

2008

# The Preparedness of Vermont Foster Youth for “Aging Out” of State’s Custody

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THE PREPAREDNESS OF VERMONT FOSTER YOUTH FOR “AGING OUT” OF  
STATE’S CUSTODY

A Dissertation Presented

by

Matthew D. MacNeil

to

The Faculty of the Graduate College

of

The University of Vermont

In Partial Fulfillment of the Requirements  
for the Degree of Doctor of Education  
Specializing in Educational Leadership and Policy Studies

February, 2008

**Accepted by the Faculty of the Graduate College, The University of Vermont, in partial fulfillment of the requirements for the degree of Doctor of Education specializing in Educational Leadership and Policy Studies.**

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## ABSTRACT

This dissertation examines the experiences of foster youth as they prepare for life after emancipation from state custody. Every year in the U.S., around 25,000 youth in foster care reach the legal age of emancipation and subsequently leave state's custody. Colloquially, this transition is known as "aging out". Although the youth who "age out" are legally considered adults, few are ready to meet the challenges of adulthood independently. These youth are more likely than their same aged peers to end up incarcerated, face unemployment or underemployment, drop out before finishing high school, and experience substance abuse problems or a mental health disorder (Shirk & Stangler, 2005). This study adds to the growing body of knowledge about the experiences of teenaged youth "aging out" of foster care. Though empirical studies have documented challenges facing emancipated youth (Craven & Lee, 2006), very little work has examined the actual experiences of emancipation from the perspective of youth and their guardians.

Using illustrative case methodology, this dissertation captures life story perspectives on the experiences of teenaged foster youth and their guardians as they prepare for life after emancipation. A qualitative approach was utilized to provide experiential data to inform the practice standards and program effectiveness associated with the services and supports these youth received while in custody of the State's Department for Youth and Families. A project of the Vermont Research Partnership, the study was able to utilize logistical and ethical consultation from state agency leaders during the development of methodology.

The findings describe and analyze the challenges and successes that youth in foster care encounter as they prepare for life after emancipation. Interview data with youth, guardians and service providers highlighted themes related to preparedness including the barriers to youth perceptions of adulthood, the ubiquity of trauma experiences, the cost of staff turnover, the importance of long term relationship, and the "pull" of the biological family. The results of the study reveal a complex intertwining of personal, familial and systemic issues that converge to hinder preparedness for independent living despite the determined efforts of foster parents, service providers, families and the youth themselves. The study suggests areas for future research as well as policy recommendations related to service provision for teenaged youth in custody as well as emancipated youth.

## **DEDICATION**

To F.X., Dolly and Jennifer- Thank you for the example you set on caring for your community.

## ACKNOWLEDGEMENTS

I am profoundly grateful for the wisdom, guidance, and kindness of my advisor, Dr. Susan Hasazi. My wish for every student is that some day they too, will get the opportunity to learn from a teacher like Susan. I am particularly thankful for the sage counsel and steady encouragement offered by Dr. Kieran Killeen throughout my years in the doctoral program. I am thankful for the ingenuity and collegiality embodied by the members of the Vermont Research Partnership, particularly Dr. Herman Meyers and Tom Pristow. I am additionally grateful for the help and good will received from both District Offices of Vermont's Department for Children and Families.

I am especially thankful for Elisa Ziglar and Laurie Eddy who were unremittingly warm and kind when helping me sort out the details. I am grateful for the hard work and insight provided to this project by Preston Randall. I am most especially appreciative for the honor it was to be able to study alongside, and learn from the members of my cohort. Lastly, I'm thankful for Meg, for always being so patient..

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## **Chapter 1: An Introduction to Transition Age Youth in Vermont**

*“The reality for too many youth in the child welfare system is multiple placements, changing staff, and inadequate legal representation. This reality allows for too many youth aging out of the system with no family to anchor them, and very little preparation for living on their own”.*

-Gary Brunk, Ph.D.  
Director, Action for Youth

### Statement of the Problem

The purpose of this study is to gain a life-story perspective from youth and families to learn about their experiences living in DCF custody, specifically around preparedness for self-sufficiency during life after emancipation. The second objective is to inform the practice standards and program effectiveness associated with the services and support the youth received while in DCF Custody. Additionally, the project provides an opportunity to examine experiential differences for youth in custody in rural versus more urban areas of Vermont. The overarching goal of the study being to provide research data with utility, including youth, family and provider accounts of program efficacy.

