provide would be more focused on their transition experience; instead, a sizable number focused on their earlier, negative experiences in foster care. Aside from the need to address this issue for all the current young people in foster care, it may also suggest that for transition-age youth this continued focus on their painful earlier experience and the associated trauma, may inhibit their ability to be fully successful in their transition.

We recognize that the lack of sufficient quality foster homes is a substantial problem. DSS needs assistance to address this problem; *citizens of the Commonwealth need to share this responsibility by stepping forward to serving as foster parents and to support foster parents and foster children in their communities*. DSS is responsible for recruiting, training, and licensing foster homes, but this work can only be done if there is a sufficient supply of quality foster homes available. Much of the data gathered from young people illustrate their "likeability" and similarity to other young people in their age group. Other data spoke to the negative public perceptions regarding adolescents in care. *Greater efforts to change these negative inaccurate perceptions of young people are needed* and may serve foster home recruitment efforts.

As for mechanisms by which youth voices can be heard regarding their current foster care experience, there are multiple options for this and we assume that DSS already has some mechanisms in place. Review of these options should be conducted, including the *establishment of a children's ombudsperson to receive and address these complaints*. Additionally, *periodic surveys of all youth in foster care*, independently conducted, might be used as a protective mechanism.

The data suggest, for the most part, young people who had access to the DSS adolescent outreach program found this experience to be helpful and felt a good rapport with their outreach worker. Data also suggest that many young people do not have access to this service. *Expansion of the DSS adolescent outreach program* to serve a greater number of youth is recommended. Unlike many other child welfare services, providing outreach services, like other post-18 services, can be relatively low cost. Much of the work involves guidance, check-in, and concrete assistance by a supportive, knowledgeable worker. This type of service does not carry the same expense as residential or therapeutic services, for example. Currently all funding for the adolescent outreach program is provided by the federal government. State funding is needed to expand the program.

Much of what we heard from young people in this study seems reminiscent of the challenges of the vast majority of young adults. To the extent possible, *programming should emphasize a normative model of intervention*. Interventions need to treat them like young adults. They appear to respond well to guidance rather than rules. Several spoke of their greater satisfaction with post-18 care than pre-18 care because of this difference. Furthermore, the voluntary nature of post-18 services makes a big difference to the young people. *Enhanced efforts to allow young people as much real choice and voice as possible prior to 18* may lead to greater satisfaction with DSS services.

The extensive lack of collaboration among the state agencies who serve this population was identified as a problem by many. This is a long-standing problem for children's services in nearly every state in the country and there appears to be virtually no progress on this problem. It is clearly related to

state agency resources. When state agencies have difficulty meeting the needs of their core populations they will always remain reluctant to expand their services to other populations served by other agencies. *Appropriate incentives need to be created at the executive level that will induce better cooperation.*

Another problem, identified in this study, and common across child welfare is the implementation of initiatives both within and outside DSS. Leaders often get extensive credit for the unveiling of new efforts, but comparatively little attention is addressed to the difficult and unheralded work of translating ideas, vision, and frameworks into the reality of day-to-day practice. There was evidence in the data that practices related to permanency initiatives, adolescent outreach services, and connections with family can vary across DSS offices and the contracted agencies. *Greater standardization is needed across the agency.* Furthermore, state agencies should *utilize the expertise of front-line workers in identifying and removing barriers to implementation of new practices.*

Allowing former foster youth to sign back into care seems to be an idea that is supported by the youth and the policy/program stakeholders. There have been problems in the implementation of this policy, however. First, the study identified concerns that the criteria for signing back into care are too stringent, and consequently that DSS serves the easier and more compliant youth. This is a particular concern because some youth with great needs may not be able to access services post-18. Youth expressed some concern and also partial confusion about the criteria. Some also identified, however, that having these criteria forced them to take some positive action. The data are inconclusive as to whether this is a problem, how big it is, and the reasons for it. We would suggest that it is in part a resource issue; there are not enough resources to serve all eligible youth and, therefore, the agency must engage in rationing. It may also be an implementation issue; the return-to-care policy is relatively new and procedures may need refinement. It may also be true that DSS does “cherry-pick” the cases. Greater attention to this issue is needed, as overall it does appear that youth who returned valued the opportunity to do so.

There is no doubt that relationships and social networks are of vital importance to these young people. Many young people seem to have relationships with adults and their brief descriptions in these interviews suggest some healthy and strong bonds. The science of creating sustained relationships in natural environments is not strong, however. *While the desire to help youth have permanent relationships is reasonable and should be pursued, it should be pursued cautiously.*

Connection with birth family is common among these young people. This finding is consistent with other studies and continues to raise questions about how we might better facilitate connection and reconnection between foster youth and members of their families of origin. These are often highly complicated situations and reconnection with family is not a panacea for helping young people find connection. Yet, sometimes our efforts can be overprotective, especially with adolescents and young adults who have or can learn the ability to assess relationships and make choices about what works for them. In this study we did not hear many youth express the desire for greater connection with their birth families. Some already have a connection, either facilitated by DSS or developed on their own. Others spoke about earlier efforts at reconnection that did not work. Only small percentages thought additional efforts would be helpful to them.

Young people with special circumstances did not receive as much attention in this study as they deserve. Groups with special needs might include youth with serious developmental disabilities or mental illness, youth with substance abuse issues, and immigrant youth. This study aimed to examine the broad population of youth transitioning from care. *Youth with needs such as those listed are likely to need some*

specific and concentrated attention.

We did have a fairly large sample of parenting young adults and can draw some conclusions for this sub-population. Youth who become parents at an early age most likely will experience some challenges, regardless of whether they experienced foster care. Surveyed youth described challenges related to maintaining custody of their infants and accessing financial resources that would allow them to care for themselves and their child. *Parenting youth need more independent living housing and day care options in order to support continued educational and training opportunities and to lower the risk of current foster care youth being investigated for neglect.*

Running away is a serious issue that does not receive enough research, practice, or policy attention. These youth are often, but not always, vulnerable while on the run. Often they are known to “run to” family and friends where they want to live instead of a foster home or group care placement where they do not want to live. Running from care was not a core focus of this study but several components of the study indicated it to be a problem requiring attention. From the administrative data we learned that sizable percentages of youth run from care. Many in the survey or the qualitative interview spoke about their experiences running and the reasons for doing so. Generally, they had unstable living situations and were less likely to have consistent educational instruction. Furthermore, youth who run from care seem to have a history of running, and for some, running is linked to their desire to have voice about what happens in their lives. *Efforts to increase attention to youth voice may help limit running behavior and thus keep youth connected to safe environments and educational systems.*

Some youth have relatively good experiences in foster care and in their connection with the child welfare system. Others do not. It is clear from the data that a “good worker” (whether DSS or private agency) can make an important difference. Our aim should be to insure that more youth receive the kind of concentrated and personal attention provided by some. Caseload size is a chronic problem that prevents the best of care. Additionally, some respondents (both youth and stakeholders) suggested, and we concur, there is a need for *greater specialization in adolescent-focused child welfare work.*

Analyses of demographic data on gender, race, and sexual orientation suggested that DSS services were reaching young people in equal proportions to their distribution in the population; no apparent bias is seen in terms of one group getting more or less service than another. *Some of the risks were not evenly distributed*, however. For example, females were more likely to be parents and to express feelings of depression. Latino and Black youth were more likely to report recent unwanted sexual contact. Gay, lesbian, and bi-sexual youth appeared to be at risk for a variety of poor outcomes; consequently, enhanced intervention is needed by DSS and other service agencies.

Data regarding risk behaviors suggest that these young people are vulnerable to violence and victimization. These appear to be much greater risks than illegal behavior, drug abuse, or heavy alcohol use. The reasons for this vulnerability may be many, including some of the unstable housing situations that may put youth at risk. The data also suggested that many youth are challenged by poor emotional health. These may not be problems specific to former foster youth; *further efforts to support the protection and well-being of all young adults are needed.*

Some stakeholders addressed the issue of politics regarding children’s services; the tendency of various sectors and organizations to jockey for positioning on this issue. Although this is a reality of social service systems it is a danger to advancing the well-being of children and youth. One mechanism to withstand some of the politics of children’s services is *greater attention to evaluation and outcomes,*

although we are well aware that evaluations can be used for political purposes rather than measuring and improving services. All of the agencies serving children and youth, especially the state agencies, must be more open to *independently conducted evaluation* of their services. Internal evaluations and those done in partnership will not suffice. If agencies are unwilling to do so voluntarily the legislature should mandate this.

In conclusion, the data presented in this report suggest that some former foster youth are doing quite well; others are struggling in several ways. Additionally, services are available to many youth and there are indications that these services are needed, appreciated, and helpful. The data also clearly suggest that more might be done to assist former foster youth with the transition from care and have provided some guidance on next steps in policy and program development. The costs of assisting this population would likely be relatively small compared to the vast placement and therapeutic costs that have already occurred. Moreover, the potential pay-off in terms of long-term healthy, productive, engaged adults is substantial.

Introduction

Young adulthood is a challenging developmental time period even under the best of circumstances. For youth leaving foster care to transition to a life of independent adulthood this period has particular challenges. Although many of these young people have both the internal resilience and external support to successfully manage this challenge, for others serious obstacles can temporarily or permanently derail prospects for a healthy adulthood. Numerous studies have identified that former foster youth who leave care at age 18 are vulnerable to a wide variety of negative outcomes (e.g., Cook, 1994; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Festinger, 1983; Reilly, 2003). None of these studies, however, focused specifically on Massachusetts. The current study was designed to spotlight the situation in Massachusetts with the intent to produce data for use in developing enhanced strategies to assist transition-age foster youth with establishing a successful young adulthood.

This study was conducted in response to a Request for Proposals (RFP) issued by the Massachusetts Task Force on Youth Aging Out of Department of Social Services (DSS) Care. The RFP indicated the desire for a study to gather information related to: the quantity and quality of transitional services youth received or utilized while in care; outcomes achieved within 1-2 years of leaving custody; relationship between services received and youth outcomes; and policy and program responses needed to improve outcomes for these youths. Thus, the cornerstone of this study was a retrospective, in-person survey of youth who turned 18 while in foster care. In addition to this retrospective survey, our study design included three other components: a qualitative study of youth who re-entered care after 18, after previously leaving; an examination of DSS administrative data; and interviews with key policy and program stakeholders. Each of these components addressed the transition issue with a slightly different focus. The use of multiple methods, including qualitative and quantitative components, provides a fairly comprehensive perspective on the issue of youth transitioning from care.

We believe the data in this report identify both successes and continued challenges in effectively serving this population. Although some of the data may be critical of the child welfare system, other data identify aspects of excellent work on behalf of youth and families. We suggest the information provided be viewed from a broad non-political perspective. Like one of our stakeholder respondents we have “no time for blaming” and “believe people are trying.” The challenge is to use the findings and conclusions of the report for engaging in thoughtful and productive efforts to better serve former foster youth as they transition from care.

Background

Until recently, social policy attention to supporting adolescents and helping to guide them through the early years of adulthood has been virtually nonexistent. When adolescent needs are addressed the emphasis of intervention has typically been on the prevention of social problems such as teen pregnancy, substance use, and juvenile delinquency. In general, social policy targeted toward adolescents has lacked a proactive approach that promotes positive development.

Young adults leaving care are an important population requiring intensive study and intervention for several reasons. First, the research that has been done on this population suggests that negative outcomes are common. Studies have consistently identified high rates of unemployment and homelessness, poor health, limited educational attainment, and other poor outcomes (e.g., Barth, 1990; Collins, 2001; Collins, 2004; Cook, 1994; Courtney & Dworsky, 2006; Courtney, Piliavin, Grogan-Kaylor, & Nesbitt, 2001; Festinger, 1983; Iglehart & Becerra, 2002; Lindsey & Ahmed, 1999; McMillen & Tucker, 1999; Mallon, 1998; Reilly, 2003). Because they have spent large parts of their lives in

substitute care and generally come from families who experience multiple problems, these youth rarely have access to the type of sustained support provided by most families of origin. For these youth, families of origin may not exist or, if they do, may have limited capacity to provide support.

There are, undoubtedly, many challenges that youth in Massachusetts face that are similar to those facing youth in other parts of the country. A recent report on this issue produced by the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC, 2005) has been a helpful resource in summarizing the situation for former foster youth of the Commonwealth. In 2004, 624 youth “aged out” of DSS. Among the outcomes noted in the report were the following: foster care youth were twice as likely as other students to fail the MCAS and three times more likely to be special education students; a census of young adults in homeless shelters found one-quarter reported past involvement with DSS. The report noted that there is a lack of Massachusetts-specific data on rates of higher education, employment, housing status, and other key outcomes.

Massachusetts has increasingly focused on the needs of adolescents in care and transitioning from care, and has developed several supports for older foster care youth. For many years, DSS has offered training to its workers, including foster parents and group home staff, on an independent living skills curriculum: Preparing Adolescents for Young Adulthood (PAYA). Use of PAYA modules by adolescents in care is designed to assist them in their preparation for adulthood. Topics include: financial management, health and safety, housing, education and employment, for example.

Second, DSS offers an adolescent outreach program, funded from the federal Chafee program (Foster Care Independence Act, P.L. 106-169), to assist youth with the transition from care. Youth who receive services from this program have an outreach worker to assist with accomplishing tasks related to planning a successful transition (e.g., finding housing, enrolling in an educational program). The focus is on the experiential practice of gaining independent living skills. In keeping with the Chafee legislation, DSS has recently expanded its services to former foster youth who would like to return for services after age 18. Additionally, DSS has a well-established Youth Advisory Board that predates many such boards in other states.

Other assistance that Massachusetts provides to this population includes educational support and Medicaid coverage for all youth who age out of DSS up to their 21st birthday. Even prior to the federal Educational and Training Voucher program, Massachusetts provided some financial assistance for higher education through state mechanisms: the Foster Child Grant Program, State College Tuition Waiver Program, and the William Warren Scholarship Program.

All of these efforts are aimed to assist youth, and likely provide needed help for some young people. Given the level of need, however, it is probable that further support is needed.

Research Components: Purpose and Methods

This study conducted four separate data collection activities to explore, explain, and understand the challenges facing youth leaving care in Massachusetts. In this section we describe the research methods used for each of the components. The data collection instruments are in Appendix A.

1) Analysis of administrative data for all youth who turned 18 in 2005

The purpose of this study component was to determine a descriptive profile of all youth turning 18 in one recent calendar year. Although administrative data generally lacks depth to tell a rich story about the circumstances of these youth, they can provide an overall picture of the entire population of transition-age youth.

Administrative data were requested from the Department of Social Services on youth who turned 18 while in care during the calendar year 2005. Identifying information was stripped from the data files by DSS data staff prior to release of the data to the project team. Four data files were prepared by DSS: 1) demographic characteristics of youth; 2) home removal episodes (e.g., reason for removal, start and end dates of removal episode, reason for ending removal); 3) placement history (e.g., type and time period of placement); and 4) services received while in care. Each of the data files contained a unique code that was used by the project team to merge the data files. Additionally, the files were reconstructed so that the individual was the unit of analysis rather than the home removal episode, the placement, or the service provided.

Data analysis primarily focused on providing a descriptive portrait of the sample. As is often the case with administrative databases, some variables had extensive missing data or had idiosyncratic codes which made it difficult to draw conclusions.

2) Retrospective survey of youth who turned 18 while in care

The purpose of this component was to survey the experiences of young people post-18 to determine the services received, outcomes attained, and other experiences as they moved into adulthood.

Target sample and recruitment methods: The Request for Proposals stated the interest in “outcomes achieved within 1-2 years of leaving custody”. Thus the target sample for the study was young people who turned 18 in calendar year 2005. Based on information provided by DSS, 660 youth turned 18 in 2005, and were the target sample for this component.

Recruitment efforts began with two mailings to youth. The first was a formal letter outlining the study and requesting participation. The second was a more informal flyer. Each of these listed the project hotline number at Boston University. These letters were sent out by DSS to the 660 identified sample members. Approximately half were returned, however, due to currently incorrect addresses. DSS outreach personnel further assisted by attempting to use existing phone numbers to call youth whose letters had been returned. These phone numbers were typically disconnected, or otherwise did not lead to the youth, and after attempting approximately 40 with no success, this strategy was abandoned.

At later points in the study, two additional mailings were conducted with the assistance of DSS. In spring of 2007, DSS assisted in using an internal locator database to identify more current addresses for those letters returned. Using these more current addresses a third mailing was conducted. In the

summer of 2007 another strategy was used involving cross-referencing the sample members with a Medicaid address database. Using these addresses a fourth mailing was conducted.

Additional mailings were sent to a wide variety of social services agencies in Massachusetts. Early in the study we sent informational materials to 250 youth serving agencies. Later in the study we expanded our scope and sent materials to an additional 450 social service agencies including shelters, food pantries, health centers, job training centers, welfare offices and other settings that serve this population (e.g., student services offices of community colleges). These mailings included informational flyers about the study requesting interested youth to call the project hotline.

We also requested agencies of the Task Force to provide information about the study to the eligible youth that they serve. Other efforts to recruit youth included the following: we requested the DSS Commissioner send an email to all DSS workers to inform them of the study and to encourage them to let eligible youth know about the study; we requested MSPCC to use their email networks of foster parents to post a notice of the study and request foster parents who know of eligible youth to refer them to the study; we posted flyers on college/university campuses throughout Massachusetts; we contacted by phone, letter, email, or in-person numerous agency personnel likely to be in contact with this population.

To our knowledge the only successful recruitment efforts were the mailings conducted directly to the sample respondents. Posted flyers rarely resulted in phone calls, some of which were from young people not eligible for the study. Efforts to contact youth through agencies were not successful; although people often agreed to inform youth about the study we had no way to control these efforts to see if these contacts were made and participation appropriately encouraged.

From the outset of the study we were aware that the passive recruitment strategies used would not result in a high response rate and we repeatedly argued for access to the contact information for the sample members so that we could conduct a high quality study consistent with known standards of survey research.

A total of 105 young people called the project hotline and 96 interviews were completed. Of the nine youth who called and were not interviewed, this included: two youth who changed their minds and cancelled the interview, two who did not respond to interviewers' multiple efforts to set up the interview, and five whose numbers were disconnected before the interview could be scheduled.

Instrument: Consistent with survey design principles, the instrument consisted primarily of closed ended items. Some open-ended questions were included to allow the young person the opportunity to provide feedback in his/her own words and style. In developing the questionnaire we aimed to strike a balance between collecting needed information and making the survey experience relatively pleasant. Core content of the survey included: services received while in care, perceived helpfulness of services, feedback about experiences while in care, risk behaviors, current outcomes, goals, and demographics. With the exception of the risk behavior items, the survey was administered by the interviewer. The risk behavior items were self-administered by the young person and sealed in an envelope.

Data collection and analysis: After a young person called the project hotline he/she was screened to insure they met the sample requirements¹. The interview was then assigned to a trained interviewer

¹ We did include youth (n=25) in the sample who did not turn age 18 in the target year 2005 (they turned 18 in either 2004 or 2006). In part, we did not want to disappoint the youth who called wanting to be interviewed. Because the recruitment strategies led to the use of a convenience sample for the survey, inclusion of these other young people did not damage the integrity of the sampling design.

who made arrangements to meet the respondent in person². A half day training session was provided to all interviewers and covered topics such as: contacting the youth, obtaining informed consent, administering the interview, providing respondent payment, checking the interview for completeness, and procedures for insuring confidentiality.

Interviews were conducted in-person and took approximately one hour. Written informed consent was obtained prior to the start of the interview. Additionally, respondents were given a letter describing DSS' approval of the research project. Incentives included a respondent payment of \$25 and inclusion in a raffle for iPods upon conclusion of the study. A list of human services resources was provided to all respondents in case they found themselves in need of further assistance.

Follow-up phone interviews were conducted with 24 respondents 3-6 months after the first interview. An abbreviated version of the survey instrument was conducted with youth to ascertain changes in the youth's situation (e.g., housing, employment, and personal well-being). We had planned to conduct six month follow-up interviews with all respondents. However, because most of the interviews took place at the end of the study period, we only collected this information for those interviewed at least three months prior.

Univariate analysis of the survey items was the primary data analysis technique to provide a descriptive picture of the sample members' experiences. These data are supplemented by brief qualitative summaries from open-ended items on the survey. In addition, bivariate analyses were conducted to address three questions: 1) Were there differences between those currently in care versus those not in care? 2) Were there differences for demographic groups (gender, race, sexual orientation)? 3) Were services received related to outcomes?

3) Qualitative interviews with a sample of youth who had left DSS but have since returned seeking services

The purpose of this component was to understand the experiences of a sub-group of former foster youth: those who had left DSS care but have since returned voluntarily post-18 for assistance. Since the passage of the Foster Care Independence Act of 1999 (P.L. 106-169), states have been allowed to use federal money to provide services to youth beyond the age of 18 and to serve former foster youth. Massachusetts began extending services to this population in June 2006. Thus, we designed this qualitative component to understand the processes of leaving and returning to care.

Target sample and recruitment methods: Youth who exited foster care (e.g., ran away, aged out, signed a voluntary but left) and later returned to care for voluntary services after turning age 18 were included in the qualitative sample. Youth who left care for at least two months were eligible for inclusion in this study component.

Young people were recruited through the assistance of the DSS adolescent outreach unit. Letters inviting youth to participate in the research project were provided to the outreach unit for distribution to eligible youth. Letters to youth described the purpose of the research project, identified the toll free hotline number and incentive payment. In addition, youth who called the project hotline about the retrospective survey component of this research project were screened for their exits and entries from DSS care. If eligible for the qualitative interview they were offered the opportunity to participate in this qualitative interview as well.

² Youth who lived out-of-state (n=4) were interviewed by phone instead of in person.

Instrument: The qualitative interview guide was designed to elicit a description of the lives of youth who leave but later return for services after age 18. The in-depth interviews were designed to collect data on: why youth left, why youth contacted DSS for voluntary services, what youth hoped to receive, what had been the planning process for their preparation for adulthood, youths' current and past supports, youth's involvement in decision-making while in care, and how their lives were currently (e.g., housing, employment, education, health, relationships). Appropriate probes were included to aid the youth in telling his or her story.

Data collection and analysis: Qualitative interviews with youth were conducted in person primarily by the Project Director. Interviews were conducted at a location identified by the youth, including in homes, residential/school settings, restaurants and libraries. Prior to the interview, informed consent was obtained and respondents were given a letter describing DSS' approval of the research project. Before commencing the interview the youth were asked: if the interview could be recorded, if they had any questions about the purpose of the research project; and to sign two copies of the informed consent form. One copy of the form was left with the youth. In addition, youth were given a two page community resource list and a \$25 incentive payment. They were also entered into a raffle for an iPod. Interviews lasted approximately one hour.

Tapes were later transcribed for analysis. Transcripts were reviewed and coded according to the core domains identified above. Analysis focused on the common experiences of the sample members as well as unique themes specific to individuals.

4) *Key stakeholder interviews*

The purpose of this component was to collect information from a wide variety of policy and program stakeholders to understand the various issues related to assisting youth with transition from care. This study component was designed to provide some political and organizational context to other findings in the study.

Target sample and recruitment methods: Interviews were conducted with 30 key stakeholders (youth transition task force members, state agency personnel [DSS, DMH, DTA, etc.], and private agency leaders). Several task force members were the starting focus of interviews. From there, snowball sampling methods were used to secure interviews with a wide variety of people from different roles and perspectives. All interviewed individuals were identified to be an expert in youth services by a member of the Task Force, by somebody previously interviewed, or by a member of the research team.

An introductory letter was sent to each identified individual informing them of the study and requesting participation. Either phone or email follow-up was used to schedule the time of the interview. Two individuals never responded to efforts to schedule the interview.

Instrument: A qualitative interview guide was developed to elicit respondents' thoughts on the core domains of interest. The questions focused on: the perceived problem and potential solutions for assisting former foster youth, the status of programming in this area, potential for efforts to work in partnership with youth, the current policy environment for assisting the target population, perceived barriers to enhancing transitional services, suggestions for improved services, and other topics regarding youth transition.

Data collection and analysis: Interviews were conducted by the Principal Investigator or Co-Principal Investigator. All but one were conducted in person; because of difficulty scheduling, one interview needed to be conducted by phone. Interviews were approximately one hour in length. Written notes were taken during the interview.

