

Embracing a “Youth Welfare” System: A Guide to Capacity Building



This material may be freely reproduced and distributed. However, when doing so, please credit the Capacity Building Center for States.

Suggested citation: Capacity Building Center for States. (2018). *Embracing a youth welfare system: A guide to capacity building*. Washington, DC: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

This product was created by the Capacity Building Center for States under Contract No. HHSP233201400033C, funded by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.



Table of Contents

Part I: Embracing Youth Welfare	4
1. From Child Welfare to Youth Welfare	4
2. The Parameters of Youth Welfare	7
3. Shifting Our Lens from Child Welfare to Youth Welfare (Graphic)	10
4. Adolescent Development and the Experience of Youth in Care	11
5. Core Components of a Youth Welfare System	14
Part II: Assessing Needs With Youth	17
1. Comprehensive Assessment With Youth	17
2. Grounding Assessment in Adolescent Development	18
3. Life Skills Assessment Tools	19
4. The Effectiveness of Assessment Tools	21
Part III: Linking Youth to Quality Services	23
1. Youth Welfare-Driven Service Provision: Introduction to the “Good-Better- Best” Continuum Concept	23
2. Good-Better- Best: A Youth Welfare Approach to Employment	26
3. Good-Better- Best: A Youth Welfare Approach to Financial Literacy	30
4. Blank Worksheet: The Good-Better- Best Continuum of Service Provision	34
5. Moving Toward Youth Welfare Along the Good-Better- Best Continuum	36
6. Case Study Worksheet: Providing Health-Care Services for Youth in Care Along the Good-Better- Best Continuum	37
Part IV: Building Capacity for Youth Welfare	40
1. How Can Agencies Actively Embrace Youth Welfare?	40
References	45

Part I: Embracing Youth Welfare

Child welfare, as its name implies, has historically focused on providing services to children. While many of its principles may also apply to working with youth in care, a customized approach is needed for child welfare systems to be able to appropriately structure their work in a way that is responsive to the developmental, social, and practical needs of youth.

In 2015, 38 percent of all children in foster care were aged between 11 and 20 (U.S. Department of Health and Human Services, 2016). This is significant because current research on adolescent development, including brain development, shows that the needs of youth differ substantially from those of younger children. However, many states and other jurisdictions are unsure how to build capacity to deliver services to youth in foster care, including those transitioning out of foster care. Many currently use a “one-size-fits-most” model for child welfare that does not account for adolescent development. *Embracing a “Youth Welfare” System: A Guide to Capacity Building* addresses a critical knowledge and practice gap in effective service provision for young people in foster care.



This section presents the concept of youth welfare and describes the philosophical shift in culture and climate that will be necessary to effectively meet the needs of youth in foster care and in the child welfare system more generally. This section also discusses the ways that child welfare agencies, particularly child welfare workers, can adapt their practices for working with youth in the foster care system.

Defining “Youth”

Though most child welfare professionals have a general understanding of the different meanings of “child” and “youth,” there is no clear consensus in child welfare or the social services field more generally regarding the relationship between age and these terms. For example, a United Nations factsheet, “Definition of Youth,” defines “youth” as the period between ages 15 and 24, while other agencies within the UN define it differently (United Nations Department of Economic and Social Affairs, n.d.). The same document observes that youth can also be conceptualized as the period between a person leaving compulsory education and finding a job (United Nations Department of Economic and Social Affairs, n.d.). Throughout this publication, the terms “youth” and “young person/people” will be used interchangeably to refer to those between ages 14 and 21, including both adolescents and young adults (in line with how it is most often defined in the field of child welfare); therefore, this age group includes youth in extended foster care, in those states with extensions, as well as those who have left care but still receive transitional services.

1. From Child Welfare to Youth Welfare

Child Welfare Core Mandates

It is useful to understand the “Youth Welfare” approach in the context of the history, core mandates, and key services of child welfare systems in order to effectively build capacity to work with youth in foster care. Child welfare is a continuum of services designed to ensure that children are safe and that families have the necessary support to care for their children successfully.

Child welfare agencies typically (Child Welfare Information Gateway, 2012, p. 1):

- ▶ Support or coordinate services to prevent child abuse and neglect
- ▶ Provide services to families to increase their capacities to provide appropriate care for their children
- ▶ Receive and investigate reports of possible child abuse and neglect
- ▶ Assess child and family needs, strengths, and resources
- ▶ Arrange for children to live with kin (i.e., relatives) or with foster families when safety cannot be ensured at home
- ▶ Support the well-being of children living with relatives or foster families, including ensuring that their educational needs are addressed
- ▶ Work with children, youth, and families to achieve family reunification, adoption, or other permanent (ideally legally established) family connections for children and youth

The primary goal of the child welfare system is to promote the well-being of children and families by ensuring the safety of children, working toward permanency, and strengthening the ability of families to safely care for their children (Child Welfare Information Gateway, 2013a). In this framework, the safety of children is the primary concern of child welfare agencies, which are required “to assess the safety of children; intervene to protect children from harm; strengthen the ability of families to protect their children; and provide either a reunification or an alternative, safe family for the child” (DePanfilis & Salus, 2003, p. 25). Though youth in the child welfare system also need to be kept safe, during adolescence the focus of care needs to shift from keeping children safe to promoting normalcy and prioritizing a successful transition to adulthood.

Cultural and Historical Shift to Youth Welfare

Across many cultures and communities around the world, the protection of children is a shared value and one in which the responsibility for such care is extended beyond the parents to include the larger community, state, and even country. In the United States, the value of caring for our children is complicated by a deeply ingrained belief in privacy, parental rights, and independence (Schene, 1998; Murray & Gesiriech, 2004; McGowan, 2014).

Child welfare in the United States has evolved according to changing beliefs and attitudes about what role government should play in the protection and care of abused and neglected children. Early government interventions on behalf of children needing care were characterized more by practical concerns about meeting the basic physical and safety needs of children, as well as protecting children from egregious physical harm. As public awareness about child abuse and the damage it causes grew, the importance of child protection received greater attention by government officials (Murray & Gesiriech, 2004). In the last few decades, the issue of youth development has come to the forefront as agencies began to respond to new research on adolescent brain development, the impact of childhood trauma, and the importance of normalcy for all young people.



Recent federal initiatives recognize the unique needs of young people in foster care, including the need for normalcy. The “Preventing Sex Trafficking and Strengthening Families Act” (P.L. 113–183) signed into law on September 29, 2014, includes provisions to expand opportunities for children and youth in foster care to experience normalcy. The law requires state child welfare agencies to allow caregivers to use a “reasonable and prudent parent standard” when determining whether a child in foster care can participate in extracurricular, enrichment, cultural, and social activities” (Capacity Building Center for States, 2016b, p. 2).

As the federal government gradually implemented child welfare legislation in the twentieth century, it did not at first differentiate between the needs of young children and youth when crafting policy. However, as a body of research emerged that has shown that young people have substantially different developmental needs than younger children, federal legislative initiatives have begun to recognize and address this gap in the child welfare system.

The Need for Youth Welfare in the Child Welfare Field

To effectively serve youth, child welfare agencies should consider embracing a youth welfare model that takes into account current research on adolescent development, brain development (particularly the crucial growth that occurs in adolescence), the impact of trauma, and normalcy to articulate the ways in which care for young people in foster care needs to be addressed differently than care for children.

There is significant need for a model of care in child welfare that focuses on the needs of youth. In recent years, youth have come to comprise a substantial portion of the foster care population in the United States (Kerman, Freundlich, & Maluccio, 2009). Research indicates that young people in foster care have significant emotional, behavioral, and developmental needs that may include (Jim Casey Youth Opportunities Initiative, 2011):

- ▶ Emotional or behavioral challenges that warrant behavioral health care, including underdeveloped self-regulation skills as compared to their non-foster care peers
- ▶ Possible physical, cognitive, and mental health conditions
- ▶ Higher likelihood of receiving psychiatric diagnoses
- ▶ Higher likelihood than their non-foster care peers to be prescribed psychotropic medications

Social capital can be defined as the “features of organization such as network, norms, and social trust that facilitate coordination and cooperation for mutual benefit” (Putnam, 1995, p. 65). For young people in foster care, social capital refers to the social relationships and networks that support healthy development and which they are less likely to have than their peers not in foster care.

Young people who remain in foster care longer than one year are also more likely to have multiple placement changes and relationship disruptions, exacerbating emotional and behavioral challenges (Wulczyn, 2008). Current research shows that since stability and continuity support the ability of youth to establish healthy relationships and develop **social capital**, they are necessary for young adults to successfully transition to adulthood (Jim Casey Youth Opportunities Initiative, 2011). To address these challenges, agencies can think about them through a youth welfare lens to determine the best ways to support the young people in their care. “The Parameters of Youth Welfare,” below, offer a proposed shift in the framework needed for a youth welfare orientation in child welfare.

2. The Parameters of Youth Welfare

Statewide coordinators for the John H. Chafee Foster Care Program for Successful Transition to Adulthood (formerly the John H. Chafee Foster Care Independence Program [CFCIP]) and Education and Training Vouchers met in Washington, DC, in June of 2017. During that meeting, participants discussed an important shift in the culture of child welfare, one that identified a new paradigm for “youth welfare.”

This new Youth Welfare approach can be viewed as a logical extension of the shift from child welfare to youth welfare described in the previous section. It presents the four transformations that need to occur at the organizational and practice levels to meet the needs of young people in foster care (as illustrated by the graphic below). To access a printable, standalone version of these parameters, visit <https://capacity.childwelfare.gov/states/focus-areas/youth-development/youth-welfare-guide>

Shift From Being Reactive to Being Proactive

Under a Youth Welfare approach, being proactive rather than reactive means working with young people in foster care on an ongoing basis to plan for the future, identify what they need and want, and create a realistic plan for moving forward. Rather than simply responding to crises as they occur, child welfare staff and young people work together to shape the future.

- ▶ **Dialogue and shared decision-making power:** Youth in foster care should be engaged in dialogue and share in decision-making about the best ways to meet their developmental needs, as well as regarding their goals, aspirations, and identity exploration. Throughout the time that they are in care, young people should receive developmentally appropriate information about the policies and procedures related to the services they receive and the expectations for their role in their own care. For their part, caseworkers should respond to young people’s requests for assistance in their own care in a timely manner, for example, by proactively assisting them in getting access to documents they need.
- ▶ **Self-sufficiency:** Organizations should encourage young people’s present independence and future self-sufficiency by helping them explore meaningful career pathways and find work, internships, and volunteering and leadership opportunities based on their interests and skills. Young people in foster care should be encouraged to explore and make connections to resources in the community.
- ▶ **Assessments based on relationships and trust:** Life Skills/Independent Living assessments for young people need to occur in a context of trust and relationship building in order to elicit the best possible information necessary to plan for a young person’s future. Assessments and interventions should be initiated at the outset of engagement only if they are mandated or otherwise necessary in a particular circumstance for a particular youth. Otherwise, they should occur as appropriate, after a relationship is built, and be adapted as needs change on an ongoing basis to move the young person’s development process forward. Young people in foster care should work on assessments together with staff to provide additional input outside of the assessment to give a clearer picture of themselves as individuals. Assessments should be positive, strengths-based, conducted largely for the benefit of the young people themselves, and focused on their needs, aspirations, goals, identity explorations, and vision of the future. Assessment regarding developmental readiness and benchmarks should be understood in the context of research on adolescent development and developmental capacity and the youth’s level of social capital, as defined above.
- ▶ **Permanency and connections:** Organizations should help young people achieve legal, emotional, and physical permanency by facilitating their ability to build varied familial, social, and peer connections in a developmentally appropriate manner. Each organization should work to create a guiding document to assist young people and child welfare staff in working toward permanency according to the youth’s developmental stage. Organizations must remember to implement an opportunity-focused environment in a developmentally appropriate way when exploring possible connections.

- ▶ **Well-being:** Interventions should promote well-being through the lens of normalcy. It is critical that young people get the medical, dental, and mental/behavioral health care they need, including interventions for things like trauma, coping, and emotion regulation if warranted. Mental health services should focus on trauma-informed and trauma-responsive care and promote resiliency. However, a more holistic definition of well-being for young people should be built around a broad understanding of physical, social, and emotional development, as well as psychosocial and trauma-focused needs, rather than just focusing on narrow categories of medical health and education. In building and accessing this definition, listening to young people themselves is crucial.
- ▶ **Collaborative practice:** When working with young people, it is important that child welfare organizations work in tandem with other public agencies and private organizations that shape the lives and futures of young people in foster care, potentially including education, employment, housing, health-care, social services, and other organizations. By working creatively with the youth and other organizations and looking outward to communities and other supports, child welfare agencies can help young people comprehensively plan for their future.

Shift From Being Case-Driven to Being Individualized and Youth-Driven

Shifting from a case-driven to a youth-driven framework for care means giving young people in foster care more autonomy and control over decisions that affect their lives. Rather than focusing only on adhering to a general case plan for the family, staff should be equipped with the knowledge and skills to engage with youth to collaboratively develop a holistic, individualized plan that incorporates their voice and is grounded in their strengths, interests, and needs.