### Context of the Problem

“Aging out” is common slang among youth and service providers alike. It refers to those youth who reach the legal age of emancipation while still in state’s custody. 18 is the legal age of emancipation for most states in the U.S. Every year, around 25,000 youth “age out” of state’s custody (Shirk & Stangler, 2005). These youth are completely “on their own”. Here in Vermont, around 150 youth “age out” of care every year (<http://www.dcf.state.vt.us/fsd/>). The majority of these youth are “aging out” without a permanent connection to an adult. These youth were not successfully adopted and reunification with family members was deemed logistically or ethically inappropriate.

A majority of youth who “age out” of custody entered the foster care system for the first time during their teenage years. However, a substantial number have spent much of their lives in the system. Between 1992 and 1997, forty-one percent of youth who emancipated from foster care had spent five or more years in the system (Shirk &

Stangler, 2005). Age 13 is regarded as a tipping point for youth in custody. Youth who enter foster care at age 13 (or older) are more like to end up aging out, than be reunified with families are having successful adoptions (Shirk & Stanger, 2005).

The youth who do not return home to parents, find kinship care or don't get successfully matched in an adoptive placement are often those with the most risk factors from an already very vulnerable population of youth in the child welfare system. Glisson et al. (2000) used multivariate regression analysis to predict the characteristics of adolescents in foster care that correlated to exiting custody. The youth with lower probabilities of leaving state's custody before emancipation included youth with substance abuse problems, youth who were sexually abused, youth with physical disabilities, youth with co-occurring mental health disorders, and youth from rural communities. In short, the youth who remain in custody until emancipation are often facing the greatest challenges of any youth in or out of the child welfare system.

#### Challenges in Vermont and Nationwide

*“Fixing the child welfare system is a challenge for most states”* (Shirk & Stangler, 2005).

In its yearly report (2006), the Vermont Department for Youth and Families detailed thousands of Vermont families as “struggling with the issues that bring them to the attention of DCF’s Family Services Division.” (<http://www.dcf.state.vt.us/fsd/>) One any given day in Vermont, DCF is serving as the custodian for over 1600 youths. In an average year in Vermont, around 900 youth will enter DCF custody because they were abused, neglected, delinquent, or without or beyond their parents' control. The Department for Youth and Families is faced with the immediate challenge of providing emotional and physical safety for these youth leaving risk of harm situations. A second

critical challenge exists relating to the provision of services necessary for asset-based skills development with these youth now in DCF custody. The developments of these skills (such as social functioning, emotional regulation, educational attainment) are crucial predictors of a child's ability to navigate the considerable risk factors faced when they are transitioned out of DCF custody (Golden, 1997).

The transition of emancipated youth out of state custody is an area of concern for families, service providers, schools, correctional centers, and communities in general. The effectiveness of services for teenaged youth in state custody is an oft-debated topic in schools, social service centers, and communities at large. Vermont's Department for Children and Families notes in its mission statement a commitment to utilizing the most effective and compassionate programs and intervention to serve these youth in need. At the same time, service effectiveness for Vermont's youth in custody had received relatively small amounts of attention in clinical research or outcome studies. As such, some DCF administrators have been forced to address quality of care service decisions without performance reports upon which to base programmatic decisions on.