Qualitative analysis techniques were used to categorize the data. In general, in our analysis and reporting we aimed to tell the “common” point of view, that is, perspectives that we heard repeatedly. We also brought to the fore perspectives that appeared particularly concise, insightful, and with a unique perspective that appeared relevant but might not always get full attention. We occasionally included rather specific comments, but identified them as such, so as not to give the same level of weight, or convey the impression they were common responses. Although less common, they may be equally, or perhaps more, important.

Findings: DSS Administrative Data

A total of 812 youth were identified who turned 18 in 2005³. Table 1 provides demographic data about this population.

Table 1: Demographic Data
N=812

Demographics	Percentage
Gender (% female)	52%
% Latino	23%
Race	
White	61%
Black	22%
All other, including multiracial	4%
Unable to determine	12%
Regional Office	
Boston	13%
Central Massachusetts	12%
Metro	14%
Northeast	22%
Southeast	18%
Western	18%
Other	2%

The data also indicated that 87 (11%) of the sample had been adopted at some point. The reported service goal for these youth was most commonly “living independently” (74%). This was followed by: reunify family (8%), long term care with adult service agency (7%), and long term care (6%). “Adoption/guardianship” and “stabilize intact family” were each the listed goal for 1% of the sample.

The data file regarding home removal episodes listed up to three episodes. Table 2 provides the reason for home removal for each of the three episodes. These data clearly illustrate the most common reasons members of this population were removed from their homes: child behavior problems, caretaker inability, and neglect. The age of first home removal episode ranged from 0-19 with a mean 12.55 (sd=4.32).

³ While the sample size for the administrative data is 812, the sample size for the retrospective survey is 660. Both components target youth who turned 18 in 2005. The administrative data includes those who were in residential schools, the survey sample does not.

Table 2: Reasons for Home Removal (% yes)

	Episode 1 N=807	Episode 2 N=317	Episode 3 N=101
Abandonment	5	3	3
Alcohol abuse -- child	1	0	0
Alcohol abuse -- parent	7	4	4
Caretaker inability	25	22	24
Child behavior problem	34	30	29
Child disability	1	2	1
Death of parent	1	0	2
Drug abuse child	1	1	0
Drug abuse parent	7	5	5
Inadequate housing	4	5	6
Parental incarceration	1	1	3
Neglect	27	19	15
Physical abuse	9	4	4
Risk	2	1	2
Sexual abuse	5	3	2
Voluntary surrender	4	4	6

The legal status for the majority of cases for the first home removal episode was a court order (66%). Next most common were a voluntary placement agreement (19%) and emergency removal (14%). Abandonment and voluntary adoption surrender were each less than 1%. Table 3 lists the reasons that the home removal ended.

Table 3: End Reasons for Home Removal

	Episode 1 N=550	Episode 2 N=255	Episode 3 N=82
Child 18 or older	59%	36%	27%
Child returned home	20%	22%	20%
Reunification	18%	38%	50%
Other	4%	45%	4%

The original data files listed up to 41 placements. Our analysis used the data on the first 10 placements only. We also eliminated placements of “0” days in the analysis. Table 4 describes the distribution across different placement settings for the first 10 placement types. Foster care is always the most common but the relative frequency declines as the number of placements increase. Conversely, the percentages of residential and group placements increases as the number of placements increase. The number of adoptive and family-based placements is limited throughout.

Table 4: Placement Settings across 10 Placements

Placement Type	1	2	3	4	5	6	7	8	9	10
Adoptive	<1%	<1%	1%	<1%	0%	<1%	1%	0%	<1%	1%
Foster care	71%	64%	66%	62%	65%	65%	61%	62%	62%	59%
Residential tx	11%	14%	15%	17%	14%	14%	16%	16%	16%	17%
Group home	9%	11%	12%	13%	15%	12%	14%	14%	14%	15%
Shelter	5%	6%	5%	6%	4%	6%	5%	7%	5%	7%
Fam-based tx	<1%	<1%	1%	1%	0%	<1%	<1%	1%	1%	1%
Kinship	2%	1%	1%	1%	1%	<1%	1%	1%	1%	0%
766 placements	1%	<1%	<1%	<1%	1%	<1%	<1%	0%	<1%	0%
Other	<1%	<1%	<1%	<1%	0%	<1%	1%	0%	<1%	<1%
Total	733	692	641	579	540	485	448	393	359	319

Using starting and ending dates for each placement, length of placement was calculated across the first 10 placements. Table 5 provides these data. There is a decrease in the length of placement as the number of placements increases, possibly indicating increased instability of placements. Calculating across the ten placements, we identified 122 of the 812 young people had run from care at least once. Approximately 5% were on the run for each placement episode.

Table 5: Length of Time per Placement (in Days) across 10 Placements

	1	2	3	4	5	6	7	8	9	10
Mean length	236	236	217	199	230	210	231	193	153	198
Median length	98	72	85	72	95	77	84	66	61	62
Maximum length	2069	3558	3205	2277	2494	2184	1984	2095	1778	2232
% on the run	3%	5%	4%	7%	5%	6%	5%	7%	7%	5%
Total	789	754	696	640	593	543	490	441	396	350

Findings: Retrospective Survey of Youth

In this section, we initially present descriptive data for the sample to provide a picture of services, experiences, and outcomes. The findings from the survey are presented in nine main sections:

- demographic characteristics
- services received pre- and post-18
- experience in care
- feedback about foster care experiences
- support networks
- outcomes
- risk behaviors
- current goals.

We then present a series of bivariate analyses to: 1) compare those who are voluntarily in care post-18 with those who are not; 2) compare demographic groups on services, experiences, and outcomes; and, 3) examine the relationship between services and outcomes.

Demographic characteristics

This section provides a description of the young people who participated in the survey. Young people who were interviewed were geographically dispersed throughout Massachusetts and four were living outside of the state. We have coded their current location according to region (Table 6).

Table 6: Geographic Region

N=96

	n	%
Greater Boston	17	18
Metro	11	12
Northeast	21	22
Southeast	24	25
Central	5	5
Western	14	15
Out of State	4	4

The demographic description of the sample is provided in Table 7. The majority was female (63%) compared to male (35%), with a few identifying as transgender. The majority were White (53%) with almost a third Black/African-American (29%) and a quarter Latino/Hispanic (24%). Smaller percentages of other race/ethnic groups were identified. In comparison with administrative data of the whole population of youth (Table 1), the survey data over-represents females, slightly over-represents Blacks, and slightly under-represents Whites.

All the young people spoke English, with a sizeable percentage also speaking Spanish (28%) and some other languages (15%). The majority had lived in the U.S. since birth (92%). The majority was heterosexual (84%). Most were single (83%). Only 2% were married; an additional 2% had been married but were now separated or divorced. Fifteen percent (15%) had children living with them.

Table 7: Demographics**N=96**

Demographics	Percentage
Gender	
Male	35%
Female	63%
Transgender	2%
Race/ethnicity	
American Indian	6%
Southeast Asian/Asian-American	2%
Black/African-American	29%
Latino/Hispanic	24%
Native Hawaiian/Pacific Islander	1%
White	53%
Other	1%
Language	
English	100%
Spanish	28%
Other	15%
Lived in U.S. since birth	92%
18 th birth year	
1985 or 1986	8%
1987	73%
1988 or 1989	19%
Sexual orientation	
Heterosexual	84%
Gay or lesbian	5%
Bisexual	8%
Not sure	2%
Current marital status	
Single	83%
Married	2%
Separated/Divorced	2%
Living with partner	13%
Has child living with them	15%

Services received pre and post age 18

Respondents were asked to identify the services that they received both prior to and after age 18. The following domains of services were asked about: assistance completing high school or GED, reconnecting with family, employment, life skills, health care, and housing. For each of these, respondents were asked whether they received help in this area, what kind of help, how long they received help, and whether they perceived the help as useful. Table 8 provides these data on the frequency of various services received both prior to age 18 and after age 18. Responses do not determine which agency provided the service. Although the majority of assistance was from DSS, these services can be provided by other state agencies as well as contracted agencies.

Table 8: Services Received

N=96

	Before 18 % receiving service	After 18 % receiving service
Completing HS or GED	46%	41%
Reconnecting with family	53%	21%
Employment services/job training/job search	38%	33%
Life skills training/PAYA	66%	28%
Accessing health care	83%	62%
Housing assistance	48%	44%
Other service	56%	38%

For each service category, fewer youth receive services post-18 compared to pre-18. Accessing health care was the most frequently received service at both time periods. Prior to age 18, approximately two-thirds of youth received life skills training (66%); approximately half received: help completing high school or GED, help reconnecting with family, housing assistance, or “other service”. The least commonly received service was assistance with employment (38%).

Post-18 the pattern of services received is different. Overall service receipt is less. The only category in which more than half received assistance was “accessing health care”. The least common service categories were reconnecting with family and life skills training.

“Other” services received, both pre-18 and post-18 included a variety of responses, most commonly therapy or counseling, but also things such as nutrition programs, college preparation, summer camp, volunteering opportunities, sports activities, driving school, and other such services.

Open-ended questioning was used to gather more information about the services received by youth. For each category youth were asked to describe the help received. There was a variety of responses to these questions.

High school/GED: Responses were generally positive for this service and relatively brief. Respondents spoke about DSS and program assistance in getting enrolled and getting through, via tutoring, special programs, and encouragement.

- DSS helped me find a school. An alternative diploma school. My DSS worker gave me incentives to stay in school -- she would take me out.

- In high school and completed high school in DSS care. Continued in same high school after DSS care. Finished school but not really because of DSS help. Would've finished high school either way.

Reconnecting with family: Responses identified a range of efforts, primarily by DSS, to reconnect the youth with family at different points of time in care. The range of responses included those that were positive, negative, and neutral. The outcome of this service was sometimes not what the young person wanted or had hoped for but, in general, DSS efforts were not blamed for the poor outcome. The range of responses suggests that efforts at reconnection are fraught with challenges.

- DSS worker introduced me to my mother. Brought her to visit me where I was staying. Not so helpful because she was a stranger. They kind of pushed her into my life – this druggie. My adoptive mother had died. I felt like I couldn't say "no".
- Only if I asked. Their motto was: if the family wants to be involved, then they can. Main purpose was to keep me out of trouble. A lot of time they deny your request for a visit. Sometimes the family don't want to have a CORI check because they like to keep things private.
- The DSS worker worked with my mother to schedule visits, but going back home was never the plan. Mom never came.
- They helped me find my family and get them on my list so I could see them. They helped me see if they were a good environment to go to, that I'd be eligible to live with them and/or visit them.
- My parents were abusive. They made us do family therapy because reunification was the goal before 18. Family therapy was the most we did. Even though it wasn't in my best interest, DSS and worker's supervisor made me go through the process. I wanted to go into IL. They made a deal with me, if I did eight sessions and after I graduated from high school, then I could find a place.
- DSS let me go home on weekends and eventually they placed me back home with her when I was 16. I only stayed for 2-3 months and then she kicked me out again even though I was doing good. I left to go to [another state] but then came back and went to foster care.

The efforts at reconnection are different post-18. For example:

- They gave me more freedom to call my family and gave me choice of members that I'd like to see and visit and get to know. I was able to call anyone after I turned 18, without DSS approval. They made decisions before but now it's up to me about where I go although I still have to follow program rules.

Employment services: The responses in this section suggested primarily concrete activities by DSS workers as well as program personnel and sometimes mentors or other adults. These concrete activities included help with resumés and completing applications, transportation to interviews, shopping for work clothes, and connecting to employment programs and specific jobs. A particularly successful story is the following:

- My adolescent outreach worker told me I should volunteer at [program]. DSS paid me a stipend at the end of the summer. [The program] liked me so much that after the summer they hired me and I work there today. Before she suggested that I volunteer she helped me search for a job on

the Internet. We filled out a few applications but then the volunteer opportunity came up and I took it.

A less successful story is the following:

- Not before 18, trying to keep me out of trouble only. Not allowed to work much because they have to limit your freedom so you don't get in trouble. Then no work history, it's difficult to get a job now at 18. This has been frustrating to me. I've always wanted to work but was unable to.

Life skills training/PAYA: Many respondents listed the type of life skills they learned through the services provided either by a DSS worker, program personnel, or foster parent. These skills are many and varied but include: banking, laundry, grooming, cooking, shopping, cleaning, etc. Most comments on this topic were brief, simply listing the skills. A few additional comments include the following:

- I was 17 and they gave me a PAYA worker, [Name]. At first I brushed her off when she said she would work with me, I said "no". She kept trying though. ... To this day I am more independent because of the PAYA. It gave me motivation. It helped me with everything. I accomplished a lot.
- I learned a lot of stuff from the book. How to have a household, budget money. How to work. DSS worker didn't help. They just gave me the book. My older sister went through it so she helped me. Never completed it though. It would have been better if they helped me. Some of it was hard.
- Didn't help much except for the money.
- It was kind of fun here and there. I'd take the books when I was bored and complete it for the credits, money. I attended the group discussions. Most of the stuff I already knew.

Health care: The responses regarding health care were very straightforward, primarily suggesting the DSS worker, foster parent, or program staff member helped the young person enroll in MassHealth. Occasionally, the respondent also commented on receiving assistance finding a doctor or dentist, getting access to medication, and transportation to appointments. A more unique experience is described below:

- DSS found primary care doctors and helped with transportation to appointments. At age 16 I was hospitalized and about to be intubated and my social worker came to be with me which was really nice. Foster parents also helped and took time off to stay with me.

Housing assistance: The intent of asking about housing assistance was to determine assistance youth received in securing their own housing post-18. However, respondents primarily talked about receiving assistance with placements into foster homes, group settings, or independent living programs. For example, "All the programs put a roof over my head. DSS did a lot for me in terms of finding a program that meets my needs."

Table 9 describes respondents' perceptions of the helpfulness of the services received. Respondents who reported receiving the service were asked if they found the services to be very helpful, somewhat helpful, or not helpful. The percentages reported include those reporting the service to be either very helpful or somewhat helpful.

Table 9: Perceived Helpfulness of Services Received

	Before 18		After 18	
	# receiving	% helpful	# receiving	% helpful
Completing HS or GED	45	91%	40	93%
Reconnecting with family	51	86%	20	80%
Employment services/job training/job search	36	92%	32	97%
Life skills training/PAYA	64	80%	27	85%
Accessing health care	78	92%	60	97%
Housing assistance	46	78%	43	84%
Other service	53	85%	37	89%

After addressing the questions regarding services that they received, youth were asked whether any of the listed services that they had not received would have been helpful to them. Sixty-one (61) respondents stated that some of these services would have been helpful to them before age 18; 58 respondents stated that some of these services would have been helpful to them after age 18. Table 10 provides the frequencies of affirmative responses for each type of service.

Table 10: Services Not Received That Would Have Been Helpful

	Before 18	After 18
	n=61	n=58
Completing HS or GED	23%	16%
Reconnecting with family	5%	3%
Employment services/job training/job search	20%	19%
Life skills training/PAYA	12%	17%
Accessing health care	2%	5%
Housing assistance	30%	35%
Other service	8%	2%
All of the above	2%	3%

The data suggest that housing assistance is the greatest perceived service need for these young people. Also important are educational assistance, especially before age 18, employment assistance at both time periods, and life skills training, especially post-18.

Experience in care

Descriptive data about the objective experience in foster care are provided in Table 11.

Table 11: Experiences with DSS
N=96

Indicator	Mean (standard deviation)
Age at first contact with DSS	M=9.43 (5.38)
# foster home placements since age 14, at least one month	M=3.77 (6.01)
# group home placements since age 14, at least one month	M=1.75 (2.39)
Chose to remain voluntarily in DSS at age 18	91%
Currently in voluntary care of DSS	62%
Had outreach worker	52%

The average age of first contact with DSS was approximately 9 ½ years. The average number of foster home placements since age 14 was almost four and the average number of group home placements was almost two. Of the 96 sample members, 91% chose to remain voluntarily in DSS care at age 18. Furthermore, 62% of the sample was currently in voluntary care at the time of the survey.

Fifty-two percent (52%) reported that they had an outreach worker while in care. Those who did not report having a worker were asked why they did not have a worker. Approximately one-third of the respondents reported being unaware of the adolescent outreach program and therefore did not have an adolescent outreach worker. Among this group, the most common responses to whether they had an adolescent outreach worker were: “What is that”? or “Never heard of it”.⁴

Responses from adolescents who had been involved in the adolescent outreach program were often very positive. These young adults’ positive responses generally fell into two categories: help provided in applying to college and assistance with financial needs. In addition, there were numerous comments about the workers’ ability to be caring, honest, and consistent. For example:

- [Outreach worker] is always on time. She seems like she really cares about any minute problem I have. She would email me every day when I was getting into college. She would send me examples highlighted of how to fill things out. One time I wasn’t treated well by DSS – she went right to the office and the problem was straightened out in a few days.
- If it wasn’t for her I don’t think I could have ... I learned a lot from her, how to be an adult.

⁴ Outreach services are not currently provided to all youth. Youth in contracted foster care or residential/group care are not the target population for outreach services. Also, not every youth who is eligible for outreach services has access to the service due to funding limitations.

Although many respondents were quite positive, others identified areas that needed improvement. Many young adults spoke of having difficulty reaching their outreach worker and noted that workers seemed too busy to respond in a timely manner. In some cases youth reported there was only one worker for a particular area. A few respondents felt outreach workers would benefit from better skills in working collaboratively, noting that some workers did not listen to them.

- They should give us a little more space and respect our boundaries too. I have my priorities too. I don't need to be babied.
- If I had a worker that is from [my city] instead of [nearby city]. She doesn't know much about [my city] resources.
- Having more money to have more outreach workers so all kids in the system can have one.

Feedback about foster care experience

In addition to the feedback reported earlier, regarding perceived helpfulness of services provided, respondents were asked to provide feedback in two, more general, ways.

First, a scale was created to measure young peoples' perceptions of whether a youth development approach was used. The question was asked: *"Thinking about all the services you might have received, from DSS and elsewhere, between ages 16-18 could you tell me how you felt about your experiences?"* This scale consisted of 8 items. Response categories included: never, sometimes, and usually. Table 12 lists the scale items and the percentages that "usually" felt this way.

Table 12: Youths' Perceptions of Youth Development Approaches Used
N=96

Scale Item	% usually
I was allowed to make decisions about my life.	30%
When I was around staff, I was asked to contribute my thoughts.	38%
My values, beliefs, and identity were respected.	55%
I felt like my opportunities were similar to other young people my age.	33%
I had opportunities to learn skills that would help me after I left DSS.	44%
My experiences were more negative than positive.*	26%
I did not feel connected to my community.*	34%
My experiences helped build on my strengths.	79%

* These two items were purposefully constructed to be "negatively" phrased and were reversed scored in averaging the total scale score.

Second, a standardized scale, the Consumer Satisfaction Index (CSI; McMurtry & Hudson, 2000), was used to measure overall satisfaction with experience in DSS care. The CSI included nine items; responses were on a 7-point scale from: "none of the time" to "all of the time." Higher scores indicate greater satisfaction. The average score across all items was 4.08 (sd=1.65). Table 13 lists the items and the percentage responding "a good part of the time", "most of the time", or "all of the time."

Table 13: Satisfaction
N=96

Scale Item	% positive response
People at DSS really seem to care about me.	47%
I would come back to DSS if I need help again.	46%
I would recommend DSS to people I care about.	37%
People at DSS really know what they are doing.	37%
I get the kind of help at DSS that I really need.	48%
People at DSS accept me for who I am.	65%
People at DSS seem to understand how I feel.	33%
I feel I can really talk to people at DSS.	37%
The help I get at DSS is better than I expected.	43%

Support networks

The survey gathered information about several different types of potential supports: birth family members, mentors, other supportive adults and supportive organizations.

Birth family members: Of the 96 sample members, 86 (90%) reported contact with their birth families. Table 14 reports the percentages of youth in contact with various birth family members. Siblings and mother were most common (69%) followed by “other” relatives (67%). Less frequent was contact with fathers and grandparents.

Table 14: Respondents’ Contacts with Birth Family Members
N=86

Birth Family Member	% in contact
Mother	69%
Father	38%
Grandparent(s)	34%
Sibling(s)	69%
Other relatives	67%

Table 15 displays the results of the types of contact respondents report with the first birth family member they listed. Letters and email are not commonly used, but are noticeably more frequent with siblings than with other family members. Although the percentage of fathers in contact with youth was less than other categories (n=8), when there was contact, 100% had in-person contact.

Table 15: Types of Contacts with Birth Family Members
N=84

	Phone	In-person	Letter/email
Mother (n=47)	72%	68%	2%
Father (n=8)	38%	100%	0%
Grandparent(s) (n=5)	60%	80%	0%
Sibling(s) (n=21)	76%	71%	14%
Other relatives (n=5)	80%	80%	0%

Mentors: Youth were asked, “Other than a parent or guardian, is there an important adult in your life who is older than you, has taken a special interest in you, that you can count on to be there for you, and who inspires you to do your best?” This type of question is used in a variety of studies to describe mentoring relationships. Sixty-six sample members (69%) reported that they did have such a person. They were then asked to describe in their own words the nature of this relationship. These responses were then coded and are summarized below. Table 16 provides a count of responses for the type of mentor.

Table 16: Mentor Type

N=66

Type of Mentor	Count
Program staff/therapist	9
Foster mother	8
Mother of friend	8
Aunt/uncle	7
Coach/teacher	5
Friend	5
Outreach worker/DSS worker	4
Older sibling	4
Family friend	4
Church member/minister	3
Other community person	2
Grandmother	2
Stepmother	2
Parent	1
Cousin	1

The most common mentors were a program staff member or therapist (n=9), foster mother (n=8), mother of friend (n=8), and aunt/uncle (n=7). Examples of mentor relationships with program personnel/foster parents/DSS workers include the following:

- PAYA worker through DSS. Known for 1 year. Meet once a week but talk on the phone every day. Became important at age 18. She has made me more mature and has helped me be more independent. She listens to me and gives me advice. I think the DSS social worker should be more like a PAYA worker. They should start at age 16 to help us prepare more.
- Foster mother – known for 4 years. She became important at age 17-18. She is motherly, supportive, cares. She is the only mother-figure in my life. She made me have confidence and believe in myself. I lived with her for a total of 3 ½ - 4 years, off and on. She was always there when things got rough. When I was 17, I came to realize the importance of commitment, trust, honesty, all of which she provided for me. She and her husband were great examples of the kind of relationship that I would like to have with a significant other – respect.
- My social worker through DSS. We met when I was 13. See him once a month. He became important to me when I was 15 or 16. Over the years he has come to understand me. I tell him there are things he can’t change about me and he respects that.
- Foster mom is definitely the biggest. She became important at age 16. We come from different backgrounds. She was raised in an old fashioned way – you don’t talk back to adults. I was

raised to respect adults for who they were. Even when I was upset and despite our differences and decisions she made, she never disregarded my feelings. She took me into her home and treats me like a daughter. She was always interested in how I was feeling and finding a compromise.

The adults in the youths' lives, who are not program personnel, foster parents, or DSS workers tend to have been in their lives for many years. Not surprisingly, the closeness of feeling stems from this longevity, and the person's constant presence, and ongoing encouragement.

- My grandmother. Known my whole life, see once a week. Has been important since I was little and could first remember. She is there to talk to. She does favors. Always has a present for [my daughter]. If I need a place to stay I could go there. She sticks up for me. She won't be nice to my parents because she knows what they do.
- My aunt. Known her my whole life. See her daily. Became important at age 16. Puts me in my place, helps me clean and cook and take care of myself. She is always there and won't give up on me.

Teachers, coaches, and other adult community members are examples of the type of natural mentors that youth may connect to. For example:

- He was my teacher/basketball coach who I met when I was 13. He was very important because the school I went to, there weren't a lot of minorities. It was a small town. I was disrespected. There weren't a lot of my kind (minorities). When I met him he looked past that. He knew the position I was in and that I was in foster care. He made me feel comfortable. He was outgoing. Told jokes but also took his job seriously and the kids know this too. He made the whole class feel close to each other. Since I left [that town] I haven't seen him but I contacted him – for a reference for an apartment. He called me back and asked for an update. I told him how things had been and I was in college. I still have his cell phone number.