- ▶ **Biological family:** Young people in foster care should be able to decide what their connections with biological family should be. Organizations can help youth make safe connections and learn skills to interact with their biological families. They can also help young people to maintain connections, use natural supports, and create space for more caregiver flexibility and development if they are removed. The decision to remove a young person from his or her biological family should be made holistically and significant weight should be given to the wishes of the young person involved, in addition to the protective factors that exist in his or her life that can mitigate risk.
- ▶ **Youth voice:** Organizations should emphasize youth voice in decision-making and youth-driven case planning. In their relationships with young people, organizations should consider how to create a better balance of power between young people and child welfare staff. The ideal relationship is a collaborative partnership/mentorship between young people and adults. Young people should be viewed as individuals, not members of a care system, and should be engaged in legislation and policy conversations about normalcy and foster care, as well as in conversations about their own cases.
- ▶ **Choice:** Organizations should make sure that young people have safe spaces to be themselves and access to an array of program and service options. Organizations should also allow and assist young people to explore and develop other supportive relationships in their lives, including those with family members, mentors, friends, and community members. Youth should be taught and expected to advocate for themselves with support from child welfare staff. The necessary support to develop self-advocacy skills is a process that occurs over time and requires coaching.



Shift From Being Protection-Focused to Being Normalcy-Focused (Developmentally Framed)

Shifting from a focus on protection to a focus on normalcy means that young people in foster care will have the opportunity to experience their teenage years in a way similar to that of their peers not in foster care. Child welfare organizations should assess the way they think about risk factors and protective factors and adjust these views as needed based on what is now known about normal adolescent brain development and risk-taking.

- ▶ **Protection focus:** While the safety of all children and youth in foster care is important, research suggests that the emphasis on protection that is the norm for younger children in foster care should be relaxed for youth in foster care. Like other adolescents, youth in foster care should be given some room to have experiences and take risks without negative judgment. When they face challenges, even those that result from their own decisions and behaviors, youth in care should be provided a safety net, as well as support and guidance, to safely learn from them.
- ▶ **Normalcy and risk-taking:** Organizations should think about how they can keep young people safe while at the same time providing them maximum normalcy, allowing them to take appropriate risks, and encouraging them to engage in developmentally appropriate activities. This means creating space for healthy risk-taking, increased independence, connections with peers and caring adults, access to enrichment activities, and access to the same experiences as their same-age peers to build resilience and learn by doing.
- ▶ **Individualized care:** Organizations should not assume the capabilities of youth but offer individualized care for all young people that corresponds with their developmental stage, needs, and preferences. Organizations should meet young people where they actually are and align services with their needs and risks in a developmentally appropriate manner.

Shift From Being Focused on the Past or Present Situation of a Child to Being Focused on the Future of the Youth and Young People Being Served

A shift from past/present-focused to future-focused care means that child welfare workers shift from concentrating on the present needs and past trauma of the child to focusing on planning for the future as the young person transitions to adulthood. This doesn't mean that trauma-informed care is no longer relevant for the young person in foster care. Rather, there is a new orientation to helping the young person prepare for adult life.

- ▶ **Future-focused care:** In a future-focused model of care, youth needs, goals, and aspirations drive services in a present and future perspective. Young people need to be supported in the present in ways that will support their access to services that will benefit them in the future. In the youth welfare model, young people are engaged in ongoing case planning and asked about what they need in the present and future, including the long-term future. Caseworkers and adult supporters can help youth think through the ways in which decisions and planning in the present can lead to a variety of outcomes.
- ▶ **Preparation for adulthood:** Organizations should aim to assist youth in preparation for adulthood with concrete skill-building and development opportunities. This preparation should start by asking the young person where and how they see their future selves. Organizations should then focus on strengths-based assessment to empower youth to take positive action in their lives and work with mentors to develop a plan that builds skills needed for the future. Staff should also help young people to build communities of support to assist them in their adult lives and work with them on skills to build their social capital. At this stage in a young person's development, it is critical that child welfare organizations, together with the young people they serve, be able to anticipate the supports a young person in foster care might need as they move forward into adulthood.

Shifting Our Lens from Child Welfare to Youth Welfare

(To access a printable, standalone version of this graphic, visit <https://capacity.childwelfare.gov/states/focus-areas/youth-development/youth-welfare-guide>)

Being Reactive

- Decisions are made with minimal youth consultation.
- Protection and safety concerns don't change as a young person grows.
- Assessments are based on predetermined parameters.
- Well-being is focused on physical and mental health.
- There is minimal community and partner involvement.

Being Proactive

- Youth participate in dialogue and share decision-making power.
- Self-sufficiency is encouraged.
- Assessments are based on relationships and trust between young people and caseworkers.
- Well-being is focused on normalcy as well as physical and mental health.
- Collaborative practice is the norm.

Being Case-Driven

- Connections with biological family are driven by the caseworker.
- Youth voice is secondary in decision-making and case-planning.
- Youth have few choices in most areas of their lives.

Being Youth-Driven

- Connections with biological family are driven by the youth.
- Youth voice is primary in decision-making and case-planning.
- Youth have choices in most areas of their lives.

Being Protection-Focused

- Protection and safety of youth are the only concerns.
- Organizations focus only on protocols to keep children safe.
- Care is not individualized and not driven by youth desires and capacities.

Being Normalcy-Focused

- Emphasis on protection is relaxed, to focus on normalcy.
- In addition to safety, organizations encourage youth to take on developmentally appropriate challenges.
- All care is individualized and services are aligned with needs.

Being Focused on the Past or Present

- A child's past or present situation informs service delivery.
- Organizations do not provide many services to help young people prepare for the future.

Being Focused on the Future

- Youth have access to services and case planning that will benefit them in the future.
- Organizations work with youth to prepare them for adulthood.

4. Adolescent Development and the Experience of Youth in Care

To implement a Youth Welfare approach it is important to incorporate current research on adolescence, brain development, and the importance of normalcy for healthy adolescent development into policymaking and organizational culture. This research can also shape the ways in which caseworkers work with individual young people on case and transition planning. This section summarizes this research and explains how it can assist in framing a Youth Welfare approach, as well as pointing to the need for a new paradigm for working with young people in foster care.

Adolescent Development

Adolescence is a time of significant change in the human life cycle. “During adolescence, children gain 50 percent of their adult body weight, become capable of reproducing, and experience an astounding transformation in their brains” (McNeely & Blanchard, 2009, p. 1). Accompanying these physical changes are a host of social changes that may include assuming adult responsibilities, such as taking charge of higher education opportunities, finding a job, and figuring out how to have healthy romantic, familial, and social relationships.

Healthy adolescent development is not a linear process. In addition, internal physiologic, cognitive, and emotional changes may not be visible, and changes on these multiple fronts do not always happen simultaneously. Although they may look like adults—and, at times, want to be treated as adults—teens are still in a developmental stage (McNeely & Blanchard, 2009).

When developing a vision for youth welfare, agencies should understand that teens need both freedom and support in their transitions to adulthood, and plan accordingly.

Social Influence and Risk-Taking

All young people develop the positive qualities necessary for adulthood through learning and experience. Thus, healthy adolescent development requires creating opportunities for adolescents to learn and practice the “5 C’s”: competence, confidence, connection, character, and caring (McNeely & Blanchard, 2009, p. 2–3). The wider community plays an essential role in this process of helping young people move successfully into adulthood. At the same time, according to McNeely and Blanchard (2009), adolescents are not simply passive recipients of experience; they interpret and respond to each new experience through the lenses of their personalities and prior experiences. As a result, individualized care is a critical component of the Youth Welfare approach.

Allowing young people the space to take risks—such as trying new things (e.g., going out with friends, volunteering) and meeting new people (e.g., making new friends at school or work)—as they develop and grow is another important aspect of implementing a youth welfare model. Agencies can take an opportunity-focused approach to develop policies and procedures that outline parameters for developmentally appropriate risk tolerance, promote normalcy, account for teen behavior, and allow young people in foster care to learn from mistakes (for more information see Capacity Building Center for States, 2016b and 2017). While agencies must often focus the development of policy and procedure on preventing and managing risk, employing a model that is opportunity-focused, strengths-based, and youth-driven can shift practice towards recognizing the opportunities available for youth in care and their potential to achieve success when presented with these opportunities. By working with youth to develop a plan of care that allows them the freedom to take risks, agencies will encourage independence and self-reliance in young people. Organizations should plan to regularly assess barriers to maintaining an opportunity-focused environment for young people in foster care (Capacity Building Center for States, 2017).

Although agencies may commonly use the phrase, “risk-tolerant,” to describe their policy approach to youth behavior, this document will instead use the phrase, “opportunity-focused” throughout. This small but important change emphasizes the strengths-based nature of promoting youth involvement in a variety of activities and the importance of not assuming that this involvement will automatically result in substantial risk or negative consequences for the youth involved.

The Emotional Tasks of Adolescence

Adolescence should be viewed by both caregivers and young people themselves as a time of opportunity. Although teens experience emotions intensely—a consequence of intensive brain development—for most, the teen years are not filled with angst and confusion. Rather, “they are a time of concentrated social, emotional, and cognitive development” (McNeely & Blanchard, 2009, p.1). For most, the teen years are a quest for emotional and social competence coupled with this period of rapid cognitive development. According to McNeely and Blanchard (2009), by using reasoning and abstract thinking skills, young people can learn to self-regulate even through strong emotional fluctuations. Learning these skills is an important part of the transition to adulthood and should guide the Youth Welfare approach adopted by agencies.

Facets of Development (McNeely & Blanchard, 2009, p. 31):

- **Emotional competence** is the ability to perceive, assess, and manage one’s own emotions.
- **Social competence** is the capacity to be sensitive and effective in relating to other people.
- **Cognitive development** in the adolescent brain gives teens increasing capacity to manage their emotions and relate well to others.

While teens will seek out their peers increasingly for guidance and modeling, positive, supportive adults continue to play a critical role in helping young people navigate difficult decision-making around undesirable risky behaviors such as smoking or excessive drinking. Connections to parents, caregivers, and teachers serve as protective factors in reducing negative outcomes (McNeely & Blanchard, 2009). The science of adolescent development suggests that child welfare organizations need to be aware of the developmental characteristics of adolescents and work with them where they are in terms of independence and risk-seeking behavior, allowing them to make mistakes and face challenges without more penalty than is usual for adolescents generally.

Trauma, Adverse Childhood Experiences, and the Adolescent Brain

As children grow and develop, their brains lay down synaptic networks that allow for continuing growth and development. This process forms a permanent neurological foundation for mastering the key developmental tasks of childhood and adolescence (Jim Casey Youth Opportunities Initiative, 2011). However, current research shows that children who experience early **trauma** may face significant problems in their teen years, including anxiety, aggression, depression, and academic impairment (LaLiberte & Crudo, 2013). A nationwide sample of more than 2,200 children in child welfare found that more than 70 percent met the exposure criteria for complex trauma (Spinazzola et al., 2013).

Children’s experience with chronic abuse and neglect and resulting complex trauma—also known as **toxic stress**—has an impact on the brain’s development. Toxic stress changes the way the brain interprets and regulates emotions, organizes memory, and engages in interpersonal communication. Research shows that this level of trauma disrupts and slows brain development, which can impact how children and adolescents trust adults and form relationships (Middlebrooks & Audage, 2008). For example, in her 2008 study, Gina Samuels found that the loss and stress embedded in the foster care experience produced relational consequences. In particular, the loss of contact with parents and siblings, combined with multiple disruptions in placements and relationships, created potentially negative consequences for young people as they aged (Samuels, 2008). Spending an extended time in care can also have ramifications in youths’ relationships when they are adopted (Jim Casey Youth Opportunities Initiative, 2011), making relationship-building more difficult for these young people as they transition to adulthood.

Though these and other studies indicate that **adverse childhood experiences (ACEs)** have a significant effect on adult outcomes (U.S. Department of Health and Human Services, Center for Disease Control and Prevention, n.d.), research also indicates that the teenage brain is undergoing a critical period of development that provides an opportunity for intervention (Perry, 2006). Thus, the evidence shows that with trauma-responsive care, access to support networks, and normalizing experiences, the effect of ACEs can be mitigated during adolescence (Murray, Rosanbalm, Christopoulos, & Hamoudi, 2015).

New neurobiological findings show that effects of trauma are not necessarily permanent (Garland & Howard, 2009). Rather, it is clear from this research that the adolescent brain is highly neuroplastic (defined as the ability of the brain to alter its structure in response to experience) and can recover from childhood trauma with the right developmental interventions, which include the development of resilience-supporting protective factors such as healthy positive relationships with adults and peers (Garland & Howard, 2009).

Crucially, it is the responsibility of the child welfare system to encourage healthy positive relationships for the youth and young adults in their care. In this developmental phase, healthy relationship building is critical for youth since their ability to do so during adolescence will significantly impact their future experiences; research shows that through these relationships and proper mental health care, negative effects on brain development from traumatic stress can be reduced or overcome. Awareness of the possible effects of trauma and ACEs on brain development can assist agencies in structuring case practice and crafting appropriate services for young people.

Normalcy

“Normalcy refers to allowing youth in out-of-home care to experience childhood and adolescence in ways similar to their peers not in foster care.” This includes opportunities to participate in activities and experiences such as after-school activities, sleepovers, and others that are normally available to young people not in care (Capacity Building Center for States, 2016b, p. 1). Promoting normalcy should start early. When children have access to positive experiences, their brains “lay down synaptic networks that allow for continuing growth and development” and form a permanent neurological foundation to help them thrive in childhood and adolescence (Jim Casey Youth Opportunities Initiative, 2011, p. 24).