#### The "Light Switch" Model of Service

Most states operate from policies where formal services cease for youth in custody at age 18 or by high school graduation. This traditional child welfare model has been described as a "light switch" service model (Brunk, 2002). If a reported child maltreatment or delinquency is substantiated with evidence, the light switch goes on and the flow of services begins. As a result of large caseloads, limited resources, and age restrictions, once the child reaches the age of emancipation, the light switch goes off and the child's needs are no longer addressed (Brunk, 2002). Despite efforts to align

transitional services, DCF caseworkers are left with little authority/discretion to ensure the needs of the now adult former clients are being met. Critics of the “light switch model” relate risk factors for emancipated youth to the rapid withdrawal of services (Shirk & Stangler, 2005). The impact of the “light switch model” of service on emancipated youth is discussed in more detail in Chapter 2’s review of related literature.

#### Limited Research and Public Attention

Scant public attention has focused on the issue of teens leaving foster care without the resources to succeed (Krebs & Pitcoff, 2006). Public awareness of problems in the foster care system is more often triggered by sensationalistic stories of youth crime, death, or horrible mistreatment. Vermont’s Department of Children and Families was criticized in the media following the death of Christal Jones, a teen who ran from a foster home and eventually was held in a prostitution ring prior to her murder. Stories like Christal’s spark outrage and spur bureaucracies into action (reaction). Emancipated youth lacking life skill preparedness for independent living lacks the emotional drama of tragic deaths or sexual misconduct or violence. However, the outcomes for insufficiently prepared emancipated teens are no less disastrous in the long term (Krebs & Pitcoff, 2006). The negative outcomes produced by ill prepared emancipated youth can play out for years in the future, effecting more lives and producing longer lasting significance than sensational cases that are more likely to get attention from the media and from the public in general.

Confidentiality also creates a challenge for awareness and evaluation of the experiences of children and families involved in state custody systems (Golden, 1997). The private nature of the practices and regulations of child welfare inhibits examinations

of efficacy of the programs involved. The ethic of privacy creates a type of paradox in the expression of the voices of youth, families, and caseworkers in the child welfare system. Researchers and Child Advocates have complained that America's child welfare system, by virtue of the confidentiality code, silences the voices of children, families, and caseworkers (Golden, 1997). Privacy regulations are necessary to ensure dignity and safety. However, these same regulations seal off agencies and institutions from public scrutiny. The crucial and intimate information surrounding youth in custody is kept private and rigidly guarded. Open dialogue about the experiences of youth and actions of the state are often impeded by the deep procedural rigidity of confidentiality practice.

#### A New Spotlight on "Aging Out"

The challenges facing transition age youth are drawing slowly drawing policy attention on the state and federal level. Efforts to improve services to teenagers in custody are ongoing. Title IV-E of the Social Security Act provided the first substantial unified funding for programs directed at supporting youth age 16-18 transitioning from foster care. The Foster Care Independence Act of 1999 (and the resulting John H. Chafee Foster Care Independence Program) extended the structure of some supports for youth 19-21. The services provided include extension of foster parent reimbursement while the youth is attending high school, Medicaid eligibility, and vouchers for funding post secondary education or training for qualified youth. Some individual states augment these supports. While support level varies state-to-state, support for youth aging out of the system is still relatively limited (Shirk & Stangler, 2005). Despite the gains resulting from the FCIA, our current system of care is failing to meet the most basic human needs related to independent adult living (Shirk & Stangler, 2005).

One of the more notable benefits of the Foster Care Independence Act of 1999 has been an increased focus on the effectiveness of programs provided to youth in custody. A provision of the 1999 Act required child welfare agencies to document the effectiveness of their efforts to help emancipated youth become self-sufficient. States who do not obtain and report data are imposed penalties including the potential withdrawal of some federal funding. This provision was included in the Act to encourage states to keep comprehensive data on youths transitioning from foster care into adulthood as previous State protocols between states varied greatly in breadth and depth of data collected ([www.jimcaseyyouth.org/docs/passport.pdf](http://www.jimcaseyyouth.org/docs/passport.pdf)).