Siblings also may have an important role, particularly serving as role models:

- Brother, since the day I was born. Took care of me in [another country and another U.S. city] and here in Massachusetts. He's a role model, never gotten in trouble and got it made in the military and wanted the best for me even though he's strict.
- My older sister who is 24. She is important to me because she is older than me. She has gone through a lot and finished college. When I was 14 we started talking a lot more and I learned more about her. She gives me advice. If I need anything, she is willing to give it to me. She's always there. If I need her I can call her. I speak to her every day.

Friends and parents' of friends were identified by some youth but appear to have less longevity and might be more transient in their lives:

- Friend. Known him five months. See him daily. Became important at age 19. They always know the right thing to tell me. If I am ever in a jam they are always there for me.
- My friend's mother. She has a great sense of humor. I have known her about four months. She has been here for me with whatever trouble I've had. She's like a mother figure and she gives me advice. I don't take advice from many people but I do from her.

In summary, the key characteristics of these important people appear to be acceptance of the young person, constant encouragement, and ability to provide assistance when needed (i.e., “always there”). Other than these characteristics they appear to have a wide range of interpersonal styles.

Other adult supports: In addition to these identified mentors, young people were asked a series of closed-ended survey questions about their support networks. Respondents could name up to six people and for each identified person, data were collected about who the person was (e.g., relative, co-worker, etc.), the type of help this person provides, how often they have contact, and how long this person has been a support.

A total of 81 respondents were able to identify at least one adult in their support network. Multiple responses were given by some youth. The most frequently listed relationship was friend (n=68), followed by relative (n=47), “other” (n=36), significant other (n=32), professional (n=13), outreach worker (n=2), minister (n=1), and coworker (n=1).

Further analysis examined the nature of the relationship in term of type of assistance, frequency of contact and length of the support. These relationships were examined for the first supportive person mentioned. Table 17 identifies the types of support perceived to be provided by the various types of individual. Emotional support was most commonly provided across all categories of relationship. Friends appear less able to provide concrete types of assistance than the other categories of support but, along with significant others, provide the most amount of fun.

Table 17: Types of Support Provided

N=83

	Concrete	Emotional	Fun
Relative (n=20)	90%	95%	75%
Significant Other (n=20)	80%	100%	85%
Professional (n=7)	86%	100%	71%
Friend (n=22)	36%	86%	82%
Other (n=14)	57%	100%	57%

There is no significant association between type of relationship and length of support. All but three of the reported individuals had been supports at least six months. Relatives and “other” tended to have a longer relationship with the young person.

Supportive organizations: In a separate question youth were asked whether any programs, groups, organizations, religious organizations, or other settings provided them with support or assistance. Religious organizations were most frequently mentioned (n=12), followed by therapeutic programs (n=11), support programs (n=9), a high school or college (n=4), and DSS outreach.

Church and church program can provide both the spiritual assistance of church as well as concrete assistance. Support programs include food pantries, Alcoholics Anonymous, Boston Alliance of Gay and Lesbian Youth, and the DSS Outreach program. These programs provide assistance that can include concrete assistance as well as emotional support. For example, “Entire staff at [program], a youth run teen center – financial support, transportation, and moral, emotional support provided.” Therapeutic programs include programs where youth are living, substance abuse treatment programs, and therapy or counseling. High school and college includes help with financial aid, sports teams, and access to disability services.

Outcomes

Data were collected in several core outcome domains, including: housing, education, employment, income, health, and risk behaviors. In this section, all tables reflect the 96 respondents, unless otherwise indicated (some questions were addressed to a subset of respondents).

Housing. Table 18 provides data on key variables measuring housing outcomes. Respondents identified a wide variety of current living situations. Most frequently they were living on their own (32%), but many were living with relatives including their birth parents. A fairly large percentage of young people (12%) were living in a group home or residential setting.

Table 18: Housing Outcomes

N=96

Outcome	Percentage
Current living situation	
On own	32%
Two birth parents	3%
One birth parent	6%
Adoptive parent	1%
Unrelated foster parent	7%
Relative	9%
Group home/residential	12%
Friend's family	5%
Shelter	4%
Spouse/partner	8%
Other	12%
Years at current living situation	
1 year or less	73%
1-2 years	17%
3-4 years	10%
Ever homeless since age 18	37%

The percent reporting ever having been homeless since age 18 appears substantial (37%)⁵. Respondents were asked to describe the circumstances leading to their homelessness. Review of these data suggest several were “kicked out” or asked to leave by a program, DSS, or foster home (n=10).

- DSS kicking me out of the program just because I wouldn't go to summer school even though I have gone since I was 12 years old. I wanted a break so I could get a job and money so I wouldn't have to rely on DSS.

Others were “kicked out” by a landlord or the family or friends they had been living with (n=7).

⁵ The question on the survey asked: *Have you been homeless at any time since turning 18?* Although a large percentage report “yes”, the qualitative comments indicate a wide range of circumstances that suggest in some cases youth experience housing instability or not having a place of one's own, rather than being on the street.

- I was living in [city]. A friend invited me to [different city] to move in. I saw it as an opportunity to get out from DSS rules. I signed out from DSS. I lived with my friend for two weeks. Her boyfriend didn't like me. He said he wanted me out and I moved to a shelter.

Another category of respondents included those who chose to be on their own (n=4):

- I wasn't liking my situation, wanted to be my own person and get out on my own and realized I needed more help than what I could get on the streets. I'm still in DSS care, but was considered on the run for that time.

Other respondents' explanations provide insight into the challenges of finding a home for former foster youth:

- Once I leave housing at school for holidays, summer breaks, etc. I don't have any place solid to go.
- I've never actually lived on the street but I've never had anyplace to call home. I've bounced from house to house.
- I wanted to get into housing so I went to a shelter. DSS didn't help with any housing. It was the shelter that helped me find a place.

Education and training. Data on educational outcomes identified that prior to turning 18 youth in the sample attained the following educational achievements: completed GED program (9%), completed high school (21%), completed college course(s) (6%), and completed "other" education (3%). Many continue on an educational path post-18 and are able to enroll in, and complete, educational activities. Table 19 presents data on educational achievements after age 18. Only 9% of the sample reported no educational or job training activities after age 18. Of those enrolled in various educational activities, the completion rates are 62% for high school, 28% for GED, and 38% for a job training program. Because completion of college was not expected given the age group, we instead inquired of those who reported enrolling in college, whether they were still enrolled. Sixty-four percent (64%) were still enrolled.

Education and training appear to be activities that are important to this population – 92% reported plans to engage in further education and training in the next six months.

Table 19: Educational Outcomes Post-Age 18

Type of Education/Training	Enrolled n (%)	Percent of those enrolled who completed
High School	51 (53%)	62%
GED program	17 (18%)	28%
Job training program	28 (29%)	38%
College	41 (43%)	---

Employment. Table 20 provides data related to employment and financial well-being. Less than half of respondents were currently employed. Of those employed, slightly over half were working more than 20 hours per week (55%) and less than half were making more than \$8.00 per hour. Only 12% received health benefits through employment.

A series of questions was asked about the young person’s level of satisfaction with different characteristics of their job. Young people were asked to rate these characteristics on a three-point scale (1=bad, 2=OK, and 3=good). There appears to be relatively low levels of satisfaction regarding wages and amount of hours, but moderate levels of satisfaction on criteria such as: interesting work, level of responsibility, supervisor, and co-workers.

Despite these job characteristics, employment was the chief source of income for most of the sample. The second most common source of income was a stipend from DSS. Following this, family (31%) and friends (23%) were the most frequent sources of income. Additionally, 22% were receiving TANF assistance and 18% were receiving SSI payments. Total monthly income, regardless of source, was \$621. Forty-three percent (43%) of the sample reported that they had been able to save some money. Among these savers, the average amount saved was \$900.

Table 20: Employment and Financial Outcomes

Outcome	Percentage
Employment	
Currently employed	46%
Working >20 hours per week (n=43)	55%
Wage >\$8.00 per hour (n=41)	43%
With health benefits (n=42)	12%
Satisfaction with current job (% rating “good”)	
Wages	35%
Amount of hours	41%
Interesting work	67%
Level of responsibility	72%
Supervisor	70%
Co-workers	63%
Sources of Income	
Employment	70%
DSS stipend	51%
TANF	22%
SSI	18%
Child support	4%
Family	31%
Foster family (non-relative)	10%
Foster family (relative)	4%
Friends	23%
Other	24%
Total monthly income	M=\$621 (sd=\$500)
Able to save money	43%
Amount of savings (n=37)	M=\$900 (sd=\$1,248)

Health. Table 21 provides data about respondents’ health outcomes. Although 70% perceived themselves to be in excellent or good physical health, less than half (49%) rate their emotional health at this level. Yet, most were able to see health care providers or counselors when needed (95% were able to see a health care provider, 87% were able to see a counselor, 63% had seen a dentist). Ninety percent (90%) reported currently having health insurance, almost always MassHealth⁶.

Table 21: Health Outcomes

Outcome	Percentage
Perceived excellent or good physical health	70%
Perceived excellent or good emotional health	49%
Has physical disability/chronic health problem	39%
Currently have health insurance	90%
Had physical in past year	80%
Able to see health care provider, if needed, in past year	95%
Able to see counselor/therapist, if needed, in past year	87%
Seen dentist in last six months	63%
2 or more days of heavy exercise in last 7 days	58%
5 or more hours of community service in last month	19%
1 or more times participated in organized activities in last 7 days	28%

Risks. Table 22 provides data on several potential risks for this population. These items were selected from the Massachusetts Youth Risk Behavior Survey⁷. Unlike other questions, youth responded to these items on a self-administered survey in order to afford more privacy.

The data suggest that a considerable percentage (34%) is not using a birth control method. Moreover, 43% had been pregnant or gotten someone pregnant.

In terms of exposure to violence, 30% have been threatened or injured with a weapon in the past year. The data suggest that sexual and physical abuse are not uncommon: a third of respondents (33%) reported having been hurt physically or sexually by a date or someone they were going out with. A similar percentage (34%) reported a history of sexual contact against their will, although some of the contact prior to 12 months ago may have been among the reasons for bringing them into care. A very high percentage (59%) responded affirmatively to an indicator of depression (i.e., during the past 12 months feeling sad or hopeless almost every day for two weeks or more in a row and that led to stopping some usual activities).

The majority of youth are not drinking heavily or using illegal drugs. Approximately 17% however, reported heavy drinking (five or more drinks on three or more days in the past month) and 21% have used illegal drugs three or more days in the past month. Similarly, the majority of young people have not been arrested (74%) or incarcerated (92%) in the past 12 months.

⁶ All these youth are eligible for MassHealth coverage, but some may not recognize they are covered by it.

⁷ The Youth Risk Behavior Survey (YRBS) is conducted by the Massachusetts Department of Education in collaboration with the Centers for Disease Control and Prevention. The YRBS is conducted in randomly selected high schools every odd-numbered year and focuses on the major risk behaviors that threaten the health and safety of young people. See www.doe.mass.edu/cnp/hprograms/yrbs for more information.

Table 22: Risks
N=96

Risk	Percentage
Birth control method	
Never had sexual intercourse	8%
No method used	34%
Method used	49%
How many times have you been pregnant or gotten someone pregnant?	
None	57%
1 time	32%
2+ times	11%
In past 12 months, how many times threatened or injured with weapon?	
None	71%
1 time	14%
2+ times	16%
Ever been hurt physically or sexually by a date or someone you were going out with?	
Physically	16%
Sexually	7%
Physically and sexually	10%
Has anyone ever had sexual contact with you against your will?	
Yes, within the past 12 months	4%
Yes, more than 12 months ago	23%
Yes, within 12 months and more than 12 months ago	7%
Past 12 months, ever felt so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities -- % yes	59%
In past 30 days, how many days have you had more that 5 or more drinks in a row?	
None	69%
1-2 days	15%
3+ days	17%
In past 30 days, how many times have you used any illegal drugs?	
None	67%
1-2 days	13%
3+ days	21%
In the past 12 months, how many times have you been arrested?	
None	74%
1 time	16%
2+ times	10%
In the past 12 months, how many times have you been incarcerated?	
None	92%
1 time	6%
2+ times	2%

Current goals

Using open-ended questions, youth were asked to identify up to three current goals that were important to them. The most identified goal for youth across all three goals was education (n=87). Several youth were not specific in their education goal, but stated they wanted to gain entrance to a college or wanted to finish school. The second most identified goal was housing (n=56). More than half of youth identified the specific goal of getting their own apartment. A few youth were interested in securing affordable housing or public housing. A few youth were interested in obtaining “better” housing.

The third most common goal identified by youth was employment (n=49), either finding a new job or maintaining a current job.

Youth were asked who they would go to for help with their primary goal. The most identified group was other organizations or professionals (n=25). Other organizations included: programs or resources (e.g., counselors, therapists, mentors) or state agencies. The second most identified group was family (n=24). Family members included biological parent(s), siblings, as well as extended family members. The third most identified group was DSS (n= 20). Although some youth specifically identified their social worker or adolescent outreach worker as the person they would go to for help, most generally stated DSS. Most notable was the fifth largest category: self or no one. Thirteen (13) youth stated that they had no one to rely on for help or they would rely on themselves for help with achieving their goal.

Outcomes at follow-up

Follow-up telephone interviews were conducted between 3-6 months after the initial interviews with 24 youth. The interviews were conducted to ascertain changes in the youth’s situations (e.g., employment, and personal well-being). Forty-one (41) youth were eligible for the interview; yet, many youth could not be contacted due to disconnected phone service or the inability of the interviewer to connect with youth after leaving messages on voicemail services.

Overall, youth were found to be maintaining their previous life situations. Youth discussed their progress and ability to have accomplished the goals as defined in the first interview. One youth accomplished her goal to graduate with her associate’s degree in nursing, another obtained his GED, while others successfully transitioned into independent living. Furthermore, none of the youth reported any periods of homelessness between the initial and follow-up interviews.

Yet some youth seemed to be facing similar life challenges as before. One youth was expecting a baby, another was struggling in his relationship with his mother, while another had been unable to secure her first apartment because she had been unable to find a good paying job.

Bivariate Analysis Question 1: How do young people still in care compare with those not in care regarding: services received, experiences in DSS, and outcomes?

Table 23 provides data comparing service receipt (both pre- and post-18) for those still in DSS care versus those not in care. At the time of the survey all youth were at least age 18 but some were voluntarily in care (i.e., “still in care”). All respondents reported on services that they received before they turned 18 and after they turned 18. Those still in care received more assistance reconnecting with family prior to age 18. As for post-18 services, those still in care reported receiving more assistance: completing high school or GED, employment services, accessing health care, and with housing assistance.

Table 23: Comparison of Services Received

	Still in care n=59	Not in care n=37	statistical test
Pre-18			
Completing HS or GED	48%	43%	
Reconnecting with family	63%	38%	$\chi^2=5.65 <.05$
Employment services/job training/job search	34%	43%	
Life skills training/PAYA	64%	68%	
Accessing health care	83%	84%	
Housing assistance	51%	43%	
Post-18			
Completing HS or GED	49%	27%	$\chi^2=4.62 <.05$
Reconnecting with family	22%	19%	
Employment services/job training/job search	41%	22%	$\chi^2=3.72 <.10$
Life skills training/PAYA	34%	19%	
Accessing health care	73%	43%	$\chi^2=8.43 <.01$
Housing assistance	58%	22%	$\chi^2=11.98 <.01$

Table 24 provides a comparison of the two groups regarding their experiences in DSS care. There were no significant differences on the objective experience (age at first contact, number of foster and group placements). However, there was a significant difference in comparison on the youth development empowerment scale and the satisfaction scale. Those still in care reported more empowering experiences and also greater satisfaction with their treatment. Additionally, those still in care more frequently had an outreach worker.

Table 24: Comparison of Experiences in DSS

	Still in care n=59	Not in care n=37	statistical test
Age of first DSS contact	9.32 (5.66)	9.62 (4.96)	
# foster placements (since 14, at least one month)	3.56 (6.02)	4.08 (6.07)	
# group placements (since 14, at least one month)	1.81 (2.71)	1.65 (1.81)	
Had outreach worker	63%	35%	$\chi^2= 6.93 <.01$
Empowerment scale	2.28 (.24)	2.12 (.29)	$t=3.16 <.01$
CSI	4.75 (1.42)	3.01 (1.41)	$t=5.90 <.001$

We examined the relationship between current status in DSS and contacts with birth families, identification of a mentor, or identification of other supportive adults. No significant associations were identified in these analyses.

Table 25 provides the data examining the relationship between current status in DSS and a variety of outcomes. Many, but not all, were significant. Being in care was related to: less parenting; less homelessness; more education; more employment; more income from work and DSS but less from TANF, SSI, and family. Additionally, being in care was associated with more income, better emotional health and health care access, less exposure to violence, and less frequency of incarceration.

For all of these variables, however, the direction of the relationship is uncertain. It is possible that remaining in care provides a protective function resulting in better outcomes. It is also possible that young people who are doing better are more likely to be still in care. These data cannot determine the direction of the relationship (i.e. whether being in care leads to better emotional health or whether those with better emotional health are those who choose or are encouraged to be in care).

Table 25: Relationship between Care Status and Outcomes
N=96

	Still in care n=59	Not in care n=37	statistical test
Parenting	15%	33%	$\chi^2 = 4.24 < .05$
Living situation			
On own	36%	27%	
Group/resid/shelter	20%	8%	
All other	44%	65%	
Ever homeless	24%	57%	$\chi^2 = 10.71 < .01$
Post-18 education			
Enrolled in HS	59%	43%	
Enrolled in GED program	17%	19%	
Enrolled in job training	29%	30%	
Enrolled in college	53%	27%	$\chi^2 = 6.05 < .05$
Enrolled in <u>no</u> educ/trng	2%	22%	$\chi^2 = 10.63 < .01$
Currently employed	61%	22%	$\chi^2 = 14.22 < .001$
Sources of income			
Employment	78%	57%	$\chi^2 = 4.85 < .05$
DSS stipend	80%	5%	$\chi^2 = 50.17 < .001$
TANF	12%	38%	$\chi^2 = 8.98 < .01$
SSI	12%	27%	$\chi^2 = 3.59 < .10$
Child support	2%	8%	
Family	22%	46%	$\chi^2 = 6.05 < .05$
Foster family (non-relative)	9%	14%	
Foster family (relative)	5%	3%	
Friends	25%	22%	
Total monthly income	M=\$753 (sd=\$513)	M=\$411 (sd=\$400)	t=3.39 p<.01
Good/excellent physical health	76%	60%	
Good/excellent emotional health	56%	38%	$\chi^2 = 2.98 < .10$
Had physical in last year	92%	62%	$\chi^2 = 12.35 < .001$
Seen dentist in last 6 months	75%	43%	$\chi^2 = 9.53 < .01$
Injured w/weapon past 12 mos.	15%	52%	$\chi^2 = 14.34 < .001$
5+drinks in a row, past 30 days	32%	30%	
Illegal drugs, past 30 days	34%	32%	
Arrested, past 12 mos.	20%	35%	
Incarcerated, past 12 mos.	2%	19%	$\chi^2 = 8.83 < .001$
Felt sad/hopeless, past 12 mos.	54%	68%	$\chi^2 = 3.47 < .10$
Unwanted sexual contact, past 12 months	5%	22%	$\chi^2 = 5.97 < .05$

Bivariate Analysis Question 2: How do different demographic groups compare regarding services received, experiences in DSS, and outcomes?

Analyses examined whether there were differences in services received, experiences in DSS, and outcomes for three demographic variables: gender, race, and sexual orientation. Because of small numbers in some of the categories, we recoded these demographic variables: gender (female vs. other), race (white, black, Hispanic, other), and sexual orientation (heterosexual vs. other).

Regarding services received, only one significant relationship was identified. Non-heterosexual youth were more likely to receive life skills instruction than heterosexual youth (93% compared to 61%; $\chi^2=6.05$, $p<.05$).

Analysis that examined demographic comparisons regarding experiences in DSS found no significant differences among groups. These data suggest no difference in gender, race, and sexual orientation on the age at first contact with DSS, number of foster home and group placements, access to voluntary care and to the outreach program, and feedback about experiences with care (feelings of empowerment and satisfaction with services).

Table 26 provides data regarding comparisons of the demographic groups in terms of outcomes. Several significant relationships were identified.

- *Current parenting* was related to gender but not race or sexual orientation. Thirty-one percent (31%) of females currently had children living with them, compared to 8% of male or transgender youth ($\chi^2=6.39$, $p<.01$).
- There were no differences in *current living situation*. There was, however, a difference by gender for experience with *homelessness*. Female youth were less likely to have been homeless since age 18 (30% compared to 47%; $\chi^2= 2.88$, $p<.10$).
- Heterosexual youth more frequently were *enrolled in high school post-18* compared to other youth (57% vs. 33%; $\chi^2= 2.80$, $p<.10$).
- Other differences were found in *sources of income*. Although 56% of heterosexual youth received income from a DSS stipend, only 27% of youth of other sexual orientations received a stipend ($\chi^2= 4.23$, $p<.05$). Heterosexual youth were less frequently receiving SSI income (15% vs. 33%; $\chi^2= 2.98$, $p<.10$). As for TANF income, 28% of females received this income compared to 11% of other genders ($\chi^2= 3.91$, $p<.05$). Females were, however, less likely to receive income from friends (18% vs. 33%; $\chi^2= 2.78$, $p<.10$). For SSI, 15% of heterosexual youth received SSI compared to 36% of other sexual orientations ($\chi^2= 3.45$, $p<.10$).
- *Monthly income* levels were higher for heterosexual youth ($M=\$660$ vs. $M=\$399$; $t=3.07$, $p<.01$).
- Heterosexual youth were more likely to report good or excellent *emotional health* (53% compared to 27%; $\chi^2=3.54$, $p<.10$). Among racial groups, Whites most frequently reported good or excellent emotional health (62%), followed by Blacks (48%), Latinos (35%), or other races (20%) ($\chi^2=6.34$, $p<.10$).

- Heterosexual youth were less likely to report they had been *injured with a weapon* in the past 12 months (25% compared to 53%; $\chi^2=5.03$, $p<.05$).
- Female youth were less frequently *arrested* in the past 12 months (18% compared to 39%; $\chi^2= 4.94$, $p<.05$) and also less frequently *incarcerated* (only 2% compared to 19%; $\chi^2= 9.31$, $p<.001$).
- Heterosexual youth less frequently used *illegal drugs* in the past 12 months (28% compared to 60%; $\chi^2= 5.69$, $p<.05$). *Excessive alcohol use* was less of a problem for females (23% compared to 44% ($\chi^2= 4.67$, $p<.05$)). It was also less of a problem for heterosexuals (22% compared to 80%; $\chi^2= 19.67$, $p<.001$).
- Females were more likely to express feelings of *depression* (68% compared to 44%; $\chi^2=5.32$, $p<.05$). Blacks were less likely to report feelings of depression (36%) compared to Whites, Latinos, and other races (64%, 70%, and 80%, respectively; $\chi^2= 7.92$, $p<.05$).
- *Unwanted sexual contact* in the past 12 months was less frequently reported by heterosexual youth (9%) than youth of other sexual orientations (27%) ($\chi^2= 3.96$, $p<.05$). There was also a significant relationship with race. Among Latinos, 26% reported sexual contact against their will within the past 12 months, compared to 16% of Black youth, but only 2% of White youth, and 0% of “other” youth ($\chi^2= 9.12$, $p<.05$).

Table 26: Relationship between Demographics and Outcomes

N=96

Outcomes	Gender	Race	Sexual Orientation
Parenting	YES	No	No
Living situation			
On own	No	No	No
Group/resid/shelter	No	No	No
All other	No	No	No
Ever homeless	YES	No	No
Post-18 education			
Enrolled in HS	No	No	YES
Enrolled in GED program	No	No	No
Enrolled in job training	No	No	No
Enrolled in college	No	No	No
Enrolled in any educ/trng	No	No	No
Currently employed	No	No	No
Sources of income			
Employment	No	No	No
DSS stipend	No	No	YES
TANF	YES	No	No
SSI	No	No	YES
Child support	No	No	No
Family	No	No	No
Foster family (non-relative)	No	No	No
Foster family (relative)	No	No	No
Friends	YES	No	No
Total monthly income	No	No	YES
Good/excellent physical health	No	No	No
Good/excellent emotional health	No	YES	YES
Injured w/weapon, past 12 mos.	No	No	YES
5+ drinks in a row, past 30 days	YES	No	YES
Illegal drugs, past 30 days	No	No	YES
Arrested, past 12 mos.	YES	No	No
Incarcerated, past 12 mos.	YES	No	No
Felt sad/hopeless, past 12 mos.	YES	YES	No
Unwanted sexual contact, past 12 mos.	No	YES	YES

Bivariate Analysis Question 3: What is the relationship between services received prior to age 18 and later outcomes?