Having normative experiences “improves permanency and transition outcomes for young people by allowing them to develop valuable social networks and connections in the community, build skills, and identify their strengths and interests” (Capacity Building Center for States, 2016b, p. 1). Thus, it is crucial to hold ongoing normalcy conversations with young people to allow them to participate in planning their own care, to identify their strengths and needs, and help them transition to adulthood. Having positive experiences—e.g., earning a

Trauma results from an event or series of events that is experienced by an individual as physically or emotionally harmful or life threatening, and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being (U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration [SAMHSA] Trauma and Justice Strategic Initiative Workgroup, 2014).

Adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse and neglect. ACEs are strongly related to the development and prevalence of a wide range of health and behavioral problems throughout a person’s lifespan (<https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>).

Resilience is defined as the ability to overcome adverse conditions and to function normatively in the face of risk. Studies have identified that resilience-promoting protective factors such as a caring, supportive relationship with at least one person can make a big difference in the life of a child (Jim Casey Youth Opportunities Initiative, 2011, p. 27).

Neuroplasticity refers to the ability of the brain to alter its structure in response to experience (Jim Casey Youth Opportunities Initiative, p. 21).

high grade, being selected for a varsity sports team, etc.—can help youth gain the benefits that accrue from seeing the results of their actions. For normalcy efforts and policies to be effective, normalcy conversations need to occur at the case level, as well as at the agency and system levels. Normalcy also involves young people in becoming advocates for themselves and their needs inside the child welfare system. In addition, young people in foster care should be encouraged to advocate for others since doing so has been shown to assist in developing sense of self, building social skills and relational competencies, and helping youth to develop their own value systems.

5. Core Components of a Youth Welfare System

“The Parameters of Youth Welfare,” above, establish the practice values to guide the development and implementation of a youth welfare system. Rooted in these parameters and the research base around adolescent development and the needs of youth in care, an effective youth welfare system will:

Provide Opportunities for “Normal Developmental Tasks” While Maintaining Attention to the Core Mandates of Safety, Permanency, and Well-Being

During their teenage years, young people are in the process of developing greater autonomy and practicing adult roles and responsibilities. During adolescence and early adulthood, teens need to (Jim Casey Youth Opportunities Initiative, 2011, p. 1):

- ▶ Develop personal identity
- ▶ Establish emotional and psychological independence
- ▶ Identify adult employment goals
- ▶ Learn to manage sexuality and sexual identity
- ▶ Begin to adopt their own value system that may be different from that of the adults around them
- ▶ Begin to develop increased impulse control and behavioral maturity

Recognize the Essential Role of Positive Youth Development

Positive youth development means providing young people with information, skills, and supports and engaging with them so that they can be fully involved partners in their own planning, decision-making, and advocacy (Jim Casey Opportunities Initiative, 2011). **Youth engagement** refers to the intentional, authentic, and sustained involvement of young people in a decision-making activity (Gaughen, Flynn-Khan, & Hayes, 2009). Accordingly, agencies should strive to develop services and create opportunities for young people.

Focus on Social Connections and Support Networks

Assisting youth in building networks is an important part of youth welfare. By age 25, young people need to be strongly connected with caring adults, friend networks, communities, and family to build the protective factors they will need to weather the crises that are a natural part of transitioning to adulthood. Establishing these connections is important for youth in foster care since they often feel disconnected from or have fractured relationships with their natural supportive networks (Perry, 2006). Family and caring adults should be acknowledged as essential social capital for young people as they gradually transition to adulthood.

Youth in foster care are disproportionately placed in congregate care settings where opportunities to build normative experiences



and opportunities to build or rebuild familial and other close relationships are limited (Jim Casey Youth Opportunities Initiative, 2011, p. 10–11). As a result, child welfare agencies need to create a system that deliberately encourages normative experiences and relationship building for youth in their care, since all young people “need a variety of preparatory training and experiential learning opportunities to transition successfully to adulthood” (Kerman, Freundlich & Maluccio, 2009, p. 4).

Be Rooted in Knowledge of Adolescent Development and Trauma-Responsive Care

Advances in science have highlighted the impact of trauma and the neuroplasticity (the ability of the brain to alter its structure in response to experience) of the adolescent brain (discussed in more detail above). Combined with the implementation of youth development practices, this new information can assist child welfare agencies and organizations in understanding that this developmental period is ripe with opportunities for youth to build and practice resiliency. The ultimate phase of brain development, when the frontal cortex is fully formed, occurs in the mid-twenties and may, in fact, occur later when a young person has been subjected to trauma (Cohen, Kasen, Chen, Hartmark, & Gordon, 2003). Thus, adolescence presents a unique opportunity for those working with youth to impact their development in a positive way by serving as mentors and creating positive opportunities in their lives.

In addition, because of ACEs and other forms of trauma, many youth in foster care can benefit from trauma-responsive care. Trauma results from an event or series of events that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being (U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration [SAMHSA] Trauma and Justice Strategic Initiative Workgroup, 2014). A nationwide sample of more than 2,200 children in child welfare found that more than 70 percent met the exposure criteria for complex trauma (Gleeson et al., 2011, as cited in LaLiberte & Crudo, 2013). For more information, see discussion of trauma and youth development above.

Emphasize the Importance of Transition Planning With Youth in Foster Care

An important aspect of implementing a Youth Welfare approach is an increased agency and individual focus on transition planning to help young people in foster care create infrastructure and support networks as they exit care (Child Welfare Information Gateway, 2013a). Federal guidance requires the creation of a personalized transition plan beginning 90 days prior to a young person’s eighteenth birthday (or the age determined by the state for aging out of care) in order to ensure the youth’s developmental needs are being met (Child Welfare Information Gateway, 2013b). However, “recent research indicates that the main service provided to young adults to meet this need, independent living programs, have not been as successful as hoped in preparing young people for adulthood” (Jim Casey Youth Opportunities Initiative, 2011, p. 12).

For example, results from The Midwest Evaluation of the Adult Functioning of Former Foster Youth (Midwest Study), a longitudinal study of outcomes for more than 700 former foster youth from three states (Illinois, Iowa, Wisconsin), indicate that by about age 26, only 46 percent of the former foster youth were currently employed compared to 80 percent of the national comparison sample (Courtney et al., 2011, p. 28). Data from the National Youth in Transition Database survey in November 2016 paint a slightly more positive picture, with 52 percent of young adults formerly in foster care employed full-time or part-time at age 21 (Children’s Bureau, 2016).

A program or organization practicing **trauma-responsive care** (U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration [SAMHSA] Trauma and Justice Strategic Initiative Workgroup, 2014):

- Realizes the effect of trauma and understands potential paths to recovery
- Recognizes the signs and symptoms of trauma in young people and families
- Integrates knowledge about trauma into policies, protocols, and practices
- Actively resists re-traumatization

Thus, “given the realities of the large and growing population of older youth in foster care, the documented poor outcomes for youth who age out, and the limited effectiveness of current independent living programs, it is essential that we take a fresh look at the current child welfare service system,” especially as it applies to transition planning with youth in foster care (Jim Casey Youth Opportunities Initiative, 2011, p. 13). Using what is now known about the science of teenage brain development, trauma, and the importance of normalcy, agencies should be better equipped to establish a Youth Welfare approach to provide appropriate care and services for youth in their jurisdictions.

6. Conclusion

Part I of *Embracing a “Youth Welfare” System: A Guide to Capacity Building* outlines the parameters of youth welfare (including the ways in which it differs from child welfare) and provides guidance for agencies to build their capacity to care for young people in the child welfare system. Part II offers guidance on conducting effective life skills assessment to inform transition planning and service provision for young people in the child welfare system. Part III explores promising practices and provides several tools for taking a Youth Welfare approach by presenting a continuum of “Good-Better-Best” examples of youth welfare practice to help agencies chart a path for moving towards excellence in service provision for young people in foster care. Part IV provides information on capacity building for youth welfare in each of the five dimensions of capacity.



Part II: Assessing Needs With Youth

Part II offers guidance on the assessment needs of youth in foster care, including the importance of youth development considerations, a discussion of several life skills assessment tools, and the effectiveness of assessments for youth in the child welfare system.

1. Comprehensive Assessment With Youth

Quality assessment is central to providing effective care for children and youth in foster care. Federal guidelines recommend that individualized, comprehensive assessment with each child be used to guide service planning and delivery (Lou, Stone, Vu, & Austin, 2008). Assessment serves a number of important purposes that support effective service planning and delivery, including building relationships, identifying strengths, and targeting needs in order to establish goals. Using a strengths-based approach to assessment recognizes that all young people have strengths, competencies, and resources that can be used to structure their care and services (Epstein, 1999). A strengths-based assessment measures those emotional and behavioral qualities of an individual that “create a sense of personal accomplishment; contribute to satisfying relationships with family members, peers, and adults; enhance one’s ability to deal with adversity and stress; and promote one’s personal, social and academic development” (Epstein, 1999, p. 258–259).

The goals of a comprehensive assessment of child and youth well-being in child welfare can include the following (Lou, Anthony, Stone, Vu, & Austin, 2008, p. 94–95):

- Ensuring normal development and functioning based on observable characteristics, self- and other reports, and other sources of information
- Identifying youth strengths in order to inform individualized service planning, monitor the course of service provision, and assess outcomes
- Informing policy and program development and evaluation at the agency, county, and state levels

Though quality assessments are a cornerstone of effective child welfare practice with every population, often these assessments are geared toward younger children and focus on assessing risk. Thus, assessments are often not effective at identifying the particular needs of youth. At times, assessments become a kind of checkbox for the agency rather than an effective means for meeting a youth’s developmental needs. Effective, developmentally appropriate assessments ask young people what they need and allow agency staff to work with them to achieve goals that build their cognitive, social, and emotional skills.

An important aspect of conducting quality life skills/independent living and other assessments with youth is that the process be rooted in the context of an existing relationship in order to elicit the best possible information to plan for a youth’s services and transition.

The relationship should be one in which the adult and young person work together as equals as they craft the young person’s service plan and transition plan and identify appropriate services (Norman, 2001).

Assessments and interventions should be initiated at the outset of engagement only if they are mandated or otherwise necessary in a particular circumstance for a particular youth. Young people in foster care should work on assessments together with staff and provide additional input outside of the assessment to develop a clearer picture of themselves as individuals. In fact, research shows that assessment results are more honest and realistic when young people are substantially engaged in the process (Norman, 2001). The results of an assessment, including developmental readiness and benchmarks, should be understood in the context of research on adolescent development and developmental capacity and of the youth’s level of social capital (defined as “features of organization such as network, norms, and social trust that facilitate coordination and cooperation for mutual benefit” [Putnam, 1995, p. 65]).

2. Grounding Assessment in Adolescent Development

The two foremost points of consideration in child welfare investigation and initial assessment are the imminent risk of harm and the safety of the child. However, developmental considerations should also be taken into account when interviewing and assessing children and youth (DePanfilis & Salus, 2003). For youth, assessment of risk factors should be balanced with assessment of developmental needs and assets, as well as a recognition that moderate risk-taking is a normal adolescent behavior that builds valuable skills for adolescents. Examples of healthy risk-taking include participating in sports and artistic activities, going on overnight trips, and taking part in volunteer activities in the community (Capacity Building Center for States, 2016b).

To help young people successfully transition to adulthood, it is important to encourage developmentally appropriate adolescent behavior associated with self-direction, self-expression, personal initiative, and taking responsibility for one's decisions (Mech, 1994). Life skills and other developmental assessment tools can be instrumental in this process since they can help a youth begin to identify his or her strengths, begin planning for the future in collaboration with the caseworker or other supportive adults, and assist the agency in providing individualized services that correspond to the young person's particular needs.

Assessing for Social Support and Individualization of Service

It is a part of normal adolescent development to simultaneously seek greater autonomy and look to build and strengthen social networks of support. This social support should be there for adolescents to help them while they explore their identity and increase their own self-agency (Greeson, Garcia, Kim, Thompson, & Courtney, 2015). Disconnected youth, including foster youth, too often experience a push to be autonomous and independent during the emerging adulthood period of development, while experiencing fractured and weak networks of social support. According to Greeson et al., these youth are at greater risk for a host of negative outcomes including higher rates of unemployment, low educational attainment, increased involvement with the criminal justice system, and early parenting. In addition to social and other kinds of support, young people in foster care need developmentally appropriate life skills preparation to help them successfully transition to adulthood (Massinga & Pecora, 2004).