#### The Roadblocks to Research on Youth “Aging Out” of Foster Care

In general, there is a relatively limited body of research on the adult functioning of youth who have “aged out” of foster Care (Courtney et al., 2001). Outcome studies on emancipated youth have also been hindered by methodological constraints. Meta-analysis conducted by Courtney et al., (2001) found that research in post-custody experiences generally suffers from several limitations:

1. The sample attrition rate for emancipated youth is often very large. State systems often lack formal tracking procedures for youth once they turn 18. As a result, subjects who remain accessible to researchers are likely markedly different from those who avoid or reject observation or connection to state systems. In short, emancipated youth represent a population that is “hard to target” from a research standpoint.
2. A majority of foster care alumni studies do not control for age of departure or condition of departure. That is to say, a great research on the adult functioning of former foster youth looks at the post-custody outcomes while lumping together subjects that left

care to return to their families with youth who were discharged due to age ineligibility.

This is a critical distinction based on its relevance to several variables including housing, social support and finances.

3. Youth “aging out” of custody are a heterogeneous group (Mendes & Moselhuddin, 2006). The time spent in custody and services rendered vary greatly within this population. The experiences of youth in foster care can differ so vastly, pushing the experiential range to extremes.

4. There is difficulty generalizing previously conducted research as massive changes in the state and federal custody systems are made. The Chafee Act has only been in place since 1999. This initiative is still relatively in its infancy. Evaluations are only beginning about the degree to which its intent has been realized.

Qualitative studies on life after foster care emancipation are even less prevalent than statistical research (Iglehart & Becerra, 2002). Several studies and authors highlight the need for further qualitative inquiry pertaining to the quest of former foster youth for self-sufficiency. “While (quantitative) research on emancipated youths is able to highlight the problems facing them as young adults, the depth of their struggles are often lost in the aggregate of statistics” (Iglehart & Becerra, 2002). Interviews with the individuals living out the hardships help enrich, humanize and deepen the understanding of challenges facing youth on the edge of “aging out”. The numbers associated with statistical research on emancipated youth often fail to capture the full perspective of the isolation, fear, hope and despair facing so many youth as they attempt to adjust to life after foster care (Krebs & Pitcoffe, 2006).

### A “Snapshot” of Current Research

The existing outcome data seems to indicate that while youth have been shown to achieve some gains while in state custody (stabilization of distress, safety from abuse), there is little evidence that any gains are maintained after discharge (Golden, 1997). Despite large scale efforts in some states to address the emotional well being of youth in custody, young adults often return to community environments ill-equipped to meet the challenges of daily life (NIMH, 2002). Despite the relative historical lack of research attention on outcomes for youth in state custody, the enactment of the Chafee Act and the promotion of ‘evidence-based’ practice in social service settings has helped garner increased research attention over the last half-decade.

### Trouble Adjusting

Emancipated youth face several daunting risk factors in the years immediately following discharge from state custody. A looming concern facing teenagers out of custody is that of incarceration. Although estimates of arrest rates for emancipated youth vary, even the most conservative projections are concerning. Michael (2005) found that about 1/3 of teenagers aging out of state custody in the Midwest became incarcerated within 5 years after “aging out”. Of those incarcerated, the majority were first arrested within 18 months of turning 18.

For those teenagers who avoid legal problems, other challenges exist. Teenagers aging out of custody are more likely to be unemployed (Craven & Lee, 2006). Emancipated youth who do find employment make less than their counterparts raised by families. Teenagers leaving custody also are less likely to attend or complete university study (Craven & Lee, 2006). Other academic problems are also well documented. Youth

in state custody experience multiple school transitions relating to feelings of “school exclusion” (Goddard, 2000). Problematic system leads to poor educational achievement both on skill level, ability perception, and perspective on higher education (Goddard, 2000).

### Health Care

Health care access drops off markedly for youth in custody after reaching the age of emancipation. The drop in access is attributed to lessened motivation for self care or lack of awareness on navigating access to services similar to those they received while in custody. Over 1/3 of former foster youth have no medical insurance within 12 months of emancipation. (Brunk, 2002). A separate study found that the majority of teens aging out of custody were eligible for Medicaid were unaware how to access services (Craven & Lee, 2006).