Looking at key outcome variables we examined whether receiving a specific service was related to better outcomes. Table 27 identifies the significant relationships found between individual services and outcomes. Here we provide greater detail about these relationships.

- Receiving assistance *completing high school or GED* was related to later homelessness: 27% of those reporting receiving HS or GED assistance prior to age 18 reported later homelessness compared to 44% who did not receive this educational assistance ($\chi^2=2.96$, $p<.10$).
- Youth reporting receiving *help reconnecting with family* prior to age 18 were more likely to be employed (59%) compared to those not receiving this help (31%) ($\chi^2=7.40$, $p<.01$). There was also a relationship with current parenting: 14% of those who had received help reconnecting with family were currently parenting compared to 32% who had not received this assistance ($\chi^2=4.49$, $p<.05$).
- Of those receiving *employment assistance*, 42% reported having been injured with a weapon in the past 12 months compared to 22% of those not receiving employment assistance ($\chi^2=4.36$, $p<.05$).
- Receiving *life skills instruction* was related to two outcomes. Of those reporting receiving life skills instruction, 43% reported good or excellent emotional health compared to 61% of those not reporting receiving life skills ($\chi^2=2.73$, $p<.10$). Only 3% of those reporting life skills instruction reported being incarcerated in the past year, compared to 18% who did not receive life skills instruction ($\chi^2=6.39$, $p<.05$).
- Sixty-six percent (66%) of those reporting receiving help with *health care* pre-18 reported good or excellent physical health in the survey. This is lower than those who reported not receiving assistance with health care (88%) ($\chi^2=2.86$, $p<.10$). Receiving help with health care was also related to later incarceration. Six percent (6%) of those reporting receiving health care assistance were later incarcerated compared to 19% of those not reporting health care assistance ($\chi^2=2.73$, $p<.10$).
- Receiving *housing assistance* was related to later homelessness. Of those who reported housing assistance prior to age 18, 26% experienced later homelessness, compared to 46% of those who did not receive housing assistance ($\chi^2=4.10$, $p<.05$). Also, 20% of those reporting housing assistance pre-18 reported being injured with a weapon in the past 12 months, compared to 38% of those who did not receive housing assistance ($\chi^2=3.94$, $p<.05$).
- Youth who reported having had an adolescent outreach worker were more frequently employed (54% vs. 37%; $\chi^2=2.80$, $p<.10$) and had significantly higher monthly income at the time of the survey (\$793 vs. \$437, $t=3.71$, $p<.01$).

Although some of these reported relationships appear to make sense, notably receiving housing assistance related to decreased homelessness, others appear counter-intuitive. For example, receiving help with health care was associated with poorer self-reported physical health and receiving life skills instruction was related to poorer emotional health. This may indicate that these services may be provided

more frequently to more vulnerable youth. Perhaps, for example, services may be provided more frequently to those in residential or group settings; consequently, it may be the impact of this placement experience that is related to the outcome variables, rather than the effect of the specific service.

Table 27: Relationship between Services Received and Outcomes
N=96

	HS/ GED	Reconnect w/family	Empl oyment	Life Skills	Health Care	Housing	Outreach worker
Parenting	No	YES	No	No	No	No	No
Ever homeless	YES	No	No	No	No	YES	No
Enrolled in any educ/trng	No	No	No	No	No	No	No
Currently employed	No	YES	No	No	No	No	YES
Total monthly income	No	No	No	No	No	No	YES
Good/excellent physical health	No	No	No	No	YES	No	No
Good/excellent emotional health	No	No	No	YES	No	No	No
Injured w/weapon past 12 mos.	No	No	YES	No	No	YES	No
5 + drinks in a row, past 30 days	No	No	No	No	No	No	No
Illegal drugs, past 30 days	No	No	No	No	No	No	No
Arrested, past 12 mos.	No	No	No	No	No	No	No
Incarcerated, past 12 mos.	No	No	No	YES	YES	No	No
Felt sad/hopeless, past 12 mos.	No	No	No	No	No	No	No
Unwanted sexual contact, past 12 mos.	No	No	No	No	No	No	No

Advice to Government Leaders

The last question on the survey was open-ended, asking respondents: *If you had one piece of advice you would like to give the governor and other leaders in Massachusetts about young people your age who were formally in foster care, what would you like to say?*

Nearly every young person interviewed had something to say. On this question we serve as the conduit between the voices of the former foster youth and the leaders in Massachusetts. The full responses, unedited, are provided in Appendix B. Our review of the data suggests that the vast majority of responses are provided by thoughtful and concerned youth. Some are related to cautions about foster care, based on their own earlier negative experiences. Many suggest the need for more assistance for this population; some express gratitude for assistance already received. Others remind us that these young people are much like everyone else; they are trying to attain age-appropriate goals and request support and encouragement to do so.

Findings: Qualitative Study of Youth Returning to Care

The findings from the qualitative study are presented in six sections. First, we provide demographic data and brief biographical summaries of the 16 young people who were interviewed. Pseudonyms are used throughout this section.

Table 28: Demographics

	Males (n= 6)		Females (n=10)	
	n	%	n	%
<i>Race</i>				
Caucasian	4	67%	4	40%
Latino	2	33%	4	40%
Other	--		2	20%
<i>Parental Status</i>				
have a child	2	33%	2	20%
pregnant	--	--	1	10%
none	4	67%	7	70%

Table 29: DSS Experience

Characteristics	Males (n= 6)		Females (n=10)	
	n	%	n	%
<i>Age at leaving</i>				
16	1	17%	--	--
17	--	--	3	30%
18	4	67%	7	70%
19	1	17%	--	--
<i>Age at return</i>				
18	3	50%	5	50%
19	2	33%	4	40%
20	--	--	1	10%
21	1	17%	--	--
<i>Months between leaving and returning</i>	M=14.5		M=9.67	

Biographical Summaries

Tiffani is an 18 year old Caucasian female. She had a history of running from care. Tiffani ran away from care at age 17 because her foster mother told her to get out. Before signing in for voluntary services she became pregnant. She signed back into care two months after learning she was pregnant. Tiffani spent a total of nine months out of care. She received voluntary services for six months before receiving a letter stating her case had been closed.

Dylan is a 19 year old Caucasian male. He signed a voluntary agreement at age 18 but left one month later because he felt he was working and caring for himself and did not think that he should be receiving a check from DSS. While out for 21 months, he had several episodes of homelessness. Dylan signed himself back in for voluntary services to get a little bit of help and because he had heard through the grapevine that DSS could offer him services. It has been one month since Dylan signed the voluntary agreement.

Chris is an 18 year old Caucasian male. He has had three exits and entries from care starting at age 17. His most recent exit occurred at age 18. Chris left care because he wanted to live closer to his family and had plans to live with a friend. When his plans to live with a friend fell through, he ended up living on the street for four months. Chris signed back into care because he was homeless. Chris spent four months out of care. It has been two months since he signed the voluntary agreement.

Sarah is a 21 year old Caucasian female. When Sarah signed a voluntary agreement at age 18, she moved to an independent living placement. While at the placement, Sarah had disagreements with the other female residents and staff. She ended up being discharged by DSS. Sarah was out of care for eight to nine months and during this time period she lived in a rooming house for a short time and then moved in with her father. Sarah signed back in at age 19 after her father told her it was time for her to move and she did not know what she was going to do next. It has been almost three years since Sarah signed the voluntary agreement.

Angelina is a 19 year old Latina. She had a history of running from care. She was on the run for seven to eight months prior to her 18th birthday. Angelina was placed in DYS custody, for being on the run, for several weeks before her 18th birthday. While on the run, Angelina worked and lived with an adoptive relative. Approximately seven to eight months after turning 18, Angelina walked into her old DSS office to ask for help; she needed a place to live. It has been six months since Angelina signed the voluntary agreement.

Jasmine is a 19 year old female of Caribbean descent. At age 18 she signed a voluntary agreement and continued with DSS for eight months. Jasmine decided to leave care because she did not want to continue attending college and because she was working and making good money. Jasmine said although she was not ready to leave, she made the responsible decision of informing DSS that she was no longer in school so she could close her case the correct way and not get into trouble. While she was out of care for six months, Jasmine worked and lived with a friend. Although Jasmine continued to meet with her outreach worker while she was signed out, she contacted DSS about signing a voluntary because she wanted to go back to school. It has been five months since Jasmine signed the voluntary agreement.

Iago is a 21 year old Latino. At age 18 he signed a voluntary agreement and stayed for one year. During that time period, Iago lived in an independent living facility and with a relative. His case was closed after he reported to his social worker that he was having difficulties in his relative's home. Iago reported that his DSS worker told him that if he left his relative's home his case would be closed; he left. While out of

care for two years, Iago lived with three different friends. Iago decided to contact DSS for voluntary services because he needed help paying his rent and because he felt as if he was at a dead end. It has been 2 months since Iago signed the voluntary agreement.

Nina is an 18 year old Latina. She had a history of running from care. At age 17 she was living with a relative who was her foster parent. Nina was kicked out of her foster home. She reported that she didn't inform DSS of her whereabouts because she did not want to be sent back to Western Massachusetts. While out of care for a year, Nina lived with a friend, became pregnant and lived with her child's father. Nina contacted DSS for voluntary services because the apartment she was living in was getting too small for her and the baby. It has been seven months since Nina signed the voluntary agreement.

Samuel is a 20 year old Latino. He had a history of running from care. At age 16 ½ Samuel left his foster placement because he did not feel comfortable living with another family and because he knew he could take care of himself. While out of care, Samuel lived with relatives in another country and later returned to the U.S. to live with a girlfriend. After returning to the U.S., Samuel worked various jobs to support himself. He contacted DSS the day after his 18th birthday because he knew he would no longer have to be in a foster placement. Samuel made contact with DSS because he knew his social workers were concerned about him. It has been almost three years since Samuel signed the voluntary agreement.

Danyl is a 21 year old Caucasian male. He had a history of running from care. Danyl left on his 18th birthday because he wanted out "wicked" bad. He felt as if he was treated badly during his time in care and wanted to take a break. While Danyl was out of care, he lived with a relative and with his girlfriend. He worked various jobs and obtained his GED. Danyl reported that he knew he had reached the ending point for his job and wanted to go to college. He contacted DSS for voluntary services because he was mostly interested in what "DSS could give me for the years of pain I went through with them." It has been almost 18 months since Danyl signed the voluntary agreement.

Fernanda is a 20 year old Latina. She had a history of running from care. She left care at age 17 ½ because her mom convinced her to return home even though she was not completely convinced she should return to her mother. Fernanda said she was tired of being in different programs. While out of care for almost two years, Fernanda lived a short time with her mother and also with her grandmother. She moved with her mother out of state. Fernanda reported that while out of care she was unable to work; she experienced an episode of depression; and she was using drugs and alcohol. While living out of state, she continued to speak with her previous worker's supervisor. With the encouragement of a relative, Fernanda called DSS when she returned to Massachusetts to ask for help. She was told that DSS could re-open her case. She stated that she was very excited about receiving voluntary services. It has been three months since Fernanda signed the voluntary agreement.

Anna is a 19 year old Caucasian female. She was briefly placed in foster care at age 14 but was returned to live with her mother who agreed to voluntary services. Anna lived with her mother until age 18. During this time period her mother continued to receive voluntary services. At age 18 she moved out of her mother's home and moved in with her sister. Anna contacted DSS for voluntary services because her school counselor told her that she could be eligible for educational assistance. It has been eight months since Anna signed the voluntary agreement.

Katie is an 18 year old Caucasian female. She left DSS custody on her 18th birthday in order to live with her mother. Katie reported that she was encouraged by DSS to remain in care but that she decided to leave care in order to give her mother a chance. Although Katie was out of care for five months, she continued to stay in contact with her social worker. She stated she knew she wanted to come back the day after she left and told her social worker she wanted to sign the voluntary. Katie said while she was

working with DSS to return, she was arrested. However, she did not have to complete any jail time because DSS showed up in court and told the judge they had a placement for her in a program. It has been four months since Katie signed the voluntary agreement.

Doug is a 19 year old Caucasian male. He signed a voluntary at age 18 but signed out of care four months later because he was having issues in his foster home. He returned to his mother's home. Doug reported that the plan was for him to stay in his foster home throughout his college career. However, Doug was unable to do so because of the stress he was experiencing in his foster placement, due to a disagreement with his foster mother. He stated it was easier for him to return to his mother's home, rather than for DSS to find another placement. When Doug signed out of care, he knew he would return two months later for voluntary services in order to receive financial assistance for college. It has been six months since Doug signed the voluntary agreement.

Carla is a 19 year old Latina. At age 18 she signed a voluntary agreement and continued to live in a foster home until she was told by the foster parent she could no longer live there. Carla stated she was rebellious during that time period. She moved to a group home and lived there for three months. Carla reported that after she turned 18 she did not fulfill the requirements of her voluntary agreement: holding a job and going to school; therefore her case was closed. She said that she did not feel ready to go to school, but it was being pushed upon her by DSS staff. After the group home, Carla became homeless. She lived on the streets and in shelters for approximately three months. While Carla was out of care, she continued to speak with her outreach worker. Carla was told by her outreach worker that she needed to prove that she had made changes in her life before she could get one "last chance" from DSS. She obtained and maintained a job. Carla stated that she returned to care because she wanted to return to school and because she needed help financially. It has been eight months since Carla signed the voluntary agreement.

Jesi is a 20 year old bi-cultural woman of Caucasian and African American descent. Jesi voluntarily signed herself into care at 17 and again at age 18. Jesi stated that both times she was looking for housing stability for herself and her infant daughter. After living in a residential and independent living setting for a little over a year, Jesi moved out to live on her own. She stated that upon moving out, she decided to quit school because she did not like school and because she wanted to make money. Jesi stated her case was closed at that time because she was no longer enrolled in school. Over the course of her time out of care --13 months -- Jesi moved ten times. She lived in a couple of teen living programs and with family and friends. Jesi stated she returned to care because she wanted housing stability. It has been two months since Jesi signed the voluntary agreement.

1) Why do young people choose to leave care?

Independence: Consistent with others in their age group, foster youth, regardless of their runaway status or exit at age of majority, want to make independent decisions. Some decisions had to do with how they would care for themselves.

"I just decided that I was capable of taking care of myself and didn't need the system. I figured I had a job. I had a car and my apartment. Everything was going good. So I figured I wouldn't need the extra assistance from DSS and all that." [Dylan]

"I didn't want to be at [program]. I wanted to take the semester off. So I called my social worker and told her and she said, 'OK, we can close the case'." [Jasmine]

Other decisions had to do with reconnecting with members of their biological families.

“...Then she [mom] came to see me one day. For a couple of weeks after that, she’s like, ‘you should come home, come home.’ And I was like no. Then I decided like the second I turned 18 I wanted to go home. So I just went home when I was 18.” [Katie]

Placement failures: A salient theme among youth that explains their exit from care was the failure of their last placements. Placement failures seemed to occur when there was a lack of communication and mediation between youth and foster parent/residential program or when youth perceived their foster parent or program to be unfair.

“...Although, I can see where she comes from, the reason why I left was because she made me feel guilty and blamed me for other things....We were really close at one point, but the relationship we had was totally lost.” [Doug]

Placement failures could also be attributed to the behaviors of youth. Youth were able to assess their own behaviors which may have caused their placements to fail.

“...I kind of got kicked out of the independent living program...Not really kicked out, I actually left on my own because I wasn’t getting along with the other girls there.” [Sarah]

“Teenagers, they like to go out and be with their friends and she didn’t want to let me do anything at all. It was like a little conflict, there, sometimes.” [Nina]

Tired of programs and placements: A long experience in care seems to play a role in a youth’s decision to not continue with voluntary services at age 18. Youth who spent a long period of time in care and who had multiple placements conveyed an immediate and definitive desire to leave care at age 18.

“I wanted out wicked bad...I felt I didn’t get treated properly because I kind of got tossed in foster homes throughout [city]...So when I turned 18 and they asked me to sign on, I didn’t want to sign on. I wanted to take a break -- a few years’ break, that’s what I needed.” [Danyl]

“I was done with DSS. I had been in DSS since I was 3 months old...I got shipped around to wherever they wanted me to go.” [Angelina]

Runaways: Placement failures also contributed to youth becoming runaways. Youth left placements when they got into disagreements with foster parents. For example, when a youth removed herself from a foster home and, ultimately, from DSS, she knew she would be considered a runaway.

“I was on the run because my foster mother told me to get out. I got a back pack and left.” [Tiffani]

A concern mentioned by youth who ran away from care was related to having multiple placements. Youth who left care seemed to have had numerous placements throughout their time in care. This concern resulted in youth removing themselves from their placements:

“I was sick of leaving everything every two weeks. I moved around a lot. So many places.” [Tiffani]

“Once I got the opportunity to leave, I left. I didn’t want to deal with that again, for them sending me back to [city] or somewhere even farther than [city]”. [Nina]

Along with not wanting to move to another placement, youth who were runaways expressed not feeling as if their placements were their homes.

“It’s hard to live in other people’s houses; it’s uncomfortable.” [Samuel]

2) *What was the planning process like in preparing for independent living/adulthood?*

You got to be responsible. You got to make your appointments every month, your dentist and eye doctor. Those are all things that responsible people do: go out food shopping, pay that bill for electric, pay that phone bill, pay the rent, take out the trash, clean the house, you go to school, you go to work 40 hours a week. That’s all. This is it. I’m fully grown up (laughs). And you know what? I like it. [Sarah]

Youth were able to recall their preparation for independent living. Youth discussed what they were most concerned about, who was involved, and what actions were taken. Youths’ preparation for independent living was diverse in content and depth. Some youth were exposed to significant supports and activities that would ultimately help them to navigate life after age 18, while other youth expressed not having access to people and activities that would help to prepare them for adulthood.

What were youth most concerned about? Youth seemed to have had many concerns about their transition from care. Even though some youth expressed several concerns, one main theme could be identified from their accounts of the planning process. Youth expressed concern about where they would live after they turned age 18. Some were concerned about the physical location of their next placement or type of placement they would be assigned to.

“I was just scared about living in [city] because I was always from [another city]. I never thought about living that far away.” [Sarah]

For other youth, concerns about their next living situation were also entangled with concerns about the level of restriction they would have to negotiate in their placement after turning 18.

“I was scared they were going to stick me back in a foster home, try to basically treat me like I was a little girl.” [Angelina]

“It was more about not going to be in a setting where I’m not going to have a lot of freedom. I was afraid I was going to go to more of a group home, where you have certain freedoms, but not a lot.” [Carla]

“I just wanted to live on my own. I didn’t want to live in foster care. I didn’t. To me the way I’d seen it was independent living was going to be a house full of kids and somebody watching you all the time, and I didn’t want that. I don’t like that.” [Samuel]

Youth also expressed concerns typical of their peers: finances, housing, being able to make it in school and on their own. One youth summed up these types of concerns by stating:

“Financial. Everybody thinks about money, you know. School. I’ve always thought about school, if the work was going to be hard, if someone could help me...I’ve always thought about that. I easily get embarrassed; I don’t want to turn in a shitty paper, you know. So financially, school. Living situation in general, you know.” [Iago]

Who was involved? Not surprisingly, youth reported that DSS, program and professional staff were the driving forces in helping them to understand the important skills and concepts to gain before their exit from care. Youth received help from: DSS caseworkers, counselors/therapists, and residential program staff. Less expected were youths’ reports that family members played a role in the preparation process.

“My sister, she was helping me.” [Nina]

“I’d say more than anybody else my uncle. My uncle, he was kind of the one who showed me to be a man. This is what you got to do, you need to work. He helped me out more than anybody in DSS before I turned 18, definitely.” [Danyl]

The array of staff and family who contributed to youths’ planning processes were often their biggest motivators and cheerleaders.

“And I had all the other people helping me, counselors, therapists, sister, saying, ‘This is something you can do. This is something you want. Just keep fighting for it and you’re going to be fine.’ So a lot of support keeping me going. ‘Don’t give up; you’re doing a wicked good job.’ All of that kind of support and motivation definitely helped me. I had my doubts.”

[Anna]

“My foster mother, she was very cooperative. She had a lot of lessons to teach us. I had to give credit to my foster mother above everything else. When I was in her house it was very boot-camp like.” [Doug]

What was discussed? Although youth did not identify the concepts and activities discussed with their workers or other professional staff as independent living skills, in general, their discussions revolved around learning life skills that would help them learn how to be responsible for themselves. These independent living responsibilities mainly included tangible skills: budgeting, cooking, shopping, laundry, resume building, job search/interview skills, and transportation skills.

“That’s what they wanted to do to help me out; get ready for you to understand. Get a better job. Help you manage your money, so you know how the bills are going to be paid. They were going to tell me everything how to get ready for it.” [Samuel]

- “So when it came to getting my license permit, paying for driver’s ed, she helped me go through - ‘alright, this is how much money you had and this is how much money for each thing’.” [Anna]

Education and general planning for the future were discussed by a few youth. Youth and workers discussed finishing school and continuing to pursue additional educational and vocational training.

“Obviously, they told me to stick with school and don’t quit.” [Anna]

“She talks to me about applying to college, what my essay should look like. We discussed what would happen on my way to college...” [Doug]

Although some youth seemed to know that they could sign back into care at age 18, only two youth reported that signing back into care was a part of their planning process.

What actions were taken? Some youth reported that nothing was done to prepare them for adulthood. Moreover, they didn’t seem to be concerned about not having had preparation. Youth who reported not being prepared by staff or foster parents stated that they didn’t need formal or informal preparation because they were capable of caring for themselves.

“No, because I kind of already know. The other thing too, at my mother’s house, my birth mother’s house, I was the one always cleaning, cooking, doing laundry, getting my little sister ready for school, whatever the case may be. It was always me being the mother figure. So DSS already knew that; they didn’t have to explain anything extra to me because I already knew what I had to do as an adult. So they didn’t have to speak to me about it. And they still don’t because they know I know what I have to do.” [Jasmine]

“It was alright [PAYA]. It was confusing. Like most stuff I knew how to do it. When I was living at home, I did everything by myself. I took care of myself. So I knew most of it... Taking care of myself, I can do that. It was kind of easy.” [Katie]

“No, it was just mainly myself. I was thinking about, you know, doing things on my own, not trying to get that much help -- like learn from my own mistakes.” [Nina]

Youth reported having access to PAYA materials during their preparation process. Access for some youth meant they were given the books but no additional assistance. However, having access to materials did not automatically translate to acquiring life skills. Some youth were given PAYA books and no additional assistance.

“I did fumble through the books. I did try to take advantage of the financial opportunities that came with PAYA. I don’t believe PAYA is that great of a program, in the sense that it’s just not as intimate as it should be. I think that foster parents should definitely take initiative with PAYA, probably to push lessons on the kids instead of having them fumble through books.” [Doug]

“I would finish a couple of them, but then I just threw the rest away.” [Nina]

“..I tried doing that [PAYA] once to get money for driving school...I barely got through the first couple of pages.” [Chris]

One youth spoke about how PAYA lessons were integrated into everyday activities. Integrating PAYA lessons into daily routines seemed to help with understanding the goals of PAYA lessons.

“We would actually go and do activities like learn how to compare when you shop, learn bus routes, how to pay rent, how to make a list of things to budget, how to do miscellaneous, the necessities, the wants and stuff like that...it was not just sitting down reading the book [PAYA]... We’d go over it and do activities based on the answer you give. We’d go to the grocery store, stuff like that.” [Fernanda]

3) Role in decision making process: Before 18 and after 18

It’s different because back then, before you are 18, DSS, not like they run you, but they are in charge of you. You have to go where they tell you to go. You have to do what they tell you to do. Not necessarily do what they tell you to do, you would have to go to school and get a job... Now, after I’ve turned 18, it’s like I run them, than they run me. If I need help, I can go to them and ask if I can get that kind of help, and if I can, they will, stuff like that. Back then, I couldn’t suggest, oh yeah I need help with this or that. It was kind of hard. It’s hard to explain it. [Nina]

Youth were asked if they had a role in making decisions during their time with DSS. Several youth expressed they felt they did, although they often qualified their statements.