Life skills assessments can evaluate two broad categories of skills Nollan et al., 2000):

- **Tangible skills:** Skills needed for daily living, self-maintenance, and obtaining employment, e.g., money management, household management, and vocational aptitudes
- **Intangible skills:** Skills needed for building interpersonal relationships and maintaining employment, e.g., decision-making, problem solving, planning, communication, and social skills

Several studies have been conducted regarding the importance of social support for youth aging out of foster care. They have found that positive relationships increase youths' resiliency, as well as educational achievement, and improve youths' behavioral health (Greeson et al., 2015). One study looked at the impact of social support services for youth in foster care related to life skills to determine if social supports increased over time and whether that had bearing on outcomes within Los Angeles County. Findings from this study indicate that (Greeson et al., p. 6):

- ▶ Participants experienced a reduction in social support, regardless of whether they were randomly assigned to treatment or received services as usual
- ▶ There were no racial/ethnic differences in social support change over time
- ▶ Prosocial activities, educational involvement, employment, current living arrangement, victimization experiences, placement instability, and behavioral health symptomology did not influence changes in social support over time

One significant finding from the study was that classroom-based programs were not, by themselves, effective at promoting social support. While they did provide information that promotes knowledge and skill building, classroom-based programs did not appear to offer measureable emotional and/or affirmational types of support. In fact, research shows that classroom-based programs are not effective at individualizing services to young people based on what they report as their needs or what an effective assessment might indicate.

The child welfare field should offer training and services that move beyond classroom-based learning to help youth build and sustain a diverse range of social support networks. It may be worthwhile for agencies to focus on facilitating and growing connections between foster youth and non-parental caring adults, such as caseworkers, foster parents, teachers, coaches, and other natural mentors, who are able to provide tangible, emotional, and affirmational support. Quality life skills assessments can play an important role in facilitating collaboration between young people in foster care and the adults in their lives.

3. Life Skills Assessment Tools

The following areas were identified as being particularly important for ensuring that youth are connected to quality services and achieve related outcomes (Petr, 2008, p. 105–107):

- ▶ Education
- ▶ Mentoring
- ▶ Life skills training, including financial literacy
- ▶ Vocational exploration and preparation, including skills necessary for finding and maintaining employment
- ▶ Knowledge of post-custody services and supports, such as housing, health care, etc.

It is important to note that no assessment tool can provide the information necessary to fully understand the entirety of a young person's goals, needs, and strengths. In addition, use of an assessment tool does not replace a personal relationship developed with caregivers and caseworkers; in fact, proper use of an assessment tool such as the ones described below should take place in the context of a previously developed relationship.

The following discussion of commonly used life-skills assessment tools describes the main characteristics of each assessment and how it is intended to be used.

Casey Life Skills Assessment

Most states that use life skills assessments to assess the developmental readiness of youth in foster care to transition to adulthood use the Casey Life Skills Assessment (CLSA), either alone or in combination with other assessment tools (<https://www.casey.org/casey-life-skills-resources/>). (It can be used by youth not in foster care as well, including those living with their biological families and those in residential treatment.) The CLSA measures a youth's attainment of essential life skills based on his or her developmental stage (Nollan et al., 2000). It is a strengths-based assessment that is intended to be used for both individual case planning and agency program development around building life skills and improving self-sufficiency. (Nollan et al.). Some life skills evaluated by the CLSA include (<https://www.casey.org/casey-life-skills-resources/>):

- ▶ Maintaining healthy relationships
- ▶ Work and study habits



- ▶ Planning and goal-setting
- ▶ Using community resources
- ▶ Daily living activities
- ▶ Budgeting and paying bills
- ▶ Computer literacy
- ▶ Developing and maintaining permanent connections to caring adults

The CLSA is designed to be used by youth, caseworkers, caregivers, mentors, and other stakeholders as they work together on a young person's individualized plan of care. According to Nollan et al. (2000), both young people and caregivers may complete the CLSA; areas of discrepancy in responses can then be used to facilitate dialogue and help youth and caregivers learn about each other's perceptions. The aggregate results of the CLSA can also be used for program or curriculum planning at an agency (Nollan et al., 2000).

Daniel Memorial Independent Living Assessment

Several states use the Daniel Memorial Independent Living Assessment (DMILA), often in conjunction with the CLSA. The DMILA, which debuted in 1987, assesses the developmental readiness of young people to transition to adulthood. Version 8.0 of the Assessment covers 16 independent living categories including (<http://www.hayskids.org/documents/ILS%20assessment.pdf>):

- ▶ Financial management
- ▶ Food management
- ▶ Personal appearance
- ▶ Health
- ▶ Housekeeping
- ▶ Housing
- ▶ Transportation
- ▶ Educational planning
- ▶ Employment
- ▶ Job maintenance
- ▶ Emergency and safety skills
- ▶ Knowledge of community resources
- ▶ Interpersonal skills
- ▶ Legal skills
- ▶ Religion (optional)
- ▶ Leisure activities



Although the DMILA is designed to be administered to the young person as an interview, in practice it can also be self-administered (Nollan et al., 2000). The DMILA has two parts. A long version consists of 231 questions in 16 categories, which are further subdivided into the categories of minimal, intermediate, advanced, and exceptional. A short version has 90 questions in 14 categories and is not subdivided into levels or categories. Both of these parts are subjective, which means that the youth taking the assessment is asked to evaluate his or her own skill level in a particular area. Another assessment available through the DMILA objectively tests a young person's level of knowledge based on his or her answers to multiple-choice questions.

Other Assessments

Some states have designed their own assessment tools to evaluate the developmental readiness of the youth in their state's child welfare system on a variety of life skills, development measures, and other metrics. For example, Massachusetts uses the Youth Readiness Assessment Tool, which combines a checklist-style assessment with space to inventory progress made toward specific goals (<http://www.mass.gov/eohhs/docs/dcf/policies/youth-readiness-assessment-tool.pdf>). Michigan has developed the Michigan Department of Human Services Foster Care Child Assessment of Needs and Strengths, in which a caseworker rates the developmental progress of a child older than age 14 by answering questions about him or her in 10 areas of well-being and development (https://www.michigan.gov/documents/DHS-0432_139666_7.dot). Another tool, the Maryland Youth Transition Plan, is designed to assess a youth's progress in developing a personalized plan to work toward his or her transition goals (<http://www.dhr.state.md.us/documents/SSA%20Policy%20Directives/Child%20Welfare/SSA%2011-16-Maryland%20Youth%20Transition%20Plan.PDF>). All young people in foster care are administered the assessment at least once annually between the ages of 14 and 16, and then once every six months until they age out of foster care. The plan must be finalized 90 days before the young person exits foster care.

4. The Effectiveness of Assessment Tools

Life skills assessments of young people in foster care can be used to identify their educational/training needs and link them to individualized services. But it is difficult to assess whether using life skills assessments leads to better outcomes for young people.

First, the efficacy of life skills training as a way of preparing young people in foster care for transitioning to adulthood is not clear because of a dearth of rigorous evaluation studies and a lack of attention to (and consistency in) how these skills are taught. Thus, while “the growing implementation of assessment tools such as the Daniel Memorial Independent Living Skills system and the Ansell-Casey Life Skills Assessment has helped improve the targeting of skills development in these programs,” it is not clear whether implementation of the assessments has had the desired outcomes (Massinga & Pecora, 2004, p. 158). More rigorous, comparative studies are necessary to determine whether life skills assessments and training improve outcomes for young people in the child welfare system and how they do so.

Another challenge is that once the assessment has been implemented, there is lack of consistency in services provided and the demographics of the populations that receive the services. For example, one study showed that “youth served in rural and nonmetropolitan areas were the most likely to receive services, while youth in large metropolitan areas were the least likely to receive any services” (Okpych, 2015, 79). Similarly, youth who lived in large metropolitan areas received fewer types of services while youth in less densely populated areas received more kinds of services. According to Okpych, rural and metropolitan areas had large differences in the level of services provided particularly in financial management training, health education and risk prevention, and family and healthy marriage education.

Finally, it is difficult to perform cross-state comparisons of the relationship among assessment, service provision, and outcomes since the ways in which states count and define services vary greatly. There is often little information given in available data on who provides the service, the standardization or quality of the service, the duration of or length of exposure to the service, and how that service was funded

A useful assessment for youth in the child welfare system will:

- Use a strengths-based approach, and identify strengths not previously known by the youth or his or her team
- Be administered and discussed collaboratively with the youth and his or her team
- Be able to be administered at different levels of development
- Have specific goals that are measurable
- Indicate areas where more education or skill acquisition is needed
- Encourage young people to think about the life skills necessary to successfully transition to adulthood
- Help an agency identify areas for improvement related to youth welfare

(Okpych, 2015). For example, a caseworker discussing the importance of bank accounts with a young person for an hour and a young person receiving budget, management, and financial literacy training, assistance in opening a bank account, and individualized follow-up that includes discussion of investment planning could look, on paper, like the same financial service, depending on how this service is defined by a given state. While some states might count every minor service, others may only count their more formalized and structured services. There is little guidance on common definitions for services (Okpych, 2015).

Nevertheless, life skills assessments that provide both youth and caregiver perspectives can help reveal not only young people's strengths, but also those areas where they perceive the need for development, as well as areas in which caregivers see strengths or needs that are not emphasized by the young people themselves. For example, one state that conducted a life skills assessment found that both young people and caregivers emphasized the need for better life skills training with practical experience in areas such as financial planning and education planning. Both groups also saw a need around building social skills such as network development and dealing with emotional concerns. However, only caregivers expressed a need for obtaining transitional housing for emancipated youth formerly in foster care (Mares, 2010).

Despite the lack of significant data regarding the effectiveness of assessment tools for youth in the child welfare system, assessment tools remain valuable resources for working with young people to evaluate their strengths, develop a realistic idea of their readiness for transitioning to adulthood, and identify those areas where they might need to gain additional knowledge or skills (Nollan et al., 2000). Assessment tools also encourage caseworkers, foster parents, and other stakeholders to work with young people to get them the individualized services they need to be successful in the future. Finally, assessment tools can be a valuable resource for the agency as a whole to help identify those areas where a number of youth need skill development. This information can then serve to guide group discussion and curriculum design (Nollan et al.).



Part III: Linking Youth to Quality Services

This section of the Guide explores promising approaches for moving from a child welfare to a youth welfare framework in the provision of services to youth in foster care. By utilizing a model that places interventions on a “Good-Better-Best” continuum of services, child welfare agencies will develop knowledge of what a Youth Welfare approach looks like in action and how the approach can guide individual service decisions as well as larger efforts to enhance the available service arrays for youth. Specific service areas explored include employment and financial literacy. This section also includes practical tools to assist child welfare professionals in assessing their agency’s capacity for providing youth welfare-driven services.

1. Youth Welfare-Driven Service Provision: Introduction to the “Good-Better-Best” Continuum Concept

Data from the National Youth in Transition Database, the Adoption and Foster Care Analysis and Reporting System, and the Midwest Study show that youth who exit care without a permanent family are at greater risk than their same-age peers for a myriad of negative outcomes that include unemployment, lower incomes, housing instability, poorer health, criminal justice involvement, lower educational attainment, less access to health insurance, and higher reliance on public assistance programs (Child Welfare Information Gateway, 2013a; Mares, 2010).

As described in Part I, research on adolescent brain development shows that the brain is adaptable and can be “rewired” through positive experiences and opportunities. New neural pathways can be created to help young people develop the skills and protective factors that are necessary for healthy functioning and well-being (Browne, Notkin, Schneider-Muñoz, & Zimmerman, 2015). Current research on adolescent brain development and normalcy indicates that all young people have particular developmental needs that should be addressed within the context of familial and social relationship-based care. Programs that fall at the “Best” end of the Good-Better-Best service continuum are grounded in the latest research on adolescent brain development (for more on adolescent brain development, see Part I).

The provision of individualized services can be informed by working with youth to regularly complete positive, strengths-based life skills assessments that can identify the services that are most necessary for young people to successfully transition to adulthood. An assessment can also help suggest the level of service that a young person needs to gain the most effective information and learn to function effectively in a particular area (for more on assessments, see Part II).

Using the Youth Welfare approach, agencies can begin to address service provision in a new way at every level. At the regulatory level, state and federal policies require that young people in foster care are provided with certain services. All child welfare professionals need to be educated not only on policy requirements, but also on the best ways to implement these requirements so that all young people, in every jurisdiction, have access to the same quality of service provision and information. In addition, though referring young people to life skills classes is a good start to providing information and building skills, service provision should not end there. Caseworkers should follow up with young people in their care to provide additional information and assistance in an effort to try to build a young person’s capacity to effectively transition to adulthood. Improving workforce competency around effective youth welfare-driven practice and service provision and instituting better follow-up as part of routine service provision can benefit young people in foster care as they transition to adulthood.

The remainder of this section explores the Good-Better-Best continuum of services for young people in foster care and provides examples of youth welfare-based practices in employment and financial literacy. Four practical tools are offered to assist readers in exploring the Youth Welfare approach related to service provision:

- ▶ **Good-Better-Best: A Youth Welfare Approach to Employment** helps agencies evaluate the youth welfare-driven services they provide in the area of employment. It contains an example of an employment-related service and a blank worksheet for agencies to assess their own services in the area of employment.
- ▶ **Good-Better-Best: A Youth Welfare Approach to Financial Literacy** helps agencies evaluate the youth welfare-driven services they provide in the area of financial literacy. It contains an example of a financial service and a blank worksheet for agencies to assess their own services in the area of financial literacy.
- ▶ **Blank Worksheet: The Good-Better-Best Continuum of Service Provision** is a blank worksheet to help caseworkers assess the services they provide in an area of their choice.
- ▶ **Case Study Worksheet: Providing Health-Care Services for Youth in Care Along the Good-Better-Best Continuum** is a case study exercise that can be used to practice how to determine whether a young person transitioning out of care is receiving effective health-care services.