“At times, yes. Largely just because I tend not to be rebellious or I tend to do very well in school and things that DSS tends to find virtuous in a kid so, yes I did get to make decisions but not always do you get to make decisions. If you need to improve in school, that is definitely something that will be set upon you. But where I went to school, I actually had a part-time job. Everyone was basically, or just asking me to keep it up. So, when we had reviews, I was able to make suggestions, definitely because the work I got so into it with my social workers and things like that, I was able to make decisions.” [Doug]

“Yep. More or less. Yeah, my voice is always loud.” [Iago]

Most youth, however, stated that they did not have a role in making decisions before they turned 18. The reasons had to do with their status as a minor or stipulations around case plan goals. Youth seemed to understand the nature of being a minor and being in foster care. Youth used this dual position to make sense of their inability to make decisions while in care. For some youth, they felt as if they could not contribute their thoughts.

“Definitely not. I had no control. Anything I said got shot down. I pretty much thought they looked at me always as a kid who didn’t know what he was talking about.” [Danyl]

“I was in their custody before, but that was by, I was under 17. I had no choice. That was the way it was. I was under this whole CHINS thing. I was on juvenile probation. I was with the court systems. I was in DSS custody. I really didn’t have any decision-making.” [Sarah]

“...I never thought that I was going to have to think about that because all that weight was on my DSS worker’s shoulders. I never considered myself important in the DSS role because if I said

‘hey I want to be placed here’, my social worker would look at me and say, ‘no you’re placed where you are’. There was actually a couple times when I said ‘hey I want to be moved’ and never got moved.” [Dillon]

For others, they felt as if they could express their thoughts or offer an opinion, but the ultimate decision about what they could do or could not do was up to DSS.

“Not really. In some ways, you probably could. But I didn’t really feel like I did. Even if I wanted something, they were like, nah. If I wanted to visit my mom, they said she could come visit me but I couldn’t go to her house and stuff like that. They just, I don’t know. No, I can’t really explain it but I feel like I never had any decision because even if you wanted to do something, they always make the final decision. You can put your input in, but it’s up to where you live in DSS mostly.” [Katie]

“I felt I didn’t. Basically, before you turn 18, before 18 you really don’t have a lot to say. You can have your opinion. You can’t make a final decision. I felt like I didn’t. I had more of an opinion than a decision-making. Just for the fact I was under 18 and the adults had to do all the decisions for me. But, if there was a decision I wanted to do independent living and do stuff, and felt it was a positive outcome, then they’d approve it. But if it was something else that they felt that wasn’t going to benefit me, then you know, I only had an opinion on it, so it was basically I had to do what they said.” [Fernanda]

“Yeah I spoke my mind all the time. I told them how I felt about the situation or whatever. But at the end of the day it’s really based on what’s going to come down. They have to make the last choice at the end. Even though I don’t like it, it’s not what I like, because you are a minor and you belong to the State. And they choose what’s going to happen to you either way or not.” [Samuel]

In some instances, youths’ attempts to gain control resulted in negative outcomes.

“Anything that went on in my life in DSS, I had no control...When my grandmother passed away they didn’t want me to go to the funeral, so I ran away...I wasn’t allowed to see anybody in my family and my whole family was going to be there. I totally disagreed with that so I ran away. I ended up doing two weeks in lock-up for that, but I didn’t care. Because I seen my grandmother before she got buried. I loved my grandmother; she was like my mother.” [Danyl]

“Yeah. I had control over what houses I stayed in. So I made my stay shorter. I used to argue with some of the foster parents. Trying to do what I needed to do. And that would be a problem. Not trying to be a part of your family. Why would I focus on the family that wasn’t my family? I would tell my worker and she would come and mediate.” [Tiffani]

The majority of youth expressed an increase in their level of decision-making since returning to care.

“Yes...A big role. I’m in the driver’s seat. I’m the big chief; everything goes through me.” [Iago]

“You know before it was all regulated by foster homes and DSS. Now it’s all regulated by me. Basically I run my own life now. I don’t look at DSS and say OK this is what I’ve got to do, help me. Now it’s OK I’ve got the life skills. DSS has given me a little bit of help, I’m gonna run with it, I’m gonna do it my own way instead of DSS way I guess.” [Dillon]

“I’d have to say I’ve had the opportunity to make choices 100%...I’m in control. Right now.”
[Angelina]

After age 18, at times, youth seemed to have a mutual relationship with their caseworker. Youth saw their caseworker as a sounding board or source of assistance.

“Now, it’s a little different, because I do have a little bit, little bit of a say here in the decisions. I feel like this is not going to work for me, or I feel that the place I’m in is not going to do me good, or I feel like the school is not doing good for me. I let them know the decisions I make and they do respect it, more than when I was under 18.” [Fernanda]

“Yeah...everything...because I went back on my own choice. And I needed their help, so they are helping me out with what I need to do as long as I keep my part of the deal. If they ask me to do certain things, if I don’t get them done, I really can’t expect anything from them.” [Samuel]

“I actually asked them for suggestions, like what schools do you think I should go to... And I was like, that doesn’t sound bad, I took their advice, and then I said, that’s what I’m going to do. They helped me out on that part.” [Danyl]

4) Working with adolescent outreach workers: Before and after 18

And the outreach workers, there’s not enough for all the kids in Massachusetts. There’s not enough funding... Because it’s a known fact already that the small amount of outreach workers that they do have now, that the kids love their outreach workers more than they do their social workers. Because you have that one-on-one once a week with them, and you’re always active, and you’re always doing something positive. [Jasmine]

Youth were asked if they had an adolescent outreach worker before leaving and after returning to care. Only a few youth were assigned an adolescent outreach worker before they left care. For these youth, the adolescent outreach worker seemed to be the anchor that kept them connected to DSS while they were out of care. In addition, youth described how their adolescent outreach worker helped them return to care.

“I think the fact that even though I wasn’t in care with them for a couple of months, my outreach worker was still meeting with me and still talking to me and constantly updating me on how I can improve myself and what things I can do in order to sign myself back into care.” [Carla]

“Yeah, she did everything. She’s the one who got me reconnected and everything... She was definitely my connection to DSS, to signing back in.” [Jasmine]

“I had my outreach worker. I believe I met her around that time. She had hooked me up with discharge money and when I didn’t really know where to go. I couldn’t go back with my family. I ended up going to a, what do you call those things, a rooming house. I ended up staying at a rooming house... But after that, I got, they signed me back on.” [Sarah]

Youth seemed to think highly of their outreach workers as individuals and as partners that helped them to achieve their goals. For these youth, outreach workers appear to be zealous and persistent.

“Oh we talk weekly. Probably a couple times a week. I call her if I need her for something. She calls me if she’s wondering something or she’s wanting to let me know about a job and you want to come in for a resume, I’ll help you out with the resume. Wicked helpful. Really helpful.”
[Danyl]

“She’s passionate about what she does, and she’s out there trying to get me motivated to stick with school, working. And trying to get to the point where DSS will offer me more benefits.”
[Carla]

“The outreach worker is still working with me, but at that level I didn’t have the same respect that I do for him now. So I used to be more independent in my searches. I would not refer to him...I kind of looked past the possibilities of the outreach worker. But eventually he got on my butt...He started to talk to me about what we could do. He would ask if we could have meetings. He calls me from time to time. Says, ‘This is the opportunity I have for you, are you going to take part in it or not? This is all you have to do.’ He’s just, he watches out for me more. And, I guess he kind of figured out I wasn’t going to jump up and run with him, that he needed to drag me along.” [Doug]

“The outreach worker is excellent. She just started too. She’s my age I think, probably a few years older, probably 24, 25. She’s excellent. She’s already got me signed up in school. Education and training vouchers, you gotta have before you’re 21. She got it in 2 days.” [Iago]

“I’m actually involved with this adolescent outreach worker. She helps me look for jobs, cars, and all that. And that helps out a lot because sometimes I really don’t know where to look.”
[Dillon]

Moreover, youth seemed to feel as if their outreach worker cared about them as individuals.

“Yeah, the outreach worker is incredible. I wish I had her my whole life. She’s awesome. She’s constantly calling me asking me if I’m all right. She’s worried about me. And when I was in DSS, I didn’t feel like anybody cared about me, anybody was worried about me. It’s just different.” [Danyl]

“Well the adolescent outreach really helps. Just the support knowing that I have somebody that I can call if something goes down. Since me and my parents haven’t really had the best relationship, I don’t wanna call them, like say, if I get into a car accident. My father would probably just be like ‘oh it’s your fault’, click. I can call up my social worker and be like ‘hey, I got into a car accident, what do I do, who do I call?’ You know. Just pretty much just the advice factor really helps knowing that there’s somebody there that I can just call and talk to if I’m having a hard day or if I need advice on something I can call him up or my adolescent outreach worker and they can help me.” [Dillon]

In some instances, youth made clear distinctions between the role outreach workers play and the role of their caseworkers.

“It was more of my outreach worker. She was a lot more helpful than my DSS worker. The one I had in the beginning, when I was 16, she was very helpful. I met with her on a weekly basis.”

[Carla]

“She’s my outreach worker. She’s not my social worker. An outreach worker is different. They’ll meet with you one-on-one. They meet with you once a week, not once a month. So they’re more on top of you about getting stuff done.” [Jasmine]

“I’ll tell you why. I’m 21 now, the thing is, my social worker, she deals with a much younger crowd, so she, not saying that she doesn’t have time, but I’m kind of at the bottom of her list because she does have 16-year-olds that are in need of services. And I’m left on the back burner because I’m the one she don’t need to worry about. OK, she’s OK. She’s whatever. She’s fine. So, I think that’s what I’m trying to get at is...my outreach worker, she’s been fabulous. She’s always there for me and thank God for her. I mean she’s just, I don’t know where I’d be honestly. She’s definitely been there for me now and she’s helped me out a lot, DSS has helped me out a lot...I know why I have the social worker. I think the outreach worker, I think she’s been there; she’s done everything for me. I don’t even know why I have the social worker. I’ve never even seen her, like maybe, whatever. I ain’t trying to put anybody down, but I just...”

[Sarah]

5) *Returning to DSS for voluntary services*

“I felt like I turned to my mother and father, which was DSS. I think that when kids turn 18 and 19 and think they know everything. They leave off to college and stuff or run off to their own apartments, but they run back to their parents’ house, right, when they can’t pay their rent or make it on their own. They fall back to their parents’ house, well most of them do. I felt them, DSS, as much as I didn’t like it, DSS has been my mother and father whether or not I liked it or not.” [Angelina]

Wrestling with their decision: The process by which youth return to DSS for voluntary services was a thoughtful one for most youth. Youth wrestled with their decision to simply contact DSS, much less, ask for help. Their thoughts, and sometimes discussions, about returning seemed to last for an extended period of time.

“I was thinking about it from the day I left. But I knew, I still needed my break no matter what.” [Danyl]

“I was thinking about calling my social worker to ask for help. I never actually thought about signing back in. I just was thinking about calling to say hi, not to ask for help. I pondered on it for about a month. I just never took the initiative. I don’t like rejection; they’d be like, we can’t help you.” [Iago]

A couple of youth who ran from care and did not age out, shared the following about how long they had been thinking about contacting DSS:

“When I turned 16 ½, I was like, I only have to wait a year and a half.” [Samuel]

“Once I turned 18 -- that’s when I called.” [Nina]

Youth struggle with their decision to contact DSS for several reasons: wanting to try independence and wanting to live on their own without DSS or program rules.

“...I kind of wanted to see if I could actually do it on my own, you know. I still wanted to see if I didn’t need them. It was more of a pride thing. I’m a very proud person and I didn’t want nothing to do with DSS, and I didn’t want to fall back on my face.” [Angelina]

Delay in returning and its consequences: For some youth, returning to care meant they had to demonstrate their seriousness to DSS staff. This meant they had to secure work and/or education before they would be allowed to sign back in.

“It was probably like three months because I knew I couldn’t sign in right away. ...I couldn’t still open my case because much time hadn’t passed and they wouldn’t open it just because I was back in school. They wanted me to be back on track fully.” [Jasmine]

Although most youth did not report any negative thoughts about this requirement, some struggled to maintain their living situation during this time period and, in some instances, deteriorated during this unofficial probationary period.

“They had to find a place for me. When I was waiting for them to find a place, the whole jail thing happened. I went to jail. That day I went to court, they were going to commit me for 90 days, but DSS showed up and was like, ‘Oh, we found her a place’.” [Katie]

“And for a while I was actually homeless...And during that time they told me I could sign myself back in, but that they needed to see that I was making different changes in my life, like actually obtaining a job and maintaining it, following the rules, just making sure that I was following the service plan that was in place. And they gave me basically like a time limit of when I could come back to them and try to sign myself back in, and that was a good two months...I was staying at a friend’s house for the last two months that I wanted to go back to them.” [Carla]

Being prompted: Even though many of the youth contacted DSS voluntarily, without the assistance of others, some were prompted to do so by previous DSS workers or other adults involved in their lives.

“I didn’t actually know until my aunt told me about it.” [Anna]

“They [lawyer] called my aunt and told her she was trying to get in contact with me. So I called her back and she asked me how I am doing and she wanted to know how I was and all this. And I told her I was doing fine, that I wasn’t going to tell anybody where I was at because I didn’t want to take the risk of them sending me away. And she was like, ‘no it’s fine’ -- that after I turned 18 that I can call DSS so they can reassess me, so they can give me help and stuff like that.” [Nina]

One youth described how her adolescent outreach worker stayed in contact with her while she was out for nine months and tried to get her back into care.

“She [outreach worker] called me one day and said, ‘You know what? Let me see if I can get you signed back on.’” [Sarah]

Reasons why youth return: The complex situations in which youth find themselves played a significant role in their decision to return to care. Youth expressed many reasons why they returned to care. Often, there was a combination of reasons. Three main reasons were identified: maintenance of current living situation, crisis, and/or goal pursuits.

Youth who were working and/or going to school stated they returned to care because they needed some assistance, either financial or emotional, in keeping their lives on track, or they wanted to receive the benefits of being in care: housing, education, and/or health care assistance.

“...the main reason why I signed back in was for help with paying for college.” [Anna]

“Just having somebody there, you know. Help you and understand the goals is it that you want, and help you out and do whatever they can, in the sense that when I signed back on, they told me to go to school and that there’s benefits to everything.” [Samuel]

For other youth, returning to care was an immediate need. Youth who had no place to live or who were bouncing from place to place, youth who were not employed, and youth who were parenting or expecting a child, returned to care in order to stabilize themselves. For these youth, returning to care meant being able to meet their most basic needs.

“I basically slept in [city] with people I didn’t know.... They’ve been the only ones to supply a roof over my head whether or not I liked it... So I went crying to DSS and asked them if they could help me.” [Angelina]

“I got pregnant in November and my aunt’s spouse no longer wanted me there.” [Tiffani]

“I was becoming an alcoholic. I was smoking weed every day. When I came back, that’s when I really hit rock-bottom. [Fernanda]

“Because it was starting to become difficult financially, the questions and stuff, for me the future questions about school and how I was going to pay for it. I was at a dead-end. I needed to get into school or I have no hope. I need to get a better job, these minimum wage jobs ain’t paying my way. And I’m not worth that. I’m not worth \$200.” [Iago]

“I was homeless. I had nowhere to go. I had no friends. I had no connection whatsoever to live. So I knew what I had to do was to sign back in. It was the only option that I had.” [Chris]

Youth who returned to care because they were developing thoughts about their future seemed to reach a turning point while living on their own. In some instances, the turning point was a result of their inability to care for themselves and for others. The turning point was a result of their figuring out they wanted and needed more for themselves and their future.

“...but painting isn’t good because in the winter there’s not enough of work. So that’s what made me decide to go back to DSS to get a college degree...I’d reached my ending point in painting. I decided I didn’t want to be a painter anymore for the fact there’s not constant work, no benefits, no retirement plans.” [Tiffani]

“I want to go back to school this fall. I can’t be a bum, all my friends are in school, and why am I not in school. And my friends that weren’t in school, I love to death, but they’re not going anywhere in their life, so it’s just like, I know I don’t want that.” [Jasmine]

“...I figured you know everyone else is going to college, why can’t I? Why don’t I? I’m bright enough. I can, if I apply myself, I can do something. And I figured, OK, I can apply myself to college, I can get an education, get a better job, make more money, you know, make a life for myself.” [Dylan]

Entitlement: For several youth, contacting DSS was partially about DSS owing them something. This feeling of entitlement seemed to be connected to youths’ previous placement experiences.

“...thought maybe they could help me. Figured since I was in the system for 15 years, thought they could help.” [Tiffani]

“I was mostly interested in what DSS could give me for the years of pain I went through with them.” [Danyl]

“...I felt like I deserve everything they’ve helped me with since I turned 18....it might sound a little arrogant and entitled, but I feel like I deserved it. Because there was a lot of things they never gave me, and I feel there are a lot of things they should have done for me.” [Angelina]

6) Outcomes

Table 30 provides data describing each individual youth’s current situation on five key outcomes. Review of these data suggests wide variation in the lives of youth. Although there were some areas of difficulty, generally youth were not doing poorly across the domains. Each youth exhibited strengths in certain areas.

The *Health* domain appeared to be the strongest across the board with all respondents reporting at least “good” health. *Education* also seemed to be a category in which most were having success. Many have either finished educational requirements or were enrolled in educational programs. For example:

“It’s going good. I’m at the point where I’d been dying to go back to school, I really wanted to go. So, I’m more passionate about it. I’m actually doing my homework, studying, doing what I’m supposed to be doing. I’m looking forward to completing it and working as hard as I can to get good grades.” [Carla]

Perusal of data regarding housing suggests fairly stable situations that appear primarily positive. This might be in contrast to the typical situations for this population. Perhaps the general sense of satisfaction is due to the contrast with earlier housing situations which were worse. The data also suggest the use of group settings for some of the young people and the desire of many to move to a better place.

“It’s going okay, I think. I have very little space because it’s me and my daughter, because it’s crowded. I would like to be out more. My room is really small and I have my bed, my bassinet, my drawer, my TV. It’s really crowded in that room. If I had my own place, she’d have her own room. I’d have a living room where I could watch TV. I would really want my own house, my own apartment, you know. Two bedrooms.” [Nina]

“I am on the list for Section 8. It will take 1-2 years because I live with family. I like where I am living now but accommodating a baby here might not work. Grandmother doesn’t want a baby here. There are shelters. You don’t have to be homeless in Massachusetts with a baby.” [Tiffani]

“Housing’s decent. It could be a little bit better. I’m kind of sleeping on the floor right now, because ... the person that I’m living with, she has an open heart, an open door. A lot of her kids’ friends live with us and we just don’t really have the space to have everybody have their own bed, so I’m kind of sleeping on the floor. But it’s awesome because I get the advice from her and the advice from my friends. And I get to see my friends all the time....It’s just more stable now that I’m trying to get my life on track. It’s stable to have a place instead of sleeping in the park.” [Dillon].

The *Employment* domain appeared to be the most variable as well as an area of challenge. Although there were some clearly good outcomes in this domain, there were employment struggles for most youth. Many youth were either unemployed or employed but looking for a better job. Few indicated that they were working consistently and had jobs they enjoyed.

“I’ve been applying everywhere and nobody is hiring or, I don’t know, they just don’t want to hire me because I don’t have experience or I don’t have a high school diploma. I’ve been applying mostly in [city] and [neighboring city] because I have no transportation. I’ve applied to clothes stores, restaurants, no fast food, no way, I don’t want to work there. I’ve applied to many different places, like movies, stores, stuff like that.” [Nina]

The *Relationship* domain also demonstrated a wide variety of responses; some youth seem quite satisfied with the nature of their relationships others suggest this is an area of difficulty. For example:

“[Work] that’s my source of going out, that’s how I meet people. I’m going to be honest with you, I don’t have any friends. I go there and kind of listen to music and talk to the people. I like short conversation, I like talking to people that don’t know nothing about me... ’cause I don’t like people to pity me. I don’t know. I think it’s my pride I think it gets the best of me, and that’s not a good thing either, I know that. I don’t like people to pity me. I think if people knew everything I went through or people knew my past and people knew anything about me, I feel that people would feel bad for me. Then they’d only care for me because they felt bad for me, and I don’t want that. I would like them to get to know me for the person that I am now. I wouldn’t even want anybody to know anything about me from the past. I think that’s why I like the shorter conversations.” [Angelina]

Table 30: Summary of Outcomes

	Employment	Housing	Education	Health	Relationships
Doug	<ul style="list-style-type: none"> • Unemployed • Not looking • Focusing on school 	<ul style="list-style-type: none"> • On-campus • 2 roommates • Comfortable 	<ul style="list-style-type: none"> • Enrolled • Going very well • Seeks additional help when needed 	<ul style="list-style-type: none"> • Steady 	<ul style="list-style-type: none"> • Strong with mother • Friendships have drifted since college
Carla	<ul style="list-style-type: none"> • Employed • Good pay but inconsistent schedule • Looking for better job 	<ul style="list-style-type: none"> • Rents from grandmother (who pays half) • Looking for larger apt to share, closer to city 	<ul style="list-style-type: none"> • Enrolled • “Passionate” about school • Interested in education 	<ul style="list-style-type: none"> • Good 	<ul style="list-style-type: none"> • Problems with trust • Starting to shut down close friendships
Katie	<ul style="list-style-type: none"> • Employed • Looking for better job • Wants to work with kids – CORI is problem 	<ul style="list-style-type: none"> • Group setting 	<ul style="list-style-type: none"> • Enrolled • Going well • Interested in social work, child psych, criminal justice 	<ul style="list-style-type: none"> • Good 	<ul style="list-style-type: none"> • Good, especially with sisters
Anna	<ul style="list-style-type: none"> • Employed with two PT jobs • Worked and volunteered for [organization] for last 6 yrs 	<ul style="list-style-type: none"> • Good 	<ul style="list-style-type: none"> • Dual enrolled (college courses for high school credit) • Going very well 	<ul style="list-style-type: none"> • Good • MassHealth 	<ul style="list-style-type: none"> • Family and friends are good
Fernanda	<ul style="list-style-type: none"> • Unemployed • Looking for PT work • Transportation is difficult 	<ul style="list-style-type: none"> • Good • Wants own place in a year 	<ul style="list-style-type: none"> • Enrolled in GED and vocational program 	<ul style="list-style-type: none"> • Good • Asthma 	<ul style="list-style-type: none"> • Distant with family • Black sheep • Close w/ siblings
Danyl	<ul style="list-style-type: none"> • Employed • Looking for new job w/ benefits • Hopes to be social worker 	<ul style="list-style-type: none"> • Rents • Lives alone • Would like to own home 	<ul style="list-style-type: none"> • Received GED 	<ul style="list-style-type: none"> • Good 	<ul style="list-style-type: none"> • Dating same girl for 3 years
Samuel	<ul style="list-style-type: none"> • Employed FT at factory • Satisfied 	<ul style="list-style-type: none"> • Rents • Lives alone • Has what he wants 	<ul style="list-style-type: none"> • Enrolled • Takes courses at night • Business Mgmt 	<ul style="list-style-type: none"> • Healthy • Exercises frequently 	<ul style="list-style-type: none"> • Close with brothers • Counseling helps • Spends time w/ son

Nina	<ul style="list-style-type: none"> Looking with no success 	<ul style="list-style-type: none"> Rents Wants larger apt for her and daughter 	<ul style="list-style-type: none"> Starting school in spring for GED/Medical Billing 	<ul style="list-style-type: none"> Good 	<ul style="list-style-type: none"> Good
Iago	<ul style="list-style-type: none"> Looking for job CORI has been problem Working under table 	<ul style="list-style-type: none"> Stays with boyfriend half of week 	<ul style="list-style-type: none"> Starting summer at community college 	<ul style="list-style-type: none"> Very good Asthma 	<ul style="list-style-type: none"> Very good
Jasmine	<ul style="list-style-type: none"> Newly employed 	<ul style="list-style-type: none"> Currently moving Rents with friend 	<ul style="list-style-type: none"> Enrolled at UMass Enjoys current situation 	<ul style="list-style-type: none"> Healthy 	<ul style="list-style-type: none"> Great with inner circle
Angelina	<ul style="list-style-type: none"> Employed FT at fast food restaurant PT as bartender 	<ul style="list-style-type: none"> Likes apt but looking for new one Needs to move around 	<ul style="list-style-type: none"> Hoping to get GED 	<ul style="list-style-type: none"> Good 	<ul style="list-style-type: none"> Doesn't have relationships outside of work
Sarah	<ul style="list-style-type: none"> Employed Loves it! 	<ul style="list-style-type: none"> Looking for new place Rent increased 	<ul style="list-style-type: none"> Enrolled at community college Passing classes Criminal Justice 	<ul style="list-style-type: none"> Good Trouble sleeping 	<ul style="list-style-type: none"> Poor communication with family Great with fiancé Has 1 close friend
Chris	<ul style="list-style-type: none"> Unemployed Currently looking Difficulty getting hired 	<ul style="list-style-type: none"> Group setting The place "isn't terrible" Wants own apartment 	<ul style="list-style-type: none"> Starting GED classes in fall 07 	<ul style="list-style-type: none"> Pretty healthy Smokes cigarettes 	<ul style="list-style-type: none"> Wants to reconnect w/ son and pay support Rarely talks to mother
Tiffani	<ul style="list-style-type: none"> Currently employed while 8 months pregnant Saving money for baby 	<ul style="list-style-type: none"> On wait list for Section 8 Currently living with; may not be able to stay w/baby 	<ul style="list-style-type: none"> Received GED 	<ul style="list-style-type: none"> Good 	<ul style="list-style-type: none"> Baby's father is in jail for long-term
Dillon	<ul style="list-style-type: none"> Unemployed Currently looking and temping Applied for restaurant position 	<ul style="list-style-type: none"> Living with friend's family Appreciates getting advice from friend's mother Overcrowded 	<ul style="list-style-type: none"> Applied to community college for fall 07 Interested in social work or education 	<ul style="list-style-type: none"> Decent Recently got MassHealth 	<ul style="list-style-type: none"> Currently focusing on friendships rather than romantic relationships
Jesi	<ul style="list-style-type: none"> Currently 30 hours a week at a large retail store 	<ul style="list-style-type: none"> Living in a residential facility for teen moms 	<ul style="list-style-type: none"> Plans to return to vocational school in October 	<ul style="list-style-type: none"> Good 	<ul style="list-style-type: none"> Good

Findings: Stakeholder Interviews

The data in this section represent the perspectives of a variety of stakeholder respondents. Consequently, the data reflect *perceptions* of the problem, current efforts, potential solutions, and the political environment.