The Good-Better-Best continuum concept illustrates how agencies can move toward providing youth welfare-oriented services along a continuum, ranging from meeting minimum federal and other requirements (Good) to an individualized and thorough provision that represents the optimal care for the young person in question (Best). It is important to note that each higher level incorporates some of the requirements of the level below it, as well as adding new requirements. The table below describes some parameters for each level of service provision.

Standards for the Good-Better-Best Continuum of Service Provision

Good	Better	Best
<ul style="list-style-type: none"> • Service provision satisfies federal and state requirements, including those related to transition planning, education, financial services, and other requirements. 	<ul style="list-style-type: none"> • Caseworker follows up with young person, monitors progress of his or her education and development, and provides assistance as needed. 	<ul style="list-style-type: none"> • Services have intrinsic value to young people, and youth participate in services without the need for incentives.
<ul style="list-style-type: none"> • Service provision is based on an individualized transition plan that is created collaboratively by the youth, the caseworker, and other stakeholders. 	<ul style="list-style-type: none"> • Caseworker provides youth with extensive printed and digital information about transition-related topics, as well as opportunities to discuss and ask questions. 	<ul style="list-style-type: none"> • Services focus on soft skills. Concrete skill development happens within the context of soft skill development, community, and peer relationships.
<ul style="list-style-type: none"> • Care for youth is based on a trauma-responsive approach and focuses on all levels of youth development—cognitive, social, physical, and emotional. 	<ul style="list-style-type: none"> • Caseworker has a deep understanding of the material taught in life skills and other training classes. He or she is then able to use that information to help increase the capacity of the young person to benefit from the information and apply it in his or her life. 	<ul style="list-style-type: none"> • Services are understood and delivered in a developmental way. There is an understanding that young people are natural learners, are inquisitive, and can utilize assistance from adult supporters. This implies that service providers should accommodate urgency, and are prepared for, and plan for, spontaneity in addressing young people's needs.

Good	Better	Best
<ul style="list-style-type: none"> • Caseworker provides youth with printed or digital information for all areas of transition and future planning. 	<ul style="list-style-type: none"> • The transition planning process, including plan creation, assessment, and development activities, should begin early in a young person's development, perhaps starting at age 13 or 14. In this way, by the time a young person begins to transition out of foster care, he or she is prepared to do so. 	<ul style="list-style-type: none"> • Young people find that services are easy to navigate and meet their needs, and they have the opportunity to evaluate them from their perspective.
<ul style="list-style-type: none"> • Caseworker meets with the youth regularly and is responsive when the youth reaches out for advice. 	<ul style="list-style-type: none"> • The relationship between the caseworker and youth informs their work together as they plan for the future. The caseworker works to make sure that the youth develops informal and formal support networks that will remain with them after they transition from care. 	<ul style="list-style-type: none"> • Services offer support and information through developmentally appropriate, connected pathways. Young people are provided with the information to get from the action to the intended result.
<ul style="list-style-type: none"> • Youth is referred to/enrolled in life skills or other training classes to gain knowledge and practice in areas and skill sets necessary for the transition to adulthood. Caseworker follows up with youth during and after class to provide additional information to reinforce the material that was learned in the class. 		<ul style="list-style-type: none"> • Service decisions are transparent and services are offered equitably.
<ul style="list-style-type: none"> • Casework and services provided are properly documented; records are readily accessible. 		<ul style="list-style-type: none"> • Services build on young people's desires to improve the system for others and provide the opportunity for the young person to give feedback that guides agencies' decisions around program development and improvement.
		<ul style="list-style-type: none"> • The child welfare system views advocacy and advocate behavior as normal, healthy, productive behavior as opposed to problematic, entitled behavior.
		<ul style="list-style-type: none"> • The child welfare system creates a culture of problem solving led by young people.

2. Good-Better-Best: A Youth Welfare Approach to Employment

Youth formerly in foster care face significant barriers to employment. In fact, “studies of former foster youth who age out of care find that these youth generally experience high unemployment, unstable employment patterns, and earn very low incomes in the period between ages 18 and 21” (U.S. Department of Health and Human Services, 2008, p. 1). By age 24, these youth continue to lag behind their counterparts nationwide, experiencing poorer measures in a variety of outcomes including regular employment and earnings (U.S. Department of Health and Human Services). In addition, though nearly all of the participants in the Midwest Study reported that they had some work experience at age 26, only 45 percent were employed at the time of the study, compared with 80 percent of a nationwide sample of youth not in foster care (Courtney et al., 2011).

Outlined below is an example that agencies can use to provide services along the Good-Better-Best continuum to improve employment outcomes for youth currently or formerly in foster care by helping them get a summer job at age 16. This practice example is provided as a suggestion only and does not reflect official guidance from the Center for States, the Children’s Bureau, or any other federal agency. To access a printable, standalone version of this example, visit <https://capacity.childwelfare.gov/states/focus-areas/youth-development/youth-welfare-guide>

Service Need: A 16-year-old youth in foster care expresses a desire to get a job over the summer.

Good

- ▶ The caseworker gives the youth information on obtaining a job, including information about filling out a job application, resume writing, and other appropriate job readiness information. Work and services provided are documented.
- ▶ The caseworker provides the youth with resume writing and job search tip sheets, as well as a listing of job posting sites and youth employment centers. Caseworkers assist the youth with obtaining additional employment information as appropriate.
- ▶ If the youth asks for information on the logistics of summer employment, such as transportation or appropriate clothing, the caseworker is available to provide advice.
- ▶ The caseworker enrolls the youth in life skills classes on employment searches and appropriate work behavior.
- ▶ The caseworker makes sure that the youth has access to all the necessary documentation for job paperwork, such as a social security card.

Better

In addition to the above:

- ▶ The caseworker follows up with the youth and his or her support team regularly to discuss strategies for the job search. She or he also ensures that the youth is connected with community resources related to the youth’s interests to assist in the job search, for example, knowledge about local employment fairs.
- ▶ The caseworker ensures that the youth is engaged in assessing his or her work readiness and is connected to any needed skills training. She or he assists the youth in making the connections necessary to get a job (or internship) that best aligns with the youth’s future goals.
- ▶ At the outset of the job search, the caseworker helps the youth think through the logistics of summer employment, including transportation options and scheduling with the youth’s other activities, and provides relevant printed or electronic information.

- ▶ The existing relationship between the caseworker and the youth forms the foundation for the caseworker to be able to provide targeted advice and assistance to help the youth with the job search. When needed, adult supporters assist the youth by writing reference letters or letters of support and offering help with “soft skills” that reduce the barriers to successful employment, such as knowing what to say when walking into a place of business to ask about a job, or understanding what to wear to an interview.

Best

In addition to the above:

- ▶ The youth spearheads the job search process, engaging in creative problem solving to address any challenges encountered and asking for assistance from mentors as needed.
- ▶ The youth reaches out to his or her team of supporters (e.g., family members, peers, resource parents, advocates, teachers, guidance counselors, therapists, etc.), to discuss interests, desires, and strengths related to work and jobs as well as needs related to job-seeking and maintaining employment. The youth is encouraged by family members, mentors, and peers to think about the summer job in the context of his or her future goals, as the first step in her or his career, and the start of building an employment history.
- ▶ The youth explores opportunities for supported, paid summer and part-time work experiences, such as internships or apprenticeships, to help him or her investigate interests, build a resume, and gain work experience. The youth discusses his or her options with peers, family, and community mentors, as needed. When he or she begins applying for work or internships, the youth asks for assistance from his or her support network if necessary, for example, by asking a teacher or coach for reference letters. Throughout the process, mentors and peers provide feedback for growth, as requested by the youth.
- ▶ The youth, together with his or her foster family, community mentors, and caseworker, collaborate to make sure that the youth has access to experiences that help build “soft skills”— such as leadership, communication, self-advocacy, and teamwork—and that provide hands-on opportunities to practice these skills. The youth, together with his or her support network, discusses what might happen on the job hunt and the ways in which soft skills could be used to help land the job. For example, if the youth isn’t receiving any responses from job applications, he or she could discuss the situation with peers and brainstorm strategies to proactively reach out to potential employers. If the youth is unable to find work within a month, he or she might ask for advice from a foster parent on how the job search could be conducted more effectively or how to improve his or her interview skills.
- ▶ The youth thinks through the logistics of summer employment, including his or her schedule, other activities, and potential transportation issues. He or she asks foster family members and other mentors as needed to make sure he or she will be able to get to work at the scheduled times. If asked, a family member or caseworker can help the youth access bus and train schedules, obtain a driver’s license, or coordinate a ride to work for the youth if necessary.
- ▶ Throughout the process of obtaining summer employment, the youth provides both formal and informal feedback on the experience of the job search and working with the caseworker, mentors, peers, and other supportive individuals. The feedback is taken seriously by agency staff.

Where on the Good-Better-Best Continuum Do Your Agency's Services Fall?

Using the examples provided above, think about the services your agency provides related to employment and internship opportunities for youth in foster care. First, outline the local and federal policies or procedures your agency follows for services related to employment. Then, consider your own work with youth and that of other caseworkers at your agency—where do the services you provide fall along the Good-Better-Best continuum? In what areas can you take service provision to the next level? To access a printable, standalone version of this worksheet, visit <https://capacity.childwelfare.gov/states/focus-areas/youth-development/youth-welfare-guide>

Federal policies/procedures:

State, county, and agency policies/procedures:

A **Good** level of service provision includes:

- ▶ Satisfying federal requirements
- ▶ Basing service provision on individualized planning
- ▶ Ensuring that service provision takes into account each youth's level of cognitive, social, physical, and emotional development
- ▶ Providing the youth with printed or digital information
- ▶ Meeting regularly with youth and responding when they reach out for advice or assistance
- ▶ Arranging for the youth to be referred to or signed up for life skills or similar classes
- ▶ Documenting work and services provided and making the youth's official records and documents readily accessible

A **Better** level of service provision includes:

- ▶ Beginning the transition planning process early in a youth's development, around age 13 or 14 (as appropriate)
- ▶ Following up with the young person, monitoring developmental progress, and providing assistance as needed
- ▶ Providing extensive printed and digital information, as well as opportunities to discuss it and ask questions
- ▶ Working with young people to develop their knowledge and skills
- ▶ Using the caseworker's deep understanding of life skills development to help the young person develop his or her capacity to benefit from the information acquired in life skills or other training classes
- ▶ Building a close relationship between the caseworker and the youth, which will form the foundation for all assessment, planning, and service provision

- ▶ Connecting youth with community partners and resources to help them creatively plan for the future and reach their goals

A **Best** level of service provision includes:

- ▶ Ensuring that service provision is transparent, equitable, and developmentally appropriate
- ▶ Framing available services in a developmentally appropriate way that is easily navigable for young people
- ▶ Ensuring that the services provided add real value to the youth's life from her or his point of view without the need for additional incentives
- ▶ Working with the youth to develop "soft skills" so that concrete skill development occurs in the context of community and peer relationships
- ▶ Evaluating the services provided from the youth's perspective and providing many opportunities for youth feedback
- ▶ Framing peer advocacy within the child welfare system as normal healthy behavior, providing opportunities for this advocacy, and modifying programming, when possible, based on youth feedback
- ▶ Creating a culture of problem solving that is led by young people themselves

What barriers might there be to providing the **Best** level of service related to employment for youth at your agency? How might these barriers be overcome?

3. Good-Better-Best: A Youth Welfare Approach to Financial Literacy

Financial literacy continues to be a challenge for youth transitioning out of foster care. This is important because youth transitioning out of foster care tend to face financial independence and its related responsibilities at a younger age than their peers not in foster care (Edelstein & Lowenstein, 2014). Research shows that youth in foster care gain less exposure to healthy financial behaviors and less familiarity with banks and other financial institutions as they age (Pergamit & Johnson, 2009). For example, only 50 percent of youth who transition from foster care have a bank account by age 21 (Edelstein & Lowenstein). In addition, a higher proportion use alternative financial services, such as check-cashing services compared to their peers not in foster care (Peters, Sherraden, & Kuchinski, 2012). Finally, only about 25 percent of youth formerly in foster care had obtained a credit card by age 19 (Pergamit, 2012), compared with 67 percent of all youth aged 18 to 24 (Gonzalez-Garcia, 2016).

Outlined below are suggestions agencies can use to provide service along the Good-Better-Best continuum to assist a youth in foster care to apply for and receive a credit card. This practice example is provided as suggestions only and does not reflect official guidance from the Center for States, the Children's Bureau, or any other federal agency. To access a printable, standalone version of this example, visit <https://capacity.childwelfare.gov/states/focus-areas/youth-development/youth-welfare-guide>

Service Need: A 19-year-old youth in foster care wants to get a credit card.

Good

Required:

- ▶ Because the youth was in foster care, the agency has been receiving a copy of their credit report to ensure the information is correct and accurate. The agency has worked to resolve any inaccuracies. The agency has provided this information to the youth in an ongoing way.
- ▶ The caseworker ensures that the youth has copy of their original social security card.

Additional:

- ▶ The caseworker provides the youth with printed and digital information on how to apply for a credit card.
- ▶ The caseworker follows up with the youth regarding his or her credit card application and offers to answer any questions the youth might have about the process.
- ▶ The caseworker enrolls the youth in life skills classes that include information on the meaning of credit, credit scores, credit reports, and credit remediation (if required), as well as the responsible use of a credit card.

Better

In addition to the above:

- ▶ Before the youth leaves foster care, the caseworker runs another credit check, as appropriate and applicable for him or her, to make sure that there have been no changes or issues that need to be addressed.

- ▶ The caseworker explains to the youth how the credit check requirement can support his or her ability to obtain a credit card and what credit is, as well as how a good credit score can make it easier for a person to obtain a credit card.
- ▶ The caseworker discusses information the youth has learned in the financial literacy class with the youth and answers any additional questions the youth may have about obtaining credit and using it responsibly.
- ▶ If the youth finds that he or she is experiencing difficulties managing credit card use—for example, getting into debt—he or she asks family members, mentors, or the caseworker for advice and assistance. In this case, the caseworker might refer the youth to additional financial literacy training to learn more financial management skills.

Best

In addition to the above:

- ▶ The youth is aware of the process for obtaining a credit card since he or she would naturally have received some exposure to the process through family members and peers or through schooling. To better understand the financial implications of using a credit card, the youth asks the caseworker about the process of obtaining his or her own credit report annually. The youth and his or her mentors (e.g., teachers, community mentors, foster family, or caseworker) discuss the meaning of the credit score and ways to build up the score to improve financial health to qualify for a credit card or a better credit limit, for example.
- ▶ The youth asks for and is open to receiving advice on building and using credit from mentors and peers, since his or her relationship with mentors is one of mutual trust that has been built over a number of years. As a result, the youth knows that he or she is able to rely on family members, community mentors, peers, and his or her caseworker to assist him or her as needed.
- ▶ The youth fills out the credit card application, asking for advice as needed. After the card has been received, the youth ensures that he or she understands how to use the card responsibly. If there is any confusion about how the card should be used, the youth is able and willing to consult foster family members or other mentors in his or her support network for advice.
- ▶ If the youth is unable to obtain a credit card or, after obtaining it, takes on an unsustainable level of debt (as is the case with many youth not in foster care), the youth is comfortable reaching out to mentors and his or her foster family for assistance and advice on how to resolve the problem.
- ▶ After the youth has successfully obtained a credit card, he or she uses his or her knowledge to assist peers in the credit card application process if and when asked, answering their questions and providing advice as needed.
- ▶ The youth is open to providing feedback and, if requested, chooses to do so without the need for incentive. The caseworker then uses that feedback, together with feedback from other youth, to improve the ways in which the agency provides services for youth in foster care in this area going forward.

Where on the Good-Better-Best Continuum Do Your Agency's Services Fall?

Using the examples provided above, think about the services your agency provides related to credit card access for youth in foster care who are transitioning to adulthood. First, outline the local and federal policies or procedures your agency follows for services related to credit and other types of financial services. Then, consider your own work with youth and that of other caseworkers at your agency—where do the services you provide fall along the Good-Better-Best continuum? In what areas can you take service provision to the next level?

To access a printable, standalone version of this worksheet, visit <https://capacity.childwelfare.gov/states/focus-areas/youth-development/youth-welfare-guide>

Federal policies/procedures:

State, county, and agency policies/procedures:

A **Good** level of service provision includes:

- ▶ Satisfying federal requirements
- ▶ Basing service provision on individualized planning
- ▶ Ensuring that service provision takes into account each youth's level of cognitive, social, physical, and emotional development
- ▶ Providing the youth with printed or digital information
- ▶ Meeting regularly with youth and responding when they reach out for advice or assistance
- ▶ Arranging for the youth to be referred to or signed up for life skills or similar classes
- ▶ Documenting work and services provided and making the youth's official records and documents readily accessible

A **Better** level of service provision includes:

- ▶ Beginning the transition planning process early in a youth's development, around age 13 or 14 (as appropriate)
- ▶ Following up with the young person, monitoring developmental progress, and providing assistance as needed
- ▶ Providing extensive printed and digital information, as well as opportunities to discuss it and ask questions
- ▶ Working with young people to develop their knowledge and skills
- ▶ Using the caseworker's deep understanding of life skills development to help the young person develop his or her capacity to benefit from the information acquired in life skills or other training classes

- ▶ Building a close relationship between the caseworker and the youth, which will form the foundation for all assessment, planning, and service provision
- ▶ Connecting youth with community partners and resources to help them creatively plan for the future and reach their goals

A **Best** level of service provision includes:

- ▶ Ensuring that service provision is transparent, equitable, and developmentally appropriate
- ▶ Framing available services in a developmentally appropriate way that is easily navigable for young people
- ▶ Ensuring that the services provided add real value to the youth's life from her or his point of view without the need for additional incentives
- ▶ Working with the youth to develop "soft skills" so that concrete skill development occurs in the context of community and peer relationships
- ▶ Evaluating the services provided from the youth's perspective and providing many opportunities for youth feedback
- ▶ Framing peer advocacy within the child welfare system as normal healthy behavior, providing opportunities for this advocacy, and modifying programming, when possible, based on youth feedback
- ▶ Creating a culture of problem solving that is led by young people themselves

What barriers might there be to providing the **Best** level of service related to financial literacy for youth at your agency? How might these barriers be overcome?

4. Blank Worksheet: The Good-Better-Best Continuum of Service Provision

Think about the services your agency provides in an area of your choice, for example, education, housing, or others. First, outline the local and federal policies or procedures your agency follows for services in this area. Then, consider your own work with youth and that of other caseworkers at your agency—where do the services you provide fall along the Good-Better-Best continuum? In what areas can you take service provision to the next level?

To access a printable, standalone version of this worksheet, visit <https://capacity.childwelfare.gov/states/focus-areas/youth-development/youth-welfare-guide>

Service need: _____

Federal policies/procedures:

State, county, and agency policies/procedures:

A **Good** level of service provision includes:

- ▶ Satisfying federal requirements
- ▶ Basing service provision on individualized planning
- ▶ Ensuring that service provision takes into account each youth's level of cognitive, social, physical, and emotional development
- ▶ Providing the youth with printed or digital information
- ▶ Meeting regularly with youth and responding when they reach out for advice or assistance
- ▶ Arranging for the youth to be referred to or signed up for life skills or similar classes
- ▶ Documenting work and services provided and making the youth's official records and documents readily accessible

A **Better** level of service provision includes:

- ▶ Beginning the transition planning process early in a youth's development, around age 13 or 14 (as appropriate)
- ▶ Following up with the young person, monitoring developmental progress, and providing assistance as needed
- ▶ Providing extensive printed and digital information, as well as opportunities to discuss it and ask questions
- ▶ Working with young people to develop their knowledge and skills
- ▶ Using the caseworker's deep understanding of life skills development to help the young

person develop his or her capacity to benefit from the information acquired in life skills or other training classes

- ▶ Building a close relationship between the caseworker and the youth, which will form the foundation for all assessment, planning, and service provision
- ▶ Connecting youth with community partners and resources to help them creatively plan for the future and reach their goals

A **Best** level of service provision includes:

- ▶ Ensuring that service provision is transparent, equitable, and developmentally appropriate
- ▶ Framing available services in a developmentally appropriate way that is easily navigable for young people
- ▶ Ensuring that the services provided add real value to the youth's life from her or his point of view without the need for additional incentives
- ▶ Working with the youth to develop "soft skills" so that concrete skill development occurs in the context of community and peer relationships
- ▶ Evaluating the services provided from the youth's perspective and providing many opportunities for youth feedback
- ▶ Framing peer advocacy within the child welfare system as normal healthy behavior, providing opportunities for this advocacy, and modifying programming, when possible, based on youth feedback
- ▶ Creating a culture of problem solving that is led by young people themselves

What barriers might there be to providing the **Best** level of service related to this area for youth at your agency? How might these barriers be overcome?

5. Moving Toward Youth Welfare Along the Good-Better-Best Continuum

Young people transitioning from foster care need much more than a transition plan for a successful transition. They, like all young people, need practical and emotional scaffolding provided by a support network of family, friends, mentors, teachers, coaches, and other caring adults. By evaluating the services that youth are receiving or will receive as they transition out of care through the Good-Better-Best lens, child welfare agencies can make sure that youth in foster care have built the foundation for this kind of support. Agencies will then be better equipped to facilitate the transition process in a manner that promotes the best outcomes for a particular youth. As noted above, as agencies work with young people in foster care to plan for their transition, they need to keep in mind that the outcomes they are aiming for are the same as those of young people not in foster care, many of whom continue to receive support and assistance well after age 18 (Courtney et al., 2011). In deciding on the level of service to provide, agencies also need to carefully evaluate which services and supports provide the greatest likelihood (supported by evidence) for meeting the desired outcomes.

Several factors play an important role in supporting successful transition outcomes for youth in foster care. Relational and physical permanency for youth in foster care is especially important in reducing the likelihood of negative outcomes with regard to educational attainment, housing stability, relational competency, and overall well-being (Child Welfare Information Gateway, 2013a, p. 11–12).

Crafting a comprehensive transition plan that engages community partners in specific ways is also important. In addition to education, employment, housing, and financial literacy organizations, other community partners such as courts play a vital role in expediting permanency outcomes for older youth in foster care (Child Welfare Information Gateway, 2013b, p. 13–14). Promising practices in the courts that assist youth to achieve permanency include:

- ▶ Using interdisciplinary teams to work toward system reform efforts
- ▶ Ensuring that youth attend and participate in dependency court hearings
- ▶ Holding review hearings more frequently
- ▶ Providing data reports regularly to judges
- ▶ Holding permanency roundtables and case readings to focus on permanency
- ▶ Developing bench cards, checklists, and professional guides for judges, attorneys, and other court staff
- ▶ Providing cross- and joint training
- ▶ Revising policies and guidance in order to implement new strategies to achieve better outcomes for young people in foster care

By working along a Good-Better-Best continuum for service provision to young people, as well as collaborating with other institutions such as courts, educational institutions, and social service providers, child welfare organizations can assist young people in their transition out of foster care.

Legal permanency means having a legally permanent family. This can be achieved through family reunification, adoption, or legal guardianship. (<https://www.childwelfare.gov/glossary/glossary/>)

Relational permanency means “having a relationship or connection with a caring adult (e.g., maternal and paternal kin, teachers, neighbors, former foster parents)” (Child Welfare Information Gateway, 2013a, p. 1).

Physical permanency can be defined as “having a home or a place to be” (Child Welfare Information Gateway, 2013a, p. 1).

6. Case Study Worksheet: Providing Health-Care Services for Youth in Care Along the Good-Better-Best Continuum

Using the following case description, answer the questions and craft a health-care transition plan for Catherine. As you craft the plan, use the standards for “Good,” “Better,” and “Best” that are provided below. To access a printable, standalone version of this worksheet, visit <https://capacity.childwelfare.gov/states/focus-areas/youth-development/youth-welfare-guide>

Case:

Catherine is an 18-year-old youth who entered foster care after being removed from her mother due to neglect at age 15. Catherine has had the same caseworker, Matt, since she entered care. Since Catherine does not have a separate caseworker devoted to Independent Living services provision, Matt works with Catherine to provide those to her along with his other case management responsibilities. Catherine currently lives in a foster home. This is the sixth foster home she has lived in since she entered foster care.

Catherine has had chronic asthma since childhood. It is treated with the use of an inhaler as needed and oral steroid medication daily. Throughout her time in foster care, Matt has made sure that Catherine has access to her asthma medication and has ensured that her caregivers are aware of her condition.

Catherine’s life skills assessments report her having a deep understanding of home management skills such as cooking, cleaning, and doing laundry. However, the assessments also show that Catherine doesn’t understand or have proficiency in managing finances, opening savings or bank accounts, obtaining employment, or obtaining health information or care. Her foster parents have made sure that she receives periodic doctor, dentist, and eye doctor appointments. Matt also has assisted Catherine to be able to attend sessions with a therapist for at least a year, since she started expressing that she felt depressed about not being able to see her mother and siblings more frequently.

As Catherine got closer to age 18, Matt began trying to get Catherine all of the information she might need to be ready for transitioning out of foster care. He went to his local bank and got fliers about opening savings and checking accounts. He also printed a copy of a financial capabilities guide that he found on the internet. Because Catherine was approaching age 18, he made sure she had a photocopy of all her legal documents, as well as a spare photocopy of them. (In addition to her birth certificate and other required documents, Catherine has a U.S. passport.) He also printed the instructions from the State Office of Vital Statistics on how Catherine could obtain her social security card, birth certificate, and other information she might need in the future if she loses them. Matt packaged all of the fliers, photocopies, and information into a nice folder and gave it to Catherine, letting her know that if she had any questions she could ask him at any time.

Catherine recently discussed her desire to attend a university near her mother and two siblings. Matt shared information about how Catherine could take the Scholastic Aptitude Test (SAT). Catherine applied for the exam and the state agency paid for her to take the test. Matt also helped Catherine identify the colleges and universities that are located within a short distance from her mother’s residence. Catherine also asked Matt for assistance with finding a part-time job after school to earn some spending money. Matt mentioned this to Catherine’s foster mother, who gladly helped Catherine fill out a few applications at several department stores downtown and connected Catherine with a friend at the high school Catherine attends who helped her with resume and application writing, interview preparation, and other advice she might need. When Matt followed up with the foster mother a few months after the initial request, he asked about whether Catherine had received any job offers and learned that Catherine had two interviews and had received (and accepted) one job offer. She had just completed her first week on the job. Matt congratulated Catherine on her success

1. What are Catherine's strengths? Who is part of her support network?

2. What additional information do you need to know about Catherine to make an effective assessment of her health-care needs after she leaves foster care?