What is the problem regarding youth transition that needs to be addressed?

Respondents tended, appropriately, to speak from their own particular area of expertise (for example, housing, education, group care, etc.). Perceptions of the problem were categorized into two broad categories: system-oriented problems and individual-oriented problems. Some respondents noted that transition is not a problem for every youth; some youth transition well.

System-oriented problems. The system-oriented problems that were described included the following:

1) The core focus of the child welfare system is not congruent with the needs of this population. The existing child welfare system (primarily DSS) is focused on children, not adolescents, and definitely not young adults. Moreover, the existing system is focused on child protection, not development or well-being. These statements were not a criticism of the public child welfare system, but reflected the reality of the current mission of DSS.

2) There are multiple inter-system collaboration problems; youth frequently “fall through the cracks” because the state systems to serve them are not well-coordinated. This was noted about many service systems – Department of Youth Services, Department of Education, Department of Mental Retardation – but particularly the Department of Mental Health.

“Huge frustration for kids who need ongoing supported specialized supports. Mental health and developmental disabilities – it takes a lot of effort to get them access to services. Other piece is education system – unwilling to take responsibility for these kids. Avoid them. I’ve heard of conversation between systems, at commissioner/secretary level, but nothing definitive.”

Several spoke about the “silo nature of services” with different agencies and funding sources. The result is that “Kids’ needs are defined in such away as to fit funding streams.”

3) There is a lack of existing opportunities and options for former foster youth at age 18, including barriers to education and employment. The more frequent comments, however, were about the lack of housing options:

“Housing is an issue for any young adult – they can’t or won’t go home. At 18 can’t be on own in Boston. Who is population? Some aging out will be fine, some will need a little guidance, some will need more intensive supportive housing. This third group is who we’re most concerned about.”

4) Implementation of new initiatives is a challenge. While there may be vision and intent to serve transition-age youth better, there are problems with implementing this intent “on the ground”; “there is all the right words but it isn’t acted out”.

5) There is no accountability for poor outcomes with this population. If the systems focused more on measuring and evaluating outcomes, “eventually we’ll get better practices.”

6) The problem with poor transition reflects poor practice at earlier stages. First, this includes better family intervention to avoid child removal in the first place. It is necessary to address: “How do youth end up in foster care? How to keep children at home who have mental health/behavioral issues? How to serve youth and keep connection to family? Large percentage of foster youth come in because of their behavioral needs, not family.” Second we need better work with youth regarding transition earlier in their care experience: “Need to start dealing with them as adults – give lifelong companion/advocate earlier, then it is not an enormous task.”

Individual-oriented problems. Another set of responses highlighted the individual-level problems which were related to the young person and his/her challenges. Primarily these included: 1) a lack of relationships, 2) a high level of trauma experiences (maltreatment, loss, etc.), and 3) a lack of basic knowledge about how to exist in the world at age 18.

Illustrative quotes included the following:

- Lack of relationships: “Many young people don’t have unpaid caring adults. Number one problem is lack of focus on need for permanent adult connection. Prevailing view that teens cannot develop connections, that teens are unadoptable. Funding should be focused on permanent connection.”
- High level of trauma: “By the time the kids age out, they are the product of system failures (DSS, schools, attorneys). Have fallen through the cracks although we have spent a lot of time on them. But really by the time that DSS gets them, they may already be damaged.”
- Lack of basic knowledge: “Challenge is that they are adults when 18, look forward to signing out of care. At 18 they are not ready for independent living. In an apartment they have a lot of freedom, little to fall back on. They are pretty immature but that’s where they are.”

Youth needs. Some respondents spoke to the needs of these youth as they discussed what the “problem” is to be solved. Commonly, as already described, the focus was on the youths’ needs for life skills and relationships. Some of the other needs described by respondents included the following:

- Visibility – a lot of negative perceptions of teens in foster care. Public perception, media, focused most on negative.
- More youth voice, more opportunities to speak, more youth leadership, led by youth in care not graduates from care.
- Resources, to attend college.
- Resources for biological family, to help keep youth in biological family, prevention work with families before child removal.
- Youth have some negative experiences in foster care and group homes. Severe overmedication. There are still “nasty things” that happen behind closed doors. Need some effort to survey youth to hear about their experiences.

- Youth with substance abuse or mental health have greatest needs for housing. Those that come out of residential or group care are less community savvy. Also youth from residential or group are likely to be on psych meds, they need to know where they are going to be living – have a psychiatrist, therapist, and way to get meds.
- The “ability to be a kid” -- sleepover at friend’s house, normal everyday things, especially kids in residential. Residential kids are systemized, something lost about freedom.
- Need for a skilled health care provider in their lives; making sure someone is thinking about these youth in the new health care reform initiative.

What are potential solutions?

Create a sense of permanency: This was a common response addressing perceived lack of relationships in young people’s lives. Although common, the data suggested that permanency has a range of meanings for respondents. It is not clear that the field has consensus about the meaning of the term “permanent relationship” or how it should be used as an intervention to create better outcomes for this population. This mirrors the field of child welfare which also struggles to define permanency and operationalize it for use in guiding intervention.

Historically “permanency” was defined as reunification with birth family or adoption. Young people for whom these outcomes did not occur were the ones that left care for independent living and often faced challenges because of this lack of connection. One development in the past few years has been to reconsider the possibility of adoption for this population. For the most part, however, respondents discussing permanency for this population focused on a broader view of permanency. For example, “[We need to] change people’s perceptions regarding permanency and what it means to be a connection to a child. It does not have to be 24/7 but more of an emotional support system. Permanency is not about adoption or legal commitment; have to look at individual situations to see what is appropriate.”

Many respondents noted that recent initiatives by DSS, private agencies, and others in the field are promising: “DSS is doing good things regarding finding a person and that’s good but not enough.”

The focus of most respondents was to “[have] an adult in their lives. It is impossible to have good outcomes without back-up support and connection with adult.” Also, “Be sure that every single child approaching the 18th birthday has life-long connection.” Other elements of the discussion focusing on helping youth establish permanent relationships identified the following. Permanency ...

- includes reconnecting kids to birth families. Even in cases in which parental rights were terminated, there is less of a safety issue when kids are older.
- includes being flexible to considering adults and not ruling out people because of previous arrests or alcohol/drug problems.
- within DSS it involves establishing permanency as a case plan goal rather than independent living, because “what you write down and aim for drives the work.”

- needs to be youth-driven. Efforts must ask youth “who are the important people in your life?”.
- can involve multiple adults and as many connections as possible.
- can include connection to the broader community as well as individuals.
- should be dependent on the youth’s definition of permanency: legal adoption, stable place to live, someone you can call when you need to.
- can be very labor intensive.

One respondent noted that the field has some confusion between permanency and stability. A foster home may be stable but not permanent; “We can be afraid to move youth to more permanent settings; it is a risk that needs to be weighed.”

In addition to the solutions offered which focus on permanent relationships for youth, several other categories of solution were offered. These included:

Data/research/evaluation: In order to address the lack of accountability, it was suggested that data, research, and evaluation are needed. Similar to the use of the MCAS to drive education reform, the use of data regarding young people in transition could promote accountability from systems. Data and dissemination will drive long term change. Question becomes: why aren’t we looking at the available data? It was also noted that although DSS (and other agencies) have taken steps toward increasing permanency, efforts are not being evaluated.

Programming: Several ideas about programming were offered by respondents. A comprehensive approach is the following:

“Programs that embrace a positive youth development philosophy. Programs that give youth a sense of agency. Programs that teach youth how to advocate for themselves. So much of DSS and related nonprofits focus on the placement and short-term steps rather than long-term plans to support a youth to be self sufficient. We need to do better and ensure greater resources, responsibility and coordination to support youth with employment training and independent living skills. We cannot put this on the radar screen for the first time when youth turn 18. Every youth in care should have a clear action plan for how they will be connected to these education, employment and independent living resources. Perhaps that is too much for a caseworker to manage realistically. What if there were a hub for employment and education planning and every youth who is in care (and those in need of services to help prevent being in care) could access support for employment, education, internships, etc.? Caseworkers cannot be expected to manage all these pieces, nor are they trained to do so.”

Other specific aspects of programming that were mentioned included:

- programs with wraparound case management for 18-21 year olds
- additional services on college campuses
- supervised apartment model for those who transition out
- programs that allow young people to make mistakes.

Enhanced coordination: Several respondents spoke again of the problem of lack of coordination among state agencies and the need to address this. Some specific suggestions included:

- “Need to streamline adult eligibility for DMH for those graduating from DSS. Right now determine adult eligibility after 18 – trying to move it up 6 months. Possibly move to presumptive eligibility.”
- “Had created a solution in the past – Office of Children – an interdepartmental team brought Area Directors of all state agencies together to solve difficult cases. It worked, needed to be done quickly. Then eventually deputies started coming, didn’t have authority to make decisions, model faded away.”
- “Utilizing youth development as a unifying concept across systems. Need to look at kids over time. Youth development puts kids at the center, not the agency. Youth development is also a way to look at system. Need a developmental focus, not just age 18 – but also the years before and after age 18.”
- “State systems need to find way to blur funding lines regarding separate funding streams. Cannot get the problems solved with current separate funding. Because of money flow – communication follows; separate funding streams leads to separate conversations.”

Legislation: Some respondents noted that legislative change is needed or the problems will remain. Some of the legislation change that was suggested included: eliminating long term foster care as a category (according to DSS, this will change as of 1/2/08), lowering caseloads, more specialized set of interventions for adolescents (e.g., adolescent outreach), special services triggered for every youth in care (for example, at age 10 if in foster care more than 18 months child becomes automatically eligible for a set of services).

Encourage signing back in: “Need much broader open door for kids to come back into system, not just the compliant ones. Need safety net for those who leave at 18.” Another respondent stated, “Feel the need for consistency and permanency in relationships has not trickled all the way down at DSS. There continues to be a need for a shift in attitudes towards youth in DSS. Specifically, I think supervisors and area managers are selective about policy of allowing youth to sign themselves back in care. Not always clear that youth are welcomed to return to care. There is a punitive and not affirming tone about returning to care.”

Some other specific solutions identified included:

- “Community colleges are a huge link – a great resource.”
- “Massachusetts has adolescent workers – seems pretty effective. But youth have to repeat themselves. How about having one worker who specializes in adolescents?”
- “We believe in housing FIRST, don’t need to do XYZ before housing, need to meet them where they are. Single missing piece is housing costs and few subsidies – one group is pitted against another.”
- “We need to make some really solid assessments regarding education. DSS does not keep track of education attainments. We must insist that they have educational plan for youth.”

Who is responsible?

“Stop knee jerk responses to crisis events -- there are better ways to learn from mistakes. Finger pointing and laying blame at DSS are not useful. The kids belong to all of us.”

Commonly it was described that we all have a role to play in making sure that youth successfully transition but that DSS has the largest role (e.g., “DSS has to be at the top but there must be partners”). Many respondents also made the analogy to the role of parents in family life and the need for the public response to mirror that of the private family in terms of the obligations to young people.

“Every state agency, every citizen is responsible as long as they are in the custody of the Commonwealth. Even though the legal obligation ends at age 18 we have an ethical obligation to support youth through young adulthood – all agencies. Parents do not kick out at age 18.”

Further comments about the role of DSS specifically included the following:

- “DSS as custodian has a special role in making sure that they have resources. To the extent they fail, they are culpable. They’re protectors but they don’t make very good parents. Their role is to get them parents.”
- “State has become parent – at age 18 state is still parent, same commitment to them as younger. State has already invested millions. Will be a waste of those millions – it is worth it to continue the small amount of dollars that go into independent living. The more flexibility (contracting) around older kids the better. Department has gotten away from contracts.”
- “Works best when DSS works collaboratively with community based organizations – new ideas, leveraging funds. Responsibility ultimately lies with state agencies who have removed them from their homes.”
- “DSS is responsible as guardian. Same laws that apply to a parent should be parallel within DSS. Kids in college -- parents are responsible for health insurance to age 24 – should demand same from the Department.”
- “State pretty good at teaching basics: shopping, checkbook; much less good when safety net is so thin -- one thing goes wrong, sets off a chain of events.”

Others discussed the relationship of DSS to private agencies. There were different views on this:

- “[Private agencies] need to do more to help youth transition; it is part of the contract. A social worker has a caseload of 20 and does not live with transition youth. The foster parent and residential provider are getting paid to help with this.”
- “Private providers are in awkward position. Required to do all these different things but always need approval from DSS.”

We have already discussed the problem of state agencies working together. Here are some further comments on this theme:

- “The entities don’t work together. Passing the buck often. Especially with kids with mental illnesses. DMH does not have enough group care dollars. We get a lot of people in homeless and runaway system – not functioning up to par but on paper not ill enough. The 688 system is broken. The children’s system seems to be OK but really 18 to 24 is a no man’s land. Extraordinary amount of these kids in homeless shelters.”
- “Currently not an integrated seamless system among state agencies. In Massachusetts, state agencies seem a little protective, don’t see a lot of resource sharing, paranoid about lawsuits. In other states see a lot more collaboration. Hard to collaborate, share resources, pretty parochial – ‘what’s mine is mine’.”
- “[Regarding housing] ... each system thinks ‘we know our population.’ Welfare, like DSS, doesn’t understand housing; they start to design their own housing programs. Welfare and social services should not define the housing need, often end up with bureaucratic response for 20 kids. Spend too much time and spending for control, not trusting others to do the work.”
- “Working together is key word and sooner rather than later. Otherwise face falling through the cracks with no funding to help – DSS, DMH, DMR only want to take responsibility for their core population. Barriers are so numerous, no sense of ownership. DSS has definition of role, the others have theirs. DSS has no legal responsibility after 18. They all work as silos, takes a lot to get people together.”

Others with responsibilities include:

- Youth: “Youth who have had a successful transition should take some of the leadership – especially in terms of being an advocate and voice for this population.”
- Biological parents: “Biological parents have a role. More wraparound services to keep the family together.”
- Federal government: “The federal government should provide more Chafee and Education and Training Vouchers. Also, monitor that youth are involved in case plans, case reviews, permanency hearing. Share what other states are doing, what’s happening with research. Changing mindsets about when youth are adoptable – this is a major barrier.”
- Schools of Social Work: “Schools of Social Work can show leadership by adding curriculum content that focuses on needs of children/youth in foster care.”
- Foster parents: “Responsibility is shared. Includes foster parents, particularly agencies paid to work more intensively.”
- Legislature: “State could ante up some money. All of outreach program paid with federal dollars, except tuition wavier. State does pay for placement costs. Social workers usually don’t have time to do this work.”
- Local community: “Need better state to local collaboration. We need to do better job of finding areas of greatest need to get resources to them. State could play a role in helping localities develop youth development partnerships. State could create opportunities for locals to come together and share best practices. Present data to locals regarding issues used to start initiatives.”

- Non-profits and academics: “Have a role by holding conferences, producing data.”

Respondents noted that part of the problem on this issue is that leadership is currently too fragmented and decentralized. Plus, a change-over in leadership can stall progress. It was further noted that there is no agreement about what are the best practices for working with youth.

Criteria defining successful transition

Respondents were in general agreement on the criteria defining successful transition, although they may have emphasized one or two criteria more than others. Criteria included: GED or diploma as well as being on a productive educational/employment track that includes some secondary education or training; stable housing situation; connection to health care; relationship with adult; connection to community.

Although these domains were commonly acknowledged, some respondents noted the high level of variability that defines success. “Different for different kids. For some kids it’s about blowing out of the program and going on. Getting to the next place, so that you can begin. Getting them ready for the next place. A lot of kids transitioning from DSS, their success might be making the break and then coming back.”

Other, more unique responses included the following: problem solving and critical thinking skills; internal locus of control; ability to see their role in their life; sense of hopefulness; a particular skill or talent; a place to go at Christmas; ability to dream of a future, a vision of where they want to get to. “Those that are more successful seem to hold on to a belief that people will be there to help them. Differences in outcomes related more to attitude of the youth rather than skill sets. If they believe in themselves (some confidence and self esteem) and believe others will help them, they seem to do much better.”

Massachusetts organizations

Respondents were asked to identify organizations that were doing a particularly good job on this issue as well as those that were not. A number of DSS initiatives were mentioned. Frequently, and not unexpectedly, respondents suggested that their own organization was at the forefront on this issue. For example, one respondent from a private agency said: “We are doing good work. Majority of our programs are not DSS purchased services, allows some autonomy, not bound by a lot of rigidity of system. Have been able to influence the system. We do well because we ‘get it’ – we understand what the developmental phase is. We work a relational model with the kids.”

Other than identification of their own organization, most commonly respondents noted the efforts that were particularly youth development focused and in which youth were involved in and leading interventions and efforts. These included: More Than Words Bookstore, Massachusetts Families for Kids Speak Out Team, and Adoption and Foster Care Mentoring.

Partnering with youth

It appears that some respondents’ organizations work in partnership with youth already; others were not at this level. Thus, some respondents were able to speak to this issue better than others. Responses were categorized into two areas: efforts to partner with youth within DSS and partnership efforts more generally.

Within DSS: Respondents suggested two ways in which DSS could better partner with youth: regarding a youth's individual case plan and in policy/program development through Youth Advisory Boards. Many noted that there are existing efforts in both these areas but that they could be strengthened.

Illustrative comments regarding youth partnerships in their own case planning included the following:

- “Kids are pretty savvy – kids need to be in the room; to the degree possible their voice needs to be heard. To the degree possible also involved in case planning – although not always easy to manage to get them there. Would be good if some of this was written into policy and not just caseworker discretion.”
- “Hearing them speak, hear what they have to say. Need to be open and upfront and hear their perspective. Not be overly protective. Get child more involved in decisions about work with them and have input regarding permanency plan.”
- “Can’t give this lip service. Youth has to be perceived as critical to decision-making, a lot of them have a better sense of what they need. At Care and Protection hearings kids should always be invited. They may not elect to come but should always know about them.”
- “Legislation that youth become more engaged in processes needs to be mandated. Growing awareness of increasing kids in decision-making process.”
- “Typically kids are not notified about foster care reviews, not learning they can be there and that they have rights to say what it is they want. If you have kids in the room during decisions it can be a lot harder to have negative views about them, leads to more responsible decision-making.”

Illustrative comments regarding youth partnership in policy development included the following:

- “Youth Advisory Council – have been trying to revitalize, but youth involved with this may be the more resilient. Some states do surveys of youth, anytime they change care or annually. Children and Family Service Reviews will be asking youth how engaged they were in care.”
- “Youth Advisory Board at DSS exists but I don’t know how effective they are. I think the Youth Advisory Board kids are less likely to speak freely.”
- “Enabling youth voice when developing programs/initiatives. Youth Boards can be tokenized, not a true voice. System should make efforts to get real youth voice. People are often shocked about what they hear from youth.”

Two additional suggestions were offered to help facilitate more partnerships with youth within DSS. First, “the system needs to develop expertise in working with teens – have caseworkers who specialize in working with teens.” Second, it would also be “optimal for DSS to be able to offer developmental opportunities for youth” including leadership forums, challenge courses, and more purely social events; however, all of this “takes time, staff, and funding.”

More general than DSS: Others spoke more generally on this topic, not specific to a youth voice within DSS but rather partnering with youth in a wide variety of initiatives and programming. Some

examples of these comments include the following:

- “Give kids an opportunity to be in leadership positions. Kids who do the best are those that are given an opportunity for leadership.”
- “They need to be given the skills on how to self-advocate, influence, and articulate thoughts. They need to be able to speak ‘adult’ and adults need to be able to speak ‘youth’.”
- “A youth-adult partnership model which allows youth to be more than advisory but also decision-makers. Youth need more venues where they can participate as partners: hiring young people to work in state bureaucracies, having youth sit at the table, funding organizations that have demonstrated youth involvement.”

Political environment

“Massachusetts perceives itself to be liberal and cutting edge. In reality, it has been a long time since we’ve been liberal or cutting edge.”

When discussing the political environment for increasing efforts to assist youth transition, there were three common themes: 1) children do not get a fair share of attention to their needs, and within this group adolescents get less attention than younger children; 2) resources are constantly inadequate; 3) there is potential optimism due to new governor and commitment of members of legislature. Each of these is discussed further below.

1) Children do not get a fair share of attention; these were not unsurprising comments as it is well known that children’s needs are frequently neglected:

- “Children don’t have as much leverage/impact in the legislature. National issues regarding children’s issues are not the same as corporate interests. Kids don’t vote.”
- “Population does not lend themselves to sympathetic attention – not big political draw. And there may be race issues involved – are these mostly youth of color?”
- “We tend to be a population that people don’t want to think about. People don’t talk about it. May not be at forefront of what constituents want.”

A particularly thoughtful response on the topic is the following:

“Politics too often gets in the way of doing what is best for young people. Decisions are too often made without real understanding of the needs of the people for whom decisions are being made. The climate determines how bad that dynamic gets. When the climate is more transparent and rooted in authentic connections with the people, and policymakers sincerely want to inform their work with the voice of the youth themselves, then I think we move closer to addressing the roots of our most intractable social problems. I would also add that there is often little evaluation of policy decisions; a big hoopla is made when a new initiative or decision or plan is made and then we do not effectively address the end part of the policymaking cycle which is evaluation.”

2) Resources are constantly inadequate:

- “Budgets always balanced on back of vulnerable.”
- “Mostly manifested in caseloads of DSS.”
- “Problem is the economic environment not the political environment – financial issues stop programs, the will is there.”
- “Need more money. Children should not be throwaways. We have culture that looks at poor kids and kids of color as throwaways. U.S. sees itself as child-centered but it’s not.”

3) Potential optimism due to new governor and commitment of legislature:

- “New political reality, a lot of energy. Government has ear for children/family issues.”
- “So far the legislature has been great to us. Political atmosphere great. Have most amount of legislators from foster care than any other state.”
- “At the state house, a group of elected representatives who are committed to foster care have served an important role in the legislature.”
- “I don’t know that people get it, what the problems are – legislators, people. There are pockets of informed persons in positions of policy making – it is their responsibility to influence others.”

A few comments were also made about the political environment internal to DSS. Primarily these comments focused on the positive force of the former commissioner on this issue, but concern that this force does not “filter down” throughout the bureaucracy. The messages and efforts need to “permeate the system” and “get to everyone at every level across the state.” The other comment related to DSS was the following: “DSS has real hesitancy to evaluate anything, real lack of wanting to know.”

Additional comments related to the political environment for serving youth included the following:

- “Concern that some are perceiving that the problem has been solved – see some progress, people may move on.”
- “Federal auditors are pushing DSS via the Children and Family Services Review, pressure to change goal to more permanency goals.”
- “Interest in this area waxes and wanes. Resources may not grow with need. Not a real understanding of contributing factors. This issue can be crowded out – lack of long term attention regarding prevention of homelessness. Agencies are focused on this issue but not always supported by the legislature.”
- “Consolidating data systems of human services, education, and courts are a great opportunity. Concerns about privacy need to be addressed but should not be an excuse.”
- “The way the budget is organized is issue-specific which makes it hard to get advocates to support an overall youth development model. Advocates line up for their specific or pet issue area

reducing the impact of a larger constituency. Programs need to be funded over time for the long haul so outcomes can be adequately measured.”

Respondents’ messages to governor and legislature

Respondents were asked what message they would like to give to the governor and legislature about this issue. Many of these have already been stated and reflected earlier in this report. Primarily these responses focused on:

- More resources to serve this population
- Greater collaboration among state agencies
- Enhanced efforts to listen to young people
- More prevention work with families
- Need to start preparation for transition earlier
- Need for permanent connection to adults.

Throughout the interviews, these were consistently mentioned by a wide variety of respondents.

Conclusions and Recommendations

This report has provided extensive data regarding the leaving care transition for foster youth in Massachusetts. These data lead to numerous conclusions and recommendations. Here, we highlight what we believe are the most important findings, consistently supported in the data, and the resulting recommendations.

Concrete assistance, especially with employment and housing, is warranted. In other domains, such as health care and education, positive outcomes are more apparent. The challenges of employment and housing appear more difficult, hence they require concentrated attention. Additionally, these are the two service areas that youth most frequently suggested would be helpful to them (Table 10).

Good employment opportunities not only provide skills and entrée into the world of work, but can also provide the natural mentoring opportunities that provide sustained interpersonal connections as well as enhanced linkage to the world of work and the possibility of career trajectories. We found very little evidence of concentrated planning and linkage to sustained employment. It was noted by some respondents that although federal, state, and local employment and training programs are technically open to foster youth, in reality it can be hard to get these young people into these slots. While education is important, and may lead to good jobs in the long term, more immediate employment options are also needed.

Many youth spoke about completing high school or obtaining a GED while others spoke about enrolling in college. These are obviously fine accomplishments. It is important to consider, however, the appropriateness and timing of continued educational pursuits. Young people described instances in which education was pushed on them in order to receive services. This practice should be reexamined. Youth who are not ready to attend secondary or proprietary schools should be allowed to explore alternative transition pathways, namely employment. Although education is an important and easily measured outcome, it should not be a standard pathway by which all youth are measured.

Housing assistance is definitely needed and we believe this may be the most difficult challenge for this population because of the high cost. When asking respondents about the housing assistance they received, most responses focused on foster homes and group care or independent living arrangements. This is not the kind of housing assistance the questions sought to elicit but the answers are indicative of the rather short-term approaches that seem to be in play. The high percentage of young people who reported episodes of homelessness since age 18 also indicated problems in this area. Housing experts participating in the stakeholder interviews spoke well on this issue, but other stakeholders rarely addressed housing needs at all. Further efforts in this area need to make use of housing experts, who identified the need for additional rent subsidies as part of the solution.

Given the feedback provided by the surveyed youth about their experiences in the foster care system (Appendix B), we suggest *greater attention to the selection and oversight of foster parents*, as well as *mechanisms by which youths' voices about their foster care experience while in placement can be heard*. Respondents' statements of their negative earlier experiences in foster care surprised us because this was not the focus of the survey. It clearly must be important if so many youth speak to it when not even prompted by a specific question. We had expected the feedback that youth would provide would be more focused on their transition experience; instead, a sizable number focused on their earlier, negative experiences in foster care. Aside from the need to address this issue for all the current young people in foster care, it may also suggest that for transition-age youth this continued focus on their painful earlier experience and the associated trauma, may inhibit their ability to be fully successful in their transition.

We recognize that the lack of sufficient quality foster homes is a substantial problem. DSS needs assistance to address this problem; *citizens of the Commonwealth need to share this responsibility by stepping forward to serving as foster parents and to support foster parents and foster children in their communities*. DSS is responsible for recruiting, training, and licensing foster homes, but this work can only be done if there is a sufficient supply of quality foster homes available. Much of the data gathered from young people illustrate their “likeability” and similarity to other young people in their age group. Other data spoke to the negative public perceptions regarding adolescents in care. *Greater efforts to change these negative inaccurate perceptions of young people are needed* and may serve foster home recruitment efforts.

As for mechanisms by which youth voices can be heard regarding their current foster care experience, there are multiple options for this and we assume that DSS already has some mechanisms in place. Review of these options should be conducted, including the *establishment of a children’s ombudsperson to receive and address these complaints*. Additionally, *periodic surveys of all youth in foster care*, independently conducted, might be used as a protective mechanism.

The data suggest, for the most part, young people who had access to the DSS adolescent outreach program found this experience to be helpful and felt a good rapport with their outreach worker. Data also suggest that many young people do not have access to this service. *Expansion of the DSS adolescent outreach program* to serve a greater number of youth is recommended. Unlike many other child welfare services, providing outreach services, like other post-18 services, can be relatively low cost. Much of the work involves guidance, check-in, and concrete assistance by a supportive, knowledgeable worker. This type of service does not carry the same expense as residential or therapeutic services, for example. Currently all funding for the adolescent outreach program is provided by the federal government. State funding is needed to expand the program.

Much of what we heard from young people in this study seems reminiscent of the challenges of the vast majority of young adults. To the extent possible, *programming should emphasize a normative model of intervention*. Interventions need to treat them like young adults. They appear to respond well to guidance rather than rules. Several spoke of their greater satisfaction with post-18 care than pre-18 care because of this difference. Furthermore, the voluntary nature of post-18 services makes a big difference to the young people. *Enhanced efforts to allow young people as much real choice and voice as possible prior to 18* may lead to greater satisfaction with DSS services.

The extensive lack of collaboration among the state agencies who serve this population was identified as a problem by many. This is a long-standing problem for children’s services in nearly every state in the country and there appears to be virtually no progress on this problem. It is clearly related to state agency resources. When state agencies have difficulty meeting the needs of their core populations they will always remain reluctant to expand their services to other populations served by other agencies. *Appropriate incentives need to be created at the executive level* that will induce better cooperation.

Another problem, identified in this study, and common across child welfare is the implementation of initiatives both within and outside DSS. Leaders often get extensive credit for the unveiling of new efforts, but comparatively little attention is addressed to the difficult and unheralded work of translating ideas, vision, and frameworks into the reality of day-to-day practice. There was evidence in the data that practices related to permanency initiatives, adolescent outreach services, and connections with family can vary across DSS offices and the contracted agencies. *Greater standardization is needed across the agency*. Furthermore, state agencies should *utilize the expertise of front-line workers in identifying and removing barriers to implementation of new practices*.

Allowing former foster youth to sign back into care seems to be an idea that is supported by the youth and the policy/program stakeholders. There have been problems in the implementation of this policy, however. First, the study identified concerns that the criteria for signing back into care are too stringent, and consequently that DSS serves the easier and more compliant youth. This is a particular concern because some youth with great needs may not be able to access services post-18. Youth expressed some concern and also partial confusion about the criteria. Some also identified, however, that having these criteria forced them to take some positive action. The data are inconclusive as to whether this is a problem, how big it is, and the reasons for it. We would suggest that it is in part a resource issue; there are not enough resources to serve all eligible youth and, therefore, the agency must engage in rationing. It may also be an implementation issue; the return-to-care policy is relatively new and procedures may need refinement. It may also be true that DSS does “cherry-pick” the cases. Greater attention to this issue is needed, as overall it does appear that youth who returned valued the opportunity to do so.

There is no doubt that relationships and social networks are of vital importance to these young people. Many young people seem to have relationships with adults and their brief descriptions in these interviews suggest some healthy and strong bonds. The science of creating sustained relationships in natural environments is not strong, however. *While the desire to help youth have permanent relationships is reasonable and should be pursued, it should be pursued cautiously.*

Connection with birth family is common among these young people. This finding is consistent with other studies and continues to raise questions about how we might better facilitate connection and reconnection between foster youth and members of their families of origin. These are often highly complicated situations and reconnection with family is not a panacea for helping young people find connection. Yet, sometimes our efforts can be overprotective, especially with adolescents and young adults who have or can learn the ability to assess relationships and make choices about what works for them. We have written about this at length elsewhere (Collins, Paris, & Ward, in press). In this study we did not hear many youth express the desire for greater connection with their birth families. Some already have a connection, either facilitated by DSS or developed on their own. Others spoke about earlier efforts at reconnection that did not work. Only small percentages (Table 10) thought additional efforts in this area would be helpful to them.

Young people with special circumstances did not receive as much attention in this study as they deserve. Groups with special needs might include youth with serious developmental disabilities or mental illness, youth with substance abuse issues, and immigrant youth. This study aimed to examine the broad population of youth transitioning from care. *Youth with needs such as those listed are likely to need some specific and concentrated attention.*

We did have a fairly large sample of parenting young adults and can draw some conclusions for this sub-population. Youth who become parents at an early age most likely will experience some challenges, regardless of whether they experienced foster care. Surveyed youth described challenges related to maintaining custody of their infants and accessing financial resources that would allow them to care for themselves and their child. *Parenting youth need more independent living housing and day care options in order to support continued educational and training opportunities and to lower the risk of current foster care youth being investigated for neglect.*

Running away is a serious issue that does not receive enough research, practice, or policy attention. These youth are often, but not always, vulnerable while on the run. Often they are known to “run to” family and friends where they want to live instead of a foster home or group care placement where they do not want to live. Running from care was not a core focus of this study but several

components of the study indicated it to be a problem requiring attention. From the administrative data we learned that sizable percentages of youth run from care. Many in the survey or the qualitative interview spoke about their experiences running and the reasons for doing so. Generally, they had unstable living situations and were less likely to have consistent educational instruction. Furthermore, youth who run from care seem to have a history of running, and for some, running is linked to their desire to have voice about what happens in their lives. *Efforts to increase attention to youth voice may help limit running behavior and thus keep youth connected to safe environments and educational systems.*

Some youth have relatively good experiences in foster care and in their connection with the child welfare system. Others do not. It is clear from the data that a “good worker” (whether DSS or private agency) can make an important difference. Our aim should be to insure that more youth receive the kind of concentrated and personal attention provided by some. Caseload size is a chronic problem that prevents the best of care. Additionally, some respondents (both youth and stakeholders) suggested, and we concur, there is a need for *greater specialization in adolescent-focused child welfare work.*

Analyses of demographic data on gender, race, and sexual orientation suggested that DSS services were reaching young people in equal proportions to their distribution in the population; no apparent bias is seen in terms of one group getting more or less service than another. *Some of the risks were not evenly distributed*, however. For example, females were more likely to be parents and to express feelings of depression. Latino and Black youth were more likely to report recent unwanted sexual contact. Gay, lesbian, and bi-sexual youth appeared to be at risk for a variety of poor outcomes; consequently, enhanced intervention is needed by DSS and other service agencies.

Data regarding risk behaviors suggest that these young people are vulnerable to violence and victimization. These appear to be much greater risks than illegal behavior, drug abuse, or heavy alcohol use. The reasons for this vulnerability may be many, including some of the unstable housing situations that may put youth at risk. The data also suggested that many youth are challenged by poor emotional health. These may not be problems specific to former foster youth; *further efforts to support the protection and well-being of all young adults are needed.*

Some stakeholders addressed the issue of politics regarding children’s services; the tendency of various sectors and organizations to jockey for positioning on this issue. Although this is a reality of social service systems it is a danger to advancing the well-being of children and youth. One mechanism to withstand some of the politics of children’s services is *greater attention to evaluation and outcomes*, although we are well aware that evaluations can be used for political purposes rather than measuring and improving services. All of the agencies serving children and youth, especially the state agencies, must be more open to *independently conducted evaluation* of their services. Internal evaluations and those done in partnership will not suffice. If agencies are unwilling to do so voluntarily the legislature should mandate this.

In conclusion, the data presented in this report suggest that some former foster youth are doing quite well; others are struggling in several ways. Additionally, services are available to many youth and there are indications that these services are needed, appreciated, and helpful. The data also clearly suggest that more might be done to assist former foster youth with the transition from care and have provided some guidance on next steps in policy and program development. The costs of assisting this population would likely be relatively small compared to the vast placement and therapeutic costs that have already occurred. Moreover, the potential pay-off in terms of long-term healthy, productive, engaged adults is substantial.

References

- Barth, R. (1990). On their own: The experiences of youth after foster care. *Child and Adolescent Social Work, 7*(5), 419-440.
- Collins, M.E., Paris, R., & Ward, R. (In press). The permanence of family ties: Implications for youth transitioning from foster care. *American Journal of Orthopsychiatry*.
- Collins, M.E. (2001). Transition to adulthood for vulnerable youth: A review of research and implications for policy. *Social Service Review, 75*, 2, 271-291.
- Collins, M.E. (2004). Enhancing services to youths leaving foster care: Analysis of recent legislation and its potential impact. *Children and Youth Services Review, 26*, 1051-1065.
- Cook, R (1994). Are we helping foster care youth prepare for their future? *Children and Youth Services Review, 16*, 213-229.
- Courtney, M., & Dworsky, A. (2006). Early outcomes for young adults transitioning from out-of-home care in the USA. *Child and Family Social Work, 11*(3), 209-219.
- Courtney, M., Piliavin, I., Grogan-Kaylor, A., & Nesmith, A. (2001). Foster youth transitions to adulthood: A longitudinal view of youth leaving care. *Child Welfare, LXXX*(6), 685-717.
- Festinger, T. (1983) *No One Ever Asked Us: A Postscript to Foster Care*. New York: Columbia University Press.
- Lindsey, E., & Ahmed, F. (1999). The North Carolina independent living program: A comparison of outcomes for participants and non-participants. *Children and Youth Services Review, 21*(5), 389-412.
- Iglehart, A.P., & Becerra, R.M. (2002). Hispanic and African American youth: Life after foster care emancipation. *Journal of Ethnic and Cultural Diversity in Social Work, 11*(1/ 2). 99-107.
- Mallon, G. (1998). After care, then where? Outcomes of an independent living program. *Child Welfare, 77*(1), 61-78.
- Massachusetts Society for the Prevention of Cruelty to Children. (2005). 18 and out: Life after foster care in Massachusetts. Retrieved Aug. 29, 2007, from http://www.mspcc.org/assets/updoli_18andOut.pdf
- McMillen, C.J., & Tucker, J. (1999). The status of older adolescents at exit from out-of-home care. *Child Welfare, 78*(3), 339-360.
- McMurtry, S. L. & Hudson, W. W. (2000). The Client Satisfaction Inventory: Results of an initial validation study. *Research on Social Work Practice, 10*(5), 644-663.
- Reilly, T. (2003). Transition from care: Status and outcomes of youth who age out of foster care. *Child Welfare, 82*(6), 727-46.

APPENDIX A: INSTRUMENTS

Youth Transitioning from Care of DSS
Survey of Young Adults

Respondent Name: _____

Current Address _____
No. Street Apt #

City/Neighborhood State Zip code

Phone Number (____) ____ - _____

Other contact information:

Interviewer: _____

Date Interview Completed: ____ / ____ / ____

I'm going to start with the first section regarding services you might have received **before you turned 18**. These might be services you received **from DSS or other agencies** that were involved in your life. Then I will also ask you about services you may have received after age 18.

A. Youth's Utilization and Assessment of Services

Interviewer: FIRST, ask about each item in column a. THEN, for those checked, ask questions in columns b-d.

a. While in the care of DSS, before age 18, did you receive help with any of the following:	b. Can you describe the help you received?	c. How helpful was the service? 1=very helpful 2=somewhat 3= not helpful	d. How much or how long did you receive the service?
<input type="checkbox"/> Completing HS or GED?			
<input type="checkbox"/> Reconnecting with family?			
<input type="checkbox"/> Employment services/job training/job search?			
<input type="checkbox"/> Life skills training/PAYA?			
<input type="checkbox"/> Accessing Health Care?			
<input type="checkbox"/> Housing Assistance?			
<input type="checkbox"/> Any other service? _____			

A2. After completing the chart ask: *Would any of these [services not checked], or other services, have been helpful to you in preparing to leave care at age 18?* List any services identified by youth.

A3. Thinking about all the services you might have received, from DSS and elsewhere, between ages 16-18 could you tell me how you felt about your experiences. I will read a statement and if you could respond whether the statement was true for you, never true, sometimes true, or usually true?:

	Never	Sometimes	Usually
I was allowed to make decisions about my life	1	2	3
When I was around staff, I was asked to contribute my thoughts	1	2	3
My values, beliefs, and identity were respected	1	2	3
I felt like my opportunities were similar to other young people my age	1	2	3
I had opportunities to learn skills that would help me after I left DSS	1	2	3
My experiences were more negative than positive	1	2	3
I did not feel connected to my community	1	2	3
My experiences helped build on my strengths	1	2	3

B. Youth’s Utilization and Assessment of Services – Post 18

Interviewer: Administer chart again this time focusing on assistance AFTER age 18. Again, FIRST, ask about each item in column a. THEN, for those checked, ask questions in columns b-d. Repeat: “These might be services you received **from DSS or other agencies**”.

a. After you turned 18, did you receive help with any of the following:	b. Can you tell me exactly what it was/who provided?	c. How helpful was the service? 1=very helpful 2=somewhat 3= not helpful	d. How much or how long did you receive the service?
<input type="checkbox"/> Completing HS or GED/post HS education?			
<input type="checkbox"/> Reconnecting with family?			
<input type="checkbox"/> Employment services/job training/job search?			
<input type="checkbox"/> Life skills training/PAYA?			
<input type="checkbox"/> Accessing Health Care?			
<input type="checkbox"/> Housing Assistance?			
<input type="checkbox"/> Any other service? _____			

B2. After completing the chart ask: *Would any of these [services not checked], or other services, now be helpful to you?*
List any services identified by youth.

C. Satisfaction with DSS Services. *Now I am going to ask you for feedback about services you received from DSS. Remember, as stated in the consent form, your answers will be confidential. The following questions ask about your feelings about the contacts you've had with the Department of Social Services. I will read a statement and ask you to respond using the categories on CARD A.:*

[Interviewer: Use the attached Client Satisfaction Inventory. Ask only circled questions 2, 3, 8, 9, 10, 11, 21, 23, 24. For all items insert "DSS" instead of "here" or "this place.

Then continue with the following question:

C1. *Did you choose to remain in DSS care voluntarily when you reached age 18?*

___ (0) No

___ (1) Yes

C2. *Can you explain the reasons for your decision?*

C3. *Are you now in the voluntary care of DSS?*

___ (0) No

___ (1) Yes

C4. *Did you have an Adolescent Outreach Worker?*

___ (0) No -> *Why not?* _____

___ (1) Yes

If yes, Can you state one positive thing about working with the Outreach program and one thing that might be improved?

Positive: _____

To be improved: _____

C4. *I am now going to ask you some questions about foster care and group home placements. Do you remember how old were you when you first had contact with DSS? _____*

C5. *How many different placements did you have since age 14 that lasted at least one month ...*

In foster homes? _____

In group homes? _____

C6. While you were in foster care were any of your placements (since age 14) with a relative (grandparent, aunt/uncle, older sibling, etc.)?

___ (0) No
___ (1) Yes -->

Which relative?

What age were you?

How long were you there?

_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Sources of Support/Assistance. I am now going to ask some questions about individuals and their role in your life.

D1. Do you have any contact with members of your birth family?

___ (0) No
___ (1) Yes -> Which members of your birth family do you have contact with?

[Interviewer: List up to 5 members and identify their position (e.g., mother, father, aunt, grandmother, brother). Then for each one ask, the follow-up question regarding type of contact (e.g., in person vs. phone vs. letter/other and daily vs. weekly vs. monthly, etc.)]

Which members?

What type of contact do you have with them and how often?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

D2. Other than a parent or guardian, is there an important adult in your life who is older than you, has taken a special interest in you, that you can count on to be there for you, and who inspires you to do your best?

___ (1) Yes -> Continue below
___ (0) No -> Skip to D3

If yes, what is your relationship to this important adult? [Interviewer: this person should not be a romantic partner. If the person identifies a romantic partner, ask if there is another adult who meets these criteria].

- How did you meet?
- How long have you known this person? How often do you see him/her?
- At what age did this s/he become important to you?
- What is it about this person that makes him/her important to you?
- How and why do you feel this person is helpful to you?

[Interviewer: probe extensively to understand the role of this person in the young adult's life.]

D3. *Other than the person we just discussed, are there other people you feel are current sources of support to you?*
 [Interviewer: Fill in grid with up to six people]

What is the first name of this person?	What kind of help does this person provide? 1=concrete (e.g., \$, transport) 2=emotional 3=fun	Is this person a? 1=Relative 2=Sig other 3=Coworker 4=DSS Adol Outreach Worker 5=Other Prof 6=Friend 7=Minister/Clergy 8=Other	How often do you have contact? 1=Yearly/less 2=Few/year 3=Monthly 4=Weekly 5=Daily	How long has this person been a support to you? 1= < 6mos 2= 6 mos – 1yr 3= 1-2 yrs 4= 2+ yrs

D4. *Programs, groups, organizations, religious organizations, or settings can also provide you support or assistance.*

- *Have any of these provided you with support or assistance?*
- *What type of group or organization is this?*
- *What type of support or assistance do they provide?*

D5. Do you have children, either living with you or not?

___ (0) No

___ (1) Yes -> *How has the transition experience impacted you in your role as a parent?*

Housing Situation. *The next series of questions is about your current housing situation as well as plans regarding housing. I want to remind you that your answers are confidential.*

E1. Which of the following best describes your current living situation [Hand **CARD B**]?

- on your own (alone or shared housing)
- with your birth (biological) parents
- with your birth (biological) mother or father
- with your adoptive parent(s)
- with your foster parent(s) who is/are unrelated to me
- with relatives (not foster care)
- with relatives who are also my foster parents
- in a group home or residential facility
- with a friend's family (not foster care)
- at a shelter or emergency housing
- with your spouse, or partner, or boyfriend or girlfriend
- other (specify _____)

E2. How many years have you been in your current living situation? (If less than one year, enter "1")

_____ year(s)

E3. How long do you expect to be there? _____ (Circle unit: days/months/years)

E4. How much do you currently pay for housing each month for rent & utilities? \$ _____

E5. Overall, how much do you like your current housing situation in terms of:

	Bad	OK	Good
Quality of the building/apartment?	1	2	3
Cost?	1	2	3
People you live with?	1	2	3
Community you live in?	1	2	3

E6. Including your current place, how many places have you lived since you turned 18? _____

E7. Can you describe your current ideal living situation in terms of type of housing, location, and people to live with?

E8. Have you been homeless at any time since turning 18?

(0) No

(1) Yes -> How long? _____ (days/weeks/months)

Could you describe what led to your becoming homeless?

G. Education/Training History and Plans. *The next set of questions is about education and training.*

G1. *Before you turned 18 had you completed any of the following:*

- ___ (1) GED program
- ___ (2) High school
- ___ (3) College course(s)
- ___ (4) Other education (specify _____)

G2. *Since turning 18 ...: (Check all that apply.)*

Have you been enrolled in high school?—> Did you complete?

- ___ (1) Yes
- ___ (0) No —>
 - ___ (1) Still enrolled
 - ___ (0) No longer enrolled -> Why? _____

Have you been enrolled in a GED program? —> Did you obtain GED?