3. Describe the potential health-care challenges you see Catherine facing as she transitions out of foster care.

4. What will happen to Catherine if she does not receive adequate health care when she transitions out of foster care?

5. How can Matt work with Catherine to provide a **Good** level of service in her health-care transition? A **Good** level of service provision includes:
 - ▶ Satisfying federal requirements
 - ▶ Basing service provision on individualized planning
 - ▶ Ensuring that service provision takes into account each youth's level of cognitive, social, physical, and emotional development
 - ▶ Providing the youth with printed or digital information
 - ▶ Meeting regularly with youth and responding when they reach out for advice or assistance
 - ▶ Arranging for the youth to be referred to or signed up for life skills or similar classes
 - ▶ Documenting work and services provided and making the youth's official records and documents readily accessible

6. How can Matt work with Catherine to provide a **Better** level of service in her health-care transition? A **Better** level of service provision includes:
 - ▶ Beginning the transition planning process early in a youth's development, around age 13 or 14 (as appropriate)

- ▶ Following up with the young person, monitoring developmental progress, and providing assistance as needed
- ▶ Providing extensive printed and digital information, as well as opportunities to discuss it and ask questions
- ▶ Working with young people to develop their knowledge and skills
- ▶ Using the caseworker's deep understanding of life skills development to help the young person develop his or her capacity to benefit from the information acquired in life skills or other training classes
- ▶ Building a close relationship between the caseworker and the youth, which will form the foundation for all assessment, planning, and service provision
- ▶ Connecting youth with community partners and resources to help them creatively plan for the future and reach their goals

7. How can Matt work with Catherine to provide a **Best** level of service in her health-care transition? A **Best** level of service provision includes:

- ▶ Ensuring that service provision is transparent, equitable, and developmentally appropriate
- ▶ Framing available services in a developmentally appropriate way that is easily navigable for young people
- ▶ Ensuring that the services provided add real value to the youth's life from her or his point of view without the need for additional incentives
- ▶ Working with the youth to develop "soft skills" so that concrete skill development occurs in the context of community and peer relationships
- ▶ Evaluating the services provided from the youth's perspective and providing many opportunities for youth feedback
- ▶ Framing peer advocacy within the child welfare system as normal healthy behavior, providing opportunities for this advocacy, and modifying programming, when possible, based on youth feedback
- ▶ Creating a culture of problem solving that is led by young people themselves

8. What barriers might there be to providing the **Best** level of service for Catherine's health-care transition? How might these barriers be overcome?

Part IV: Building Capacity for Youth Welfare

This section offers guidance regarding ways in which child welfare agencies can think about the shift from child welfare to youth welfare by presenting considerations and strategies for building capacity for youth welfare. Ways of implementing a Youth Welfare approach are explored through each of the five dimensions of organizational capacity: resources; infrastructure; knowledge and skills; culture and climate; and engagement and partnerships (Capacity Building Center for States, 2016a).

1. How Can Agencies Actively Embrace Youth Welfare?

Being intentional about the shift from child welfare to youth welfare is critical for effectively engaging with young people in foster care and ensuring they receive the support and services they need before and during their transition to adulthood. Agencies need to reshape policies, procedures, and other infrastructure to adapt casework approaches for working with youth, including engagement, assessment, and service planning. Research shows that doing so will lead to better outcomes for families and young people on many levels.

Agency leadership and governance will be crucial factors in the success of a shift to the Youth Welfare approach. Effective governance models must be flexible and should include a range of actors with different views of the system. Agency leadership must also possess the willingness to use new information to flexibly adapt in a manner that incorporates diversity, learning, innovation, institutional knowledge, and uncertainty in larger social contexts (e.g., laws) (Wulczyn, Daro, Fluke, Feldman, Glodek, & Lifanda, 2010). Agency leaders can proactively chart a new course in working with youth in foster care by adopting the Youth Welfare approach at every level of working with youth.

There are a number of shifts that need to occur in order to promote a youth welfare focus at the agency and practice levels. “The Parameters of Youth Welfare” in Part I inform the following recommendations for building capacity to operationalize the Youth Welfare approach within a jurisdiction or organization.

Building Resources for Youth Welfare

Resources include concrete materials and assets, such as staff, funding, facilities, equipment, data collection tools and systems, informational and program materials, curricula, and technology.

- ▶ **Individualized care:** Building a trained and supported workforce is critical to helping young people in foster care to achieve permanency, whether legal, physical, or relational. Youth who have consistent case managers who take the time to get to know them, have more face-to-face visits, are versed in the importance of youth voice, and are aware of the services and supports available to the youth and families on their caseload have better permanency outcomes (Child Welfare Information Gateway, 2013a).
- ▶ **Choice:** Agency staff should ensure that young people in foster care have access to safe spaces where they can freely express themselves as well as



access to a wide variety of program and service options. Such spaces and programs can potentially be found at school, at the child welfare organization, or at other community organizations.

- ▶ **Preparation for adulthood:** Agencies need to help young people prepare for adulthood with a focus on concrete skill-building and development. The first step is asking young people how they envision their futures. Caseworkers should then work with young people on strengths-based assessments to create a plan that will help to develop the supports necessary for future success. The results of the assessments should then be used to craft curricula and programs that correspond to the identified needs.

Building Infrastructure for Youth Welfare

Infrastructure includes organizational structures and processes, such as policies, procedures, governance structures, service arrays, decision-making processes, practice protocols, training, human resources systems, and quality improvement systems.

- ▶ **Normalcy and risk-taking:** The child welfare system infrastructure should support “intentional attention toward building and maintaining the protective and promotive factors that research indicates are associated with healthy adolescent development and well-being” (Browne et al., 2015, p. 47–48). To that end, agencies should reexamine their policies around developmental levels, rewards, and discipline, “ensuring that greater restrictions are not imposed on youth for acting like typical adolescents. Restricting contact with families should never be used as a punishment for acting-out behavior” (Browne et al., p. 47).
- ▶ **Well-being:** Agencies should have a system in place that provides adequate staff training and supervision, establishes accountability mechanisms, and provides resources that promote youth well-being. Agencies also should ensure that the policies that guide engagement and practice with youth, determine decision-making protocols, and provide the foundation from which services are delivered are informed by what researchers now know about adolescent brain development, the impact of trauma on development, and what youth need to thrive. In this process, listening to the young people themselves regarding their own well-being needs is vital.
- ▶ **Permanency:** Organizations should work to ensure young people in foster care achieve permanency. An intentional approach to achieving permanency outcomes should guide the creation of policies, decision-making processes, practice protocols, service arrays, and other infrastructure that target the specific permanency needs of older youth. Agencies can create a guiding document that details considerations for permanency at each developmental stage to guide this work.
- ▶ **Biological family:** Young people in foster care should be able to decide for themselves what their connections with their biological family should be. It is important to consider that a young person’s connection to their family may change with development and over time. Agencies can provide support by helping young people make and maintain connections and learn the skills they need to appropriately interact with their biological families. In addition, agency policy should clearly indicate that young people’s feelings and opinions have been considered when assessing the need to separate them from their family through removal.

Building Knowledge and Skills for Youth Welfare

Knowledge and skills include expertise and competencies, for example, practice knowledge, leadership skills, team building skills, analytic abilities, and cultural responsiveness.

- ▶ **Dialogue and shared decision-making:** Agencies should ensure that all staff have the knowledge and skills to engage in dialogue and shared decision-making processes with youth. Young people in foster care should also receive information about the expectations for their role in their own care and the policies and procedures that impact them and that are related to the services they receive.
- ▶ **Well-being:** Services should be informed by the science of adolescent brain development, the known impact of trauma on development, and knowledge of what youth need to thrive (see Part I for more information). In this process, young people’s input regarding their own care should be prioritized. Additionally, care should be taken to ensure that all staff understand the research base for, and the practices associated with, trauma-responsive care.
- ▶ **Assessments based on relationships and trust:** Unlike in a child welfare-focused system, assessment in a youth welfare framework should only occur after a relationship of trust and mutual respect is established between the young person and their agency caseworker. Child welfare staff, especially those working with older youth, should be encouraged to develop expertise in working on life skills and other assessments with young people to assist all stakeholders in developing a clearer idea of the young person as an individual and his or her needs, aspirations, and goals.
- ▶ **Risk factors:** Agency staff should be instructed on research concerning adolescent brain development and its implications for policy around teen behavior. Overall, risk factor assessment needs to be tailored to the different developmental tasks of youth in foster care compared with those of younger children. Adolescents need to be given space to take on challenges and risks without negative judgment or permanent consequences, and with guidance and support from trusted stakeholders.
- ▶ **Cultural responsiveness:** Agencies should institute culturally responsive practices and programs—defined as those that “child welfare professionals need to identify and nurture the unique cultural strengths, beliefs, and practices of each family with whom they work and integrate that knowledge into the interventions they employ”— and ensure staff receive ongoing related training and supervision (LaLiberte, Crudo, & Skallet, 2015, p. 2). When working with youth, it is important that child welfare workers be aware of the ways in which cultural differences can sometimes result in disparity and inequality in transition outcomes. Caseworkers should strive to find ways to ensure success for all youth. Effective cultural responsiveness when working with youth requires that caseworkers (McPhatter & Wilson, 2015):
 - Be open to learning about cultural differences when assessing the strengths and needs of youth
 - Be willing to learn about youth culture without judgement, bias, or stereotyping
 - Ask the young person about a practice’s history and meaning if unfamiliar with it
 - Elicit information from the youth regarding strongly held traditions, values, and beliefs, especially child rearing practices



Building Culture and Climate for Youth Welfare

Culture and climate include norms, beliefs, values, and attitudes that influence behavior, for example, shared vision, goals, morale and motivation, attitudes, openness, and buy-in for new programs and practices.

- ▶ **Future-focused care:** In a future-focused model of care, youth needs, goals, and aspirations drive service planning and provision. Young people's current needs should be a focus of engagement and intervention. However, caseworkers should also actively work with young people to envision and plan for their future and their transition out of foster care. An agency can work to shift its culture and climate to support future-focused care by partnering with young people to develop a shared vision for youth welfare and creating buy-in for youth welfare programming that supports this approach.
- ▶ **Dialogue and shared decision-making power:** In an agency culture with a youth welfare framework, young people should be engaged in dialogue and decision-making regarding their own care at all levels. Decision-making power, with very few exceptions, should be shared between the youth and the caseworker. Young people should also be involved in agency decision-making, for example, by serving on youth advisory boards or other committees where their participation can help to shape agency vision and policy.
- ▶ **Youth voice:** Within a youth welfare framework, agency leadership should strive to create a culture that prioritizes youth voice in agency decision-making, shared dialogue, and collaborative case planning. Policies and procedures should be crafted that create a balance of power between young people and child welfare agency staff.

Building Engagement and Partnerships for Youth Welfare

Engagement and partnerships include interorganizational and intra-organizational relationships, such as internal teaming, connections, stakeholder involvement, communications, and interagency collaboration.

- ▶ **Cross-system collaboration and practice:** Research shows that the failure of systems, whether educational or child protective, to effectively collaborate increases resistance to change and weakens overall achievement of outcomes. Collaboration is essential not only at the agency level, but with coalitions and service providers at the community level as well (Wulczyn, 2008). For example, in jurisdictions around the country, child welfare agencies are developing creative partnerships with educational institutions, courts, and social service providers to assist youth in making a successful transition out of foster care.
- ▶ **Partnerships with training institutions:** Child welfare agencies should partner with schools of social work to ensure social work education programs for child welfare staff reflect an orientation to youth welfare and youth development. In addition, curricula and training should focus on supporting a youth welfare workforce.
- ▶ **Self-sufficiency:** Agencies should encourage young people's present independence and future self-sufficiency by establishing community partnerships that will help connect them to work, internships, volunteering opportunities, and leadership opportunities. Like many of their peers not in care, young people in foster care should be encouraged to explore and make connections to resources in the community.



2. Conclusion

Embracing a “Youth Welfare” System: A Guide to Capacity Building presents the concept of “youth welfare” and outlines the parameters of a Youth Welfare approach for working effectively with youth in the child welfare system. The guide synthesizes current research on adolescence, brain development, normalcy, and trauma-responsive care in order to establish the foundation of the Youth Welfare approach. It also highlights the importance of comprehensive assessment and life skills assessment, and provides strategies to strengthen and implement effective services for young people transitioning out of foster care. The last section of the guide provides recommendations for building capacity to integrate the Youth Welfare approach into agency practice.

Embracing a “Youth Welfare” System: A Guide to Capacity Building can be used in a number of practical ways. “The Parameters of Youth Welfare,” presented in Part I, can be used by agency leadership and other staff to begin a conversation around how much of a focus they put on youth welfare at their agencies. The sections on assessment and service provision, Parts II and III, respectively, can be used to rethink how agency staff at all levels use these activities when working with youth. The tools provided in Part III should be especially helpful in this process. Finally, the capacity building tips provided in Part IV will hopefully spark a conversation about specific “next steps” for implementing the Youth Welfare approach agency-wide.