- ___ (1) Yes
- ___ (0) No ->
 - ___ (1) Still enrolled
 - ___ (0) No longer enrolled —> Why? _____

Have you been enrolled in a job training program? -> Did you complete the program?

- ___ (1) Yes
- ___ (0) No ->
 - ___ (1) Still enrolled
 - ___ (0) No longer enrolled —> Why? _____

Have you enrolled in college?

- ___ (1) Still enrolled
- ___ (0) No longer enrolled—> Why? _____

None (enrolled in no education or job training program)

G3. *Do you have plans for education or job training in the next 6 months?*

- ___ (0) No
- ___ (1) Yes (Specify _____)

H. Employment and Income. Now I am going to ask some questions about employment and income.

H1. Are you currently employed?

(0) No -----> Why? _____ Skip to H4
 (1) Yes

H2. If currently employed:

What kind of job is this? _____
 What kind of business is this? _____
 When did you start this job? ____/____/ (month/year)
 How many hours per week do you work? _____
 How much do you make **per hour** \$ ____ . ____
 Do you get health benefits at your job? (1) Yes (0) No

H3. How would you rate this job in terms of the following ... please respond Bad, OK, or Good?

	Bad	OK	Good
Wages?	1	2	3
Amount of Hours?	1	2	3
Interesting work?	1	2	3
Level of responsibility?	1	2	3
Supervisor?	1	2	3
Co-workers?	1	2	3

H4. Did you have a previous job? [Complete if youth had is not working now but had a previous or if youth is working now but had a different earlier job]

What kind of job was it? _____
 What kind of business was it? _____
 When did you start this job? ____/____/ (month/year)
 When did this job end? ____/____/ (month/year)
 How many hours per week did you work? _____
 How much did you make **per hour?** \$ ____ . ____
 Did you get health benefits at your job? (1) Yes (0) No

H5. How would you rate this job in terms of the following ... please respond Bad, OK, or Good?

	Bad	OK	Good
Wages?	1	2	3
Amount of Hours?	1	2	3
Interesting work?	1	2	3
Level of responsibility?	1	2	3
Supervisor?	1	2	3
Co-workers?	1	2	3

H6. *What are your next plans for employment?*

H7. *What have been your sources of income in the past year?*

[Hand **Card C**, read each response and check if youth responds “yes”]

- Employment
- DSS stipend
- TANF/welfare
- SSI
- Child Support
- Family (specify _____)
- Foster family (non-relative)
- Foster family (relative)
- Friends
- Other (specify _____)

H8. *What is your total monthly income, approximately?* _____

H9. *Are you able to save any money?*

- (0) No
- (1) Yes --> *approximately how much do you have saved?* _____

I. Health Information. *Now I want to ask you a few questions about your health.*

I1. *How would you rate your current physical health?* [Read responses]

- (1) excellent
- (2) good
- (3) fair
- (4) poor

I2. *How would you rate your current emotional health?* [Read responses]

- (1) excellent
- (2) good
- (3) fair
- (4) poor

I3. *Do you currently have health insurance?*

- (0) No
- (1) Yes --> Type of health insurance _____

I4. *In the last year, have you had a physical?*

- (0) No --> *Why didn't you?* _____
- (1) Yes

I5. *In the last year, have you been able to see a health care provider when you needed or wanted to?*

- (0) No --- *Why were you unable to?* _____
- (1) Yes
- (2) Did not need

I6. *In the last year, have you been able to see a counselor or therapist when you needed or wanted to?*

- (0) No --> *Why were you unable to?* _____
- (1) Yes
- (2) Did not need

I7. *In the past six months, have you seen a dentist?*

- (0) No
- (1) Yes

I8. *Do you have any physical disabilities or long-term health problems? By "long-term" I mean difficulties that have lasted or are expected to last 6 months or more.*

- (0) No
- (1) Yes
- (2) Not sure

I9. *On how many of the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?*

number of days

I10. *In an average month, how many hours do you spend on volunteer work, community service, or helping people outside of your home without getting paid? Do not include community service work that you are required to do as a punishment.*

- 0 hours
- 1 to 4 hours
- 5 to 9 hours
- 10 or more hours

I11. *On how many of the past 7 days did you take part in organized afterschool, evening or weekend activities (such as school clubs, community center groups, music, art/dance lessons, drama, church, or other supervised activities)?* number of days

Young people can experience a number of difficult challenges. The next questions are about behaviors that some young people either engage in or have experienced. This is important information for us to know but some of it may feel quite personal. Please fill this out yourself and put your answers in this envelope and seal it. If you prefer I could ask you the questions and fill it out. Some of the questions are about alcohol/drug use, sexual activity and violence, but there are also other types of health related questions as well.

Insert questions from Youth Risk Behavior Survey

J. Goals.

J1. *I would like to ask you some questions about any goals that you have at the present time that are important to you and that you will be working to accomplish over the next six months. These goals might be in the areas of employment, education, relationships, housing, or anything else that is important to you. What are your goals?* [Probe for up to 3 goals].

Goal A:

Goal B:

Goal C:

J2. *Which goal is most important to you?* A B C

J3. *What do you think you will need to accomplish this goal?*

Resource A:

Resource B:

J4. *Who will you go to for help with this goal?* [Probe: family member, friend, DSS, other professional, church or religious organization, etc.]

K. These final questions are to gather background information about yourself:

K1. *What is your birthdate?* ___/___/___/

K2. *How do you identify in terms of gender?* ___ male ___ female ___ transgender

K3. *In terms of sexual orientation, which of the following best describes you?* [Read categories]

- ___ (1) Heterosexual (straight)
- ___ (2) Gay or lesbian
- ___ (3) Bisexual
- ___ (4) Not sure

K4. *What is your current marital status?* [Read categories]

- (1) Single
- (2) Married
- (3) Separated/Divorced
- (4) Living with Partner

K5. *How many children do you have who are currently living with you?* _____

K6. *How do you describe yourself? Please select one or more responses from this card* [Hand **Card D**]

- (1) American Indian or Alaska Native
- (2) Southeast Asian American (such as Cambodian, Vietnamese, Laotian, Thai)
- (3) Asian American (such as Chinese, Japanese, Korean, East Indian)
- (4) Black or African American
- (5) Hispanic or Latino
- (6) Native Hawaiian or Other Pacific Islander
- (7) White

K7. *What languages do you speak?* [Check all that apply]

- (1) English
- (2) Spanish
- (3) Other _____

K8. *How long have you lived in the United States?*

- (1) All your life
- (2) Other (specify _____)

K9. *If you had one piece of advice you would like to give the governor and other leaders in Massachusetts about young people your age who were formerly in foster care, what would you like to say?*

Would it be okay if we called you if we had any follow-up questions?

- (0) No
- (1) Yes ---> *Phone number:* _____

10. *We would also like to do a follow-up interview with you by phone in about 6 months. Would that be okay?*

(0) No

(1) Yes

[Interviewer: Pay respondent for his/her time, thank them, ask if there are other eligible youth they know who might want to participate and give hotline number for youth to call: 1-877-292-2512]

Interview Guide
Young Adults Returning to Care

What made you decide to contact DSS about coming back to care?

Was there a specific event or crisis?

Had you been thinking about this for a while?

Did you know someone at DSS who you could contact?

What do you hope to get out of reconnecting with DSS?

Services?

For how long?

Before you turned 18 what kind of setting were you in ... foster home, group home, residential, adoptive home, guardianship, etc.?

Can you talk about what the planning process was like in preparing for independent living/adulthood?

Who was involved?

What were you most concerned about?

What things were discussed?

What actions were taken?

Did you use PAYA?

Did you use the Adolescent Outreach program?

In your view, what worked well in preparing for transition from care and what did not work so well? Do you have suggestions for what might have helped make for an easier/better transition from care?

We know that social support is important to everyone in helping to achieve goals. What people or organizations have helped you in the past year or are currently available to you? How do these people organizations help you?

Past?

Current?

Throughout the time that you spent with DSS can you talk about whether you felt you had a role in making decisions?

Can you say a little bit about how your life is going now in the areas of:

Employment

Housing

Education

Health

Relationships?

Do you have children, either living with you or not? If yes, how has the transition experience/returning to DSS impacted you in your role as a parent?

While you were in foster care were any of your placements (since age 14) with a relative (grandparent, aunt/uncle, older sibling, etc.)?

- Which relative?
- What age were you?
- How long were you there?

And finally, just a few descriptive questions about yourself:

1. What is your birthdate? ___/___/___/
2. How do you identify in terms of gender? ___ male ___ female ___ transgender
3. In terms of sexual orientation, which of the following best describes you? [Read categories]
 (1) Heterosexual (straight)
 (2) Gay or lesbian
 (3) Bisexual
 (4) Not sure
4. What is your current marital status? [Read categories]
 (1) Single
 (2) Married
 (3) Separated/Divorced
 (4) Living with Partner
5. How do you describe yourself?
 (1) American Indian or Alaska Native
 (2) Southeast Asian American (such as Cambodian, Vietnamese, Laotian, Thai)
 (3) Asian American (such as Chinese, Japanese, Korean, East Indian)
 (4) Black or African American
 (5) Hispanic or Latino
 (6) Native Hawaiian or Other Pacific Islander
 (7) White
6. What languages do you speak? [Check all that apply]
 (1) English
 (2) Spanish
 (3) Other _____
7. How long have you lived in the United States?
 (1) All your life
 (2) Other (specify _____)
8. If you had any advice you would like to give the governor and other leaders in Massachusetts about young people your age who were formerly in foster care, what would you like to say?

Would it be okay if we called you if we had any follow-up questions?

- (0) No
 (1) Yes ---> Phone number: _____

Youth Transitioning from Care of DSS
Interview Guide
Stakeholders: Policymakers/Administrators/Program Managers

First, can you talk about how you and your organization are involved in the area of youth transition/youth services?

What is your understanding of the problem regarding poor outcomes for youth leaving care?
What is the challenge from your perspective?

In your mind what is one clear solution to solving this Problem?

[Probe generic responses such as funding, collaboration, permanency, mentoring].

From your particular area of expertise (e.g., mental health, education, community youth programs, foster care, etc.) what specific needs of these youth do you see that are generally not addressed?

Thinking about policy/services across Massachusetts, in your view what organizations are doing a good job in the area of youth transition and what organizations are not doing such a good job?
What is it about their efforts/approach that makes you say this?

Can you comment on what you see as the relative responsibility/role for successful youth transition from: DSS, other state systems, federal government, private providers, community based organizations?

What are the criteria you would use to define youths who successfully transition?

How can our systems, approaches, and programs be more effective in partnering with youth?

How does the political environment here in Massachusetts influence the ability to work effectively to support these young people?

What one thing would you tell the governor and legislature about how to improve services for young people?

APPENDIX B: YOUTH ADVICE

If you had one piece of advice you would like to give the governor and other leaders in Massachusetts about young people your age who were formally in foster care, what would you like to say?

- I think that as far as the workers they need to have a lot more consistent help. There are times I never heard from anyone.
- Sometimes people are better off on their own to have some space. Instead of foster care try to get them a place on their own. Some people don't need people reminding them of what to do. Let them try to live independently first to see if they can stay away from drugs and things. Try to make some facility that allows youth to live in apartments and there is one adult house leader in charge. They can have other people during the day to help the kids out if they need to talk or rides. They can be there for security in case something goes wrong. The kids there should get a time limit to see how they do. If they don't get kicked out they can go back to foster care and live more positively.
- Grant more money to DSS so they can take care of youth. Give more money for financial aid so they can go to college. More assistance with housing. It's hard to get on the list. Financial assistance for young parents.
- Make it so DSS is accessible to all kids who need it.
- That they will listen to these kids and find out why they are doing what they are doing. Money and clothes is not the only answer. They should also find out more about the foster parents also. They often think the problem is the kid but you never know.
- Don't judge me!
- Don't neglect education opportunities--funding for these programs.
- The system overall needs improvement. Funding should be increased to make more programs available.
- That support for kids and families is still needed regardless if kids have biological parents to go to.
- People our age need more respect for what we do.
- Nothing. You are doing a good job. Keep it up.
- Would like services for youth in the community who decide not to remain with DSS after turning 18.
- DSS helped me a lot. It is important and shouldn't lose its funding.
- Focus on encouragement and approval because there is nothing worse than living with low self-esteem.
- Give them a chance to show their skill, to show their knowledge. Maybe they have something inside of us that can help the community.
- They should do better background checks on foster care families. Don't just stick kids anywhere. Keep checking up on the households to make sure the child is not in danger while in child care.
- I would ask them to take some of the people in psych hospitals out because even though people think they are hearing voices, it's not. It is really other people. There are no crazy people. There are reasons for people to act the way they do. The scientists should work harder to figure out things so people don't get put in psych hospitals where they are mistreated just because people are scared of them.
- I would tell him that just because they are children their emotions, opinions should matter. Just because they are children doesn't mean your decisions don't affect them. It affects us 100% to the fullest so they should take that into consideration. He also shouldn't buy a Cadillac. That's

not cool. There are children without food or homes. Come on, be real! The money could have gone to DSS to help kids.

- I would like to have some way for it to be easier for foster kids to have resources to get back into school when they stopped skipping school. Put more money into education.
- Don't keep separated from parents too long. If possible it is important to keep family and parents connected to their children.
- Just try to understand them and bear with them and make their life easier.
- Take into consideration it is very hard for us. There is pressure on us to do good. Not just a statistic. As young people that we go through same problems as older people, just getting help differently. Next generation we will lead by example.
- They need a lot more support than they are getting. Don't just have anyone work with kids. Hire people who really care and not just anybody for a foster parent. People with suitable homes. I lived in a place with rats all over. Make sure they have the support and knowledge for when they turn 18. No matter what the situation is you don't just throw them out on the streets unless the kid says they don't want it. There are enough homeless on the street, don't add to it.
- When DSS puts a kid in a house they just care most about the physical safety, not the kid. They should have to worry about the kid being happy too.
- The DSS people should care more about their job. It's not just a 9-5. It's more than that. More stuff out there like more opportunities for kids in care.
- Don't look down on people that were in the same situation as you were and try to benefit them.
- No one will understand me until they are in my shoes.
- Need more state funding. Bigger buildings with different sections for people. More money to help kids in DSS. These kids need help, people to talk to and feel welcome in a place with lots of support. Kids like to know what is going on in their life and need to be able to contact their DSS worker.
- You should be able to sign back in to DSS. Before you place someone in foster care do a much more thorough background check, maybe have an undercover kid in the home. I had a foster parent who made me eat my own throw up from out of the trash. They act all nice for DSS. Then everything happens behind closed doors. You need to really double check how that house really is. My adoptive home (through DSS) was the worst. They beat me for no reason. She made me stay up all night cleaning. She took away my only picture of my biological parents. Her son tried to molest me. He hit me over the head with a glass bottle the first day. I was 6 or 7.
- Stick yourself in your favorite room in the house and all your favorite belongings and people. Now take it all away. Have it disappear. Tell me how you feel?
- Never give up on a child because if you stick with them they'll succeed.
- Give the youth more support and really being there when they need it. Support is really a big thing. Kids my age transitioning out really don't have support. If they ever need help they should feel confident to go to someone for advice and support.
- They need to pay more attention to who they let be foster care parents. They should listen to our stories. Didn't they ever read *A Child Called It*? It's crazy that so many kids have been hurt and molested by foster placements. So they don't want to follow DSS rules because they have been hurt so much. They should start putting all kids in a safe transitional living program so they don't get hurt and they have consistency in their lives. A schedule and a routine works so much better for kids. It's horrible to pull up and pack all your stuff in a trash bag in the back of a social worker's car and you're dumped on someone's porch. Imagine how stressful it is for an adult to move. They need a different system.

- They need to look out for young people, it's mostly young kids on the street who need help, there's not enough support in general.
- One main thing is that they just want people to listen to them. To connect. I just wanted to be understood and treated the same as everybody else.
- Make sure that teenagers are more than words. Every time I read abuse victims and they label DYS youth more than other youth, I disagree. There needs to be more funding. We're losing kids or setting them up for failure.
- They need to work on the funding!
- Provide more services when you age out. Choose foster homes more wisely.
- Make sure education is a top priority.
- I would like to tell them that the program overall is good but young people we can be hard headed and things really need to be stressed to us about what we need to be successful. They need to break it down so we can understand. A lot of things are not stressed like they should!
- Biggest problem is with money. Need more financial aid- only real complaint.
- Before they make any decisions about a foster kid they should really interact with the youth and see what they want and like. They would have less problems. Communicate with DSS kids.
- For youth: be careful what your choices are; take advantage of services offered. For Governor: more services for teen parents.
- Most of kids in DSS want to leave and go home. Spend more money on people who really need it with serious problems (like they've been abused) not for kids who've been arrested.
- Tax break for foster care youth, at least for first 5 years.
- I'd tell them that they are enabling us by not allowing us to work or get job experience. They need to make sure we get a job and experience.
- Keep on trying to help young adults find places to live. Treat them right. Get things done on time.
- Kids in DSS or DYS need a little more attention so they can get through life. There should be more jobs available.
- Give the kids more benefits, increases in clothing checks and spending money as well as better and more homes.
- Ask them about their life experiences and if they have any ideas about how to help their peers.
- Kids need more time with their biological family for visits, more opportunities to be around real family if possible. DSS and foster homes are awful, the government is doing a terrible job. Wasn't allowed to eat in one home, had to take care of kids and do all the work in another home, wasn't supposed to be other kids but there were five kids in one bedroom. I hated being in DSS. They need to allow gay people to have foster kids and adopt because gay couples should be allowed to have that. They need to work harder to get these kids an education.
- Give young people more funds and better DSS workers who pay attention and listen and give them better services than I got, because I hated DSS.
- Legalize marijuana, the only drug that can't kill you, least harmful drug out there and the government could make so much profit off of it.
- Be careful with your actions because you never know who they may hurt. Treat them as if they were you.
- The foster system needs to be totally redone. I think foster parents need to be better qualified for it. They need to be investigated often because me and the other girls were afraid to say anything. When I was there, there was emotional abuse, isolation, my social security card and \$20,000 that I earned was stolen by my foster mother. Postal fraud, identity theft. I didn't have my own opinion on anything. What she said went or I was punished. One of the foster girls got all of her clothes taken away, except what she came with, as punishment. My foster mother was an

alcoholic. She drank a bottle of wine everyday. She also abused and isolated her husband. DSS itself needs to be completely investigated. They ignore everything. Everything gets brushed under the rug and there is no way to control them. There's a lot of problems and no one is doing anything. Something needs to be done. Everything DSS does needs to be looked into. There is so many things. I want to meet with the Governor with statements from me and the other girls about what has been done to them. If anybody wants to know more about what has been done to me, they can give me a call.

- There should be a better way to help kids or youth 18 and older with housing assistance. Really. I'm really struggling. Whether it be funds that would help, someone get started.
- I think workers need to be more involved with the children they are supposed to be helping.
- Pay attention to the kids' needs, provide more help with kids without families.
- The main thing is funding – they need to figure out budget to help people especially with school and housing. To listen to the young adults – do more for them than self-interest.
- Take what you can get and learn from your experiences. DSS needs to communicate with kids in the system. More time should be spent on the kids who aren't in residential. Need to focus on the transition. Not allow kids to be tossed around. Focus on the outpatient kids and help them stay out. More community service.
- They do have supports but they need to have more support for independent living situations. I am 20 years old, but in the shelter I have to live with the rules for 15 year-olds.
- They need to supervise more the people they hire to be foster parents.
- They should pay more attention to what foster kids have to say. We should have the right to say whatever we want. Foster parents should be trained in how to teach us independent living skills. The workers should help us out with more things. When you go to a supervisor about something, the problem should be fixed. We should get more support. We have a right to know where our family is! Foster parents should be watched more carefully too. Many people have problems with the [DSS office] in [city]. They need to do their job. When we sign into DSS, we think they are going to take care of things, but they don't.
- I would say walk a mile in my shoes. I wish they didn't focus so much on the finance aspect of everything. It seems like they care more about the money than the people in foster care. I wish the public knew more about the way DSS runs than just having stereotypes and assumptions. What DSS does, does really help. There is always room for improvement but DSS should keep doing what they are doing.
- We need more opportunities to view our options of college and the real world. DSS has basically been my parents. Like parents they should sit down and talk to us about college and our other options in this world.
- Shut down MTV, destroy Ebonics, and get everyone out of foster care that doesn't really need it.
- Try to help them a little more financially. Be more cautious with who kids are placed with.
- We need more help than anybody else. All kinds of help for us to have a better life.
- Show people in DSS custody respect. Talk to foster home parents. In my foster home, they kicked me outside everyday at 7:30 in the morning. Explain to us where we should go if we are kicked out during the day. DSS needs to give more in the allowance checks.
- Find them good foster homes. Get more parents involved, so many foster parents aren't good enough – they're in it for the money and don't pay attention to the kids. I had a hard time getting into foster care. I initiated it and had to really push and say a lot to get people to understand what's going on. If kids are abused, they won't speak about it. I'm making it known that I need help and how many kids need help and are too afraid to ask for help. Kids need to be believed. Police were coming to my house and my mom would use it as leverage – policemen need training

to recognize what abuse is versus a child simply acting out. My sister and I were both running away, there was physical damage to the house. I had to go to court and say I wouldn't hit my mother – but it was the other way around. It's so disturbing to me that it wasn't recognized. I wish that people could've recognized it earlier. If there aren't the resources and the people to do so, we really need that. The system itself has too many restrictions, the parents need more, they had to pull strings to get into it. Teachers also need training to recognize abuse and they need skills on what to do. They need to know what to do.

- Be honest with them. Tell them what's going on. Stop lying to them.
- I think it was an all right program – keeping kids off the street. It's not for everybody but it'll help some people.
- It's about as dirty and corrupt as it is in Beacon Hill. DSS and politics go hand in hand. DSS is horrible. They abused me in foster care and stole clothes.
- Give them as many benefits as they can. DSS really screwed up my life, it was horrible.
- There needs to be effective job training programs. There needs to be more affordable housing options available.
- Provide foster parents with less kids in the home. There should be a limit on how many total they can have in the home. I don't think my foster mom had the ability to handle so many kids.
- Provide more housing options before and after you turn 18.
- To give free college tuition to clients in foster care who have done things to earn it.
- My advice is that children are young and they don't know what life is supposed to be like. They are also afraid to speak because they don't know if it is just them or if it is life, what they are going through. So I think they should ask the kids a lot more questions without the foster parents around. Like a lot of questions, what they do and don't like and give them options. Never let a foster parent be a payee. Never make them have family therapists. Always make them one-on-one. Find out if the foster parents are judging the kids or making them feel uncomfortable. Make sure the foster parent is using their compassion, not looking for the perfect daughter and son. Especially when the kid is grown and not family oriented or mushy. Ask questions to the kids!! Alone!!
- Get rid of foster care or make foster care better. Let the kids speak their mind and stop making them feel like shit. Especially when they just got taken away from their parents.
- Help kids my age so they can become who they are. I hope that they do good (the kids) so they can change themselves and become important people.
- Some social workers get mad because teenagers are punks, but they should take into consideration that we have been through a lot, life sucks, life is hard. They should be more open-minded. They should listen rather than preach to us. They might learn something from us.
- Please help the children. I don't know what other way to put it. Try to do the best for the families so they can help their kids.
- Have visits where kids are away from foster parents so they're at liberty to be honest, be more attuned to what's going on in the foster home.
- Housing would be great – I'll need help to be on my own someday. It's great that DSS gives us a start but I also need a safe place and help finding a spot.
- Don't judge us just because we were in foster care. Don't think we're less of a person. We all come out of it okay.
- They don't have a lot of places to go after age 18. If you lose your apartment they send you to a shelter. They don't have other options. They should set them up in temporary homes or something.

- I think it is important to keep families together. It was bad enough losing my dad from cancer, but to lose my sisters (they were taken by DSS). It was like my whole world came crashing down. It should be mandatory to keep siblings in the same foster home. I know foster homes are limited but they shouldn't separate families.
- They need age appropriate rules. I shouldn't be treated like a young kid to get the benefits I need.
- Don't give up on us so easy.
- Keep telling us to reach for our goals. Give us more money. DSS should see if foster parents are actually good people who don't abuse. They should look out for foster parents more.