Embracing a “Youth Welfare” System: A Guide to Capacity Building strongly encourages agencies to adopt (and perhaps adapt) the Youth Welfare approach to improve care for youth in foster care. If agencies work to create and effectively implement a youth welfare strategy that is grounded in local data, needs, and community assets, they will be in a strong position to provide the best care possible for youth in the child welfare system.

References

- Browne, C., Notkin, S., Schneider-Muñoz, A., & Zimmerman, F. (2015). Youth Thrive: A framework to help adolescents overcome trauma and thrive. *Journal of Child and Youth Care Work*, 25, 33–52. Retrieved from <https://www.cssp.org/reform/child-welfare/youththrive/body/Youth-Thrive-A-Framework-to-Help-Adolescents-Overcome-Trauma-and-Thrive.pdf>
- Capacity Building Center for States. (2016a). *The Child Welfare Capacity Building Collaborative, Brief#1: Child Welfare Organizational Capacities*. Retrieved from <https://library.childwelfare.gov/cwig/ws/library/docs/capacity/Blob/101166.pdf?w=NATIVE%28%27BASIC+ph+is+%27%27child+welfare+capacity+building+collaborative+brief%27%27%27%29&upp=0&order=native%28%27year%2FDescend%27%29&rpp=25&r=1&m=1>
- Capacity Building Center for States. (2016b). *Having the normalcy conversation: A guide for discussing developmentally appropriate services for children, youth, and young adults in foster care*. Retrieved from https://library.childwelfare.gov/cwig/ws/library/docs/capacity/Blob/106243.pdf?w=NATIVE%28%27SIMPLE_SRCH+ph+is+%27%27Having+the+Normalcy+Conversation+A+Guide+for+Discussing+Developmentally+Appropriate+Services+for+Children+Youth+and+Young+Adults+in+Foster+Care%27%27%27%29&upp=0&order=native%28%27year%2FDescend%27%29&rpp=25&r=1&m=1
- Capacity Building Center for States. (2017). *Youth engagement blueprint series* (infographic and 5 factsheets). Retrieved from <https://capacity.childwelfare.gov/states/focus-areas/youth-development/blueprint-series/>
- Child Welfare Information Gateway. (2012). *What is child welfare? A guide for educators*. Retrieved from https://www.childwelfare.gov/pubPDFs/cw_educators.pdf
- Child Welfare Information Gateway. (2013a). *Enhancing permanency for youth in out-of-home-care*. Retrieved from www.childwelfare.gov/pubPDFs/enhancing.pdf
- Child Welfare Information Gateway (2013b). *Working with youth to develop a transition plan*. Retrieved from https://www.childwelfare.gov/pubPDFs/transitional_plan.pdf
- Children's Bureau. (2016). *National Youth in Transition Database, Data brief #5, Highlights from the NYTD survey: Outcomes reported by young people at ages 17, 19, and 21 (Cohort 1)*. Retrieved from https://www.acf.hhs.gov/sites/default/files/cb/nytd_data_brief_5.pdf
- Cohen, P., Kasen, S., Chen, H., Hartmark, C., & Gordon, K. (2003). Variations in patterns of developmental transition in the emerging adulthood period. *Developmental Psychology*, 39(4):657–69. doi: 10.1037/0012-1649.39.4.657
- Courtney, M., Dworsky, A., Brown, A., Cary, C. Love, K., & Vorhies, V. (2011). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26*. Chicago, IL: Chapin Hall at University of Chicago. Retrieved from <https://ncfy.acf.hhs.gov/sites/default/files/docs/20376-Midwest-Evaluation-Outcomes-at-Age-26.pdf>
- DePanfilis, D., & Salus, M. (2003). *Child protective services: A guide for caseworkers*. U.S. Department of Health and Human Services: Washington, DC. Retrieved from <https://www.childwelfare.gov/pubPDFs/cps.pdf>
- Edelstein, S., & Lowenstein, C. (2014). *Supporting youth transitioning out of foster care, Issue Brief 2: Financial literacy and asset building programs*. Washington, DC: Urban Institute. Retrieved from https://www.acf.hhs.gov/sites/default/files/opre/chafee_asset_brief_final_to_opre_012015.pdf

- Epstein, M. (1999). The development and validation of a scale to assess the emotional and behavioral strengths of children and adolescents. *Remedial and Special Education, 20*(5), 258–262. Retrieved from <http://www.psychwiki.com/dms/other/labgroup/Measufsdbsdbger345resWeek1/Marliyn/Epstein1999.pdf>
- Garland, E., & Howard, M. (2009). Neuroplasticity, psychosocial genomics, and the biopsychosocial paradigm in the 21st century. *Health and Social Work, 34*(3), 191–199. Retrieved from <https://bearmarkethealth.blogspot.com/2011/09/neuroplasticity-psychosocial-genomics.html>
- Gaughen, K., Flynn-Khan, M., & Hayes, C. (2009). *Sustaining youth engagement initiatives: Challenges and opportunities*. Financial Strategies Series. The Finance Project. Retrieved from <https://wvsystemofcare.org/wp-content/uploads/2013/10/Sustaining-Youth-Engagement-2009-Finance-Project.pdf>
- Gonzalez-Garcia, J. (2016). *Credit card ownership statistics*. Retrieved from <https://www.creditcards.com/credit-card-news/ownership-statistics.php>
- Greeson, J., Garcia, A., Kim, M., Thompson, A., & Courtney, M. (2015). Development and maintenance of social support among aged out foster youth who received independent living services: Results from the Multi-Site Evaluation of Foster Youth Programs. *Children and Youth Services Review, 53*, 1–9.
- Jim Casey Youth Opportunities Initiative. (2011). *The adolescent brain: New research and its implications for young people transitioning from foster care*. St. Louis, MO: Author. Retrieved from <http://www.aecf.org/m/resourcedoc/AECF-theAdolescentBrain-2011.pdf>
- Kerman, B., Freundlich, M., & Maluccio, A. (2009). *Achieving permanency for older children and youth in foster care*. New York, NY: Columbia University Press.
- LaLiberte, T., & Crudo, T. (Eds.). (2013). Trauma-informed child welfare practice [Special issue]. *CW360, Winter*. Retrieved from http://cascw.umn.edu/wp-content/uploads/2013/12/CW360-Ambit_Winter2013.pdf
- LaLiberte, T., Crudo, T., & Skallet, H. (Eds.). (2015). Culturally Responsive Child Welfare Practice. *CW360, Winter, 2*. Retrieved from <http://cascw.umn.edu/wp-content/uploads/2015/03/CW360-Winter2015.pdf>
- Lou, C., Anthony, E., Stone, S., Vu, C., & Austin, M. (2008). Assessing child and youth well-being: Implications for child welfare practice. *Journal of Evidence-Based Social Work, 5*(1-2), 91–133.
- Mares, A. (2010). An assessment of independent living needs among emancipating foster youth. *Child and Adolescent Social Work Journal, 27*, 79–96.
- Massinga, R., & Pecora, P. (2004). Providing better opportunities for older children in the child welfare system. *Future Child, 14*(1), 150–173.
- McGowan, B. (2014). Historical evolution of child welfare services. In G. Mallon, & P. Hess (Eds.), *Child welfare for the 21st century: A handbook of policies, practice, and programs, (2nd ed.)* (pp. 10–46). New York, NY: Columbia University Press.
- McNeely, C., & Blanchard, J. (2009). *The teen years explained: A guide to healthy adolescent development*. Baltimore, MD: Center for Adolescent Health at Johns Hopkins School of Public Health.

- McPhatter, A., & Wilson, D. (2015). Cultural competence: Is it still important? How culturally competent workers could transform child welfare. *CW360*, 10. Retrieved from <http://cascw.umn.edu/wp-content/uploads/2015/03/CW360-Winter2015.pdf>
- Mech, E. (1994). Foster youths in transition: Research perspectives on preparation for independent living. *Child Welfare*, 73, 603–623.
- Middlebrooks, J., & Audage, N.C. (2008). *The effects of childhood stress on health across the lifespan*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Retrieved from http://health-equity.lib.umd.edu/932/1/Childhood_Stress.pdf
- Murray, K., & Gesiriech, S. (2004). *A brief legislative history of the child welfare system*. Retrieved from http://www.pewtrusts.org/~media/legacy/uploadedfiles/wwwpewtrustsorg/reports/foster_care_reform/legislativehistory2004pdf.pdf
- Murray, D. W., Rosanbalm, K., Christopoulos, C., & Hamoudi, A. (2015). *Self-regulation and toxic stress: Foundations for understanding self-regulation from an applied developmental perspective (OPRE Report #2015–21)*. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from https://www.acf.hhs.gov/sites/default/files/opre/report_1_foundations_paper_final_012715_submitted_508.pdf
- Nollan, K., Wolf, W., Ansell, D., Burns, J., Barr, L., Copeland, W., & Paddock, G. (2000). Ready or not: Assessing youths' preparedness for independent living. *Child Welfare*, 79(2), 159–176. Retrieved from <https://pdfs.semanticscholar.org/3682/1ff19c4621fc858de64666798ab908b02270.pdf>
- Norman, J. (2001). Building effective youth-adult partnerships. *Transitions: The Rights. Respect. Responsibility Campaign*, 14(1). Retrieved from <http://www.advocatesforyouth.org/publications/publications-a-z/672-building-effective-youth-adult-partnerships>
- Okpych, N. (2015). Receipt of independent living services among older youth in foster care: An analysis of national data from the U.S. *Children and Youth Services Review*, 51, 74–86.
- Pergamit, M. (2012). *Locating and engaging youth after they leave foster care: Experiences fielding the multi-site evaluation of foster youth programs*. Washington, DC: Urban Institute. Retrieved from https://www.acf.hhs.gov/sites/default/files/opre/locating_engaging.pdf
- Pergamit, M., and Johnson, H. (2009). *Extending foster care to age 21: Implications and estimates from youth aging out of foster care in Los Angeles*. Washington, DC: Urban Institute.
- Perry, B. (2006). Understanding social network disruption: The case of youth in foster care. *Social Problems*, 53(3), 371–391.
- Petr, C. (2008). Foster care independent living services: youth perspectives. *Families in Society: The Journal of Contemporary Social Services*, 89(1), 100–108. doi: [10.1606/1044-3894.3714](https://doi.org/10.1606/1044-3894.3714)
- Peters, C., Sherraden, M., & Kuchinski, A. (2012). *Enduring assets: The financial lives of young people transitioning from foster care*. St. Louis, MO: Jim Casey Youth Opportunities Initiative. Retrieved from <http://www.aecf.org/m/resourcedoc/UM-EnduringAssets-2012.pdf>
- Putnam, R. (1995). Bowling alone: America's declining social capital. *Journal of Democracy*, 6, 65–78. Retrieved from <http://xroads.virginia.edu/~hyper/detoc/assoc/bowling.html>
- Samuels, G. (2008). *A reason, a season, or a lifetime: Relational permanence among young adults with foster care backgrounds*. Chicago, IL: Chapin Hall Center for Children at the University of Chicago. Retrieved from https://ncfy.acf.hhs.gov/sites/default/files/docs/18916-A_Reason_a_Season_or_a_Lifetime-Relational_Permanence.pdf

- Schene, P. (1998). Past, present, and future roles of child protective services. *The Future of Children*, 8(1), 23–38. Retrieved from <http://thesociologycenter.com/GeneralBibliography/vol8no1ART2.pdf>
- Spinazzola, J., Habib, M., Knoverek, A., Arvidson, J., Nisenbaum, J., Wentworth, R., . . . Kisiel, C. (2013). The heart of the matter: Complex trauma in child welfare. *CW360, Winter*, 8–9. Retrieved from: http://cascw.umn.edu/wp-content/uploads/2013/12/CW360-Ambit_Winter2013.pdf
- United Nations Department of Economic and Social Affairs (UNDESA). (n.d.). Definition of youth. Retrieved from <http://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf>
- U.S. Department of Health and Human Services. (2008). *Coming of age: Employment outcomes for youth who age out of foster care through their middle twenties*. Retrieved from <https://aspe.hhs.gov/system/files/pdf/75376/report.pdf>
- U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2016). *Preliminary FY 2015 estimates as of June 2016. The AFCARS Report, 23*. Retrieved from <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport23.pdf>
- U.S. Department of Health and Human Services, Center for Disease Control and Prevention. (n.d.). *ACE Study*. Retrieved from <https://www.cdc.gov/violenceprevention/acestudy/index.html>
- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) Trauma and Justice Strategic Initiative Workgroup. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. Retrieved from <http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>
- Wulczyn, F. (2008). *Child well-being as human capital*. Chicago, IL: Chapin Hall Center for Children at the University of Chicago. Retrieved from https://www.researchgate.net/publication/268051208_Child_Well-Being_as_Human_Capital?opdsd=1
- Wulczyn, F., Daro, D., Fluke, J., Feldman, S., Glodek, C., & Lifanda, K. (2010). *Adopting a systems approach to child protection: Key concepts and considerations*. New York, NY: UNICEF. Retrieved from https://www.unicef.org/protection/files/Adapting_Systems_Child_Protection_Jan_2010.pdf