### Mental Health Challenges

In addition to legal and mental health issues facing youth aging out of state custody, Orlando (2003) notes that former clients are also at high risk for substance abuse. Orlando stated that all program types of foster care are associated with higher levels of alcohol and drug abuse among adolescents. A range in estimates exist, but Orlando (2003) stated a conservative approximation would hold that youth leaving state custody are 10 times more likely to develop a diagnosable substance abuse problem than youth in the general population.

### Differences for Rural Populations

The societal impact the lives of these youth have on communities has received attention in public health research. The Rural Appalachia Project, buoyed by a 7- year

grant from the National Institute of Mental Health, aimed at “reducing the social and economic costs youth and adolescents placed into state custody or juvenile detention pose to rural communities” (NIMH, 2003). Among the ‘private costs’ revealed in the study related to *equity* for rural populations (NIMH, 2003). Researchers found that youth from rural areas were at greater risk for being placed in state custody and stayed for significantly longer than same aged peers from urban areas (NIMH, 2003). Urban areas see a disproportionate percentage of youth of color in DCF custody (Crane, 2004).

### The Push for Further Inquiry in Vermont

In late 2005 Vermont Governor Jim Douglas announced the formation of the Governor’s Youth Initiative. An essential part of the initiative was a focus on the disenfranchised youth aging out of Vermont’s foster care system. Stakeholders including youth representatives, state employees, administrators and service professionals convened a task force examining the issues facing these youth as well as formulating related recommendations for the future. The concerns noted by the task force over youth aging out of foster care in Vermont reflected larger, national trends. The Vermont Task Force of Youth in Foster Care (2005) reported the somber conclusion that “Vermont does not have adequate information on the long term outcomes for those youth aging out of the system”. Recognition of the need for improving the quality of supporting data in child welfare outcomes was reflected in recommendations related to strategies for housing assistance, educational and vocational assistance, and the extension of major foster care benefits until the 22<sup>nd</sup> birthday.

The push to improve outcomes for teenaged youth in foster care is evident

elsewhere in the state. Predating the Vermont Task Force on Youth Aging Out of Foster Care, the Northeast Region DCF offices (Newport and St. Johnsbury), Mental Health and Northeast Kingdom Community Action Youth Services (Newport and St. Johnsbury) aligned to form the stakeholders of the “*Alternative Care Group of the NEK*”. This group is dedicated to promoting the outcome initiative and aligning the theory of working together with day-to-day operations to improve outcomes for youth leaving custody (Pristow et al., 2003). The Alternative Care Group was first started in 1998 to create common philosophy that centered on collaboration, communication and best-treatment practice that forces inter-agency teaming at all levels. The group sought to determine if the services they were delivering were making a long term impact on the lives of youth nearing the age of emancipation (Pristow et al., 2003).

#### Organizational Context and the Mission of VT’s DCF Family Services Division

The Vermont Department for Youth and Families (DCF) was reconstructed in 2004 by a merger of the Office of Child Support (OCS), the Office of Economic Opportunity (OEO), the Department of Prevention, Assistance, Transition, and Health Access (PATH, formerly the Welfare Department), and the Department of Social and Rehabilitation Services (SRS). DCF is a State organization headed by Commissioner Steve Dale, former Executive Director of the Baird Center for Children and Families. Each county has its own DCF Office, generally located in the most populous town/city of the county.

The mission of the DCF’s Family Services Department is to promote the social, emotional, physical and economic well being and the safety of Vermont's youth and

families. According to a posting by Commissioner Dale on DCF's website, the mission is accomplished through "the provision of protective, developmental, therapeutic, probation, economic, and other support services for youth and families in partnership with schools, businesses, community leaders, service providers, families, and youths statewide."

Youth in Vermont are taken into DCF custody for one of three reasons: suffering abuse or neglect, being declared unmanageable by their parent or guardian, or having committed an act of delinquency. The most common reason is suffering abuse or neglect. (<http://www.dcf.state.vt.us/fsd/>). Youth experiencing neglect are brought into custody because they were not provided adequate food, shelter, health care, or were all-together abandoned by their parents. Youth who have experienced abuse involve substantiated reports of physical, emotional, or sexual mistreatment at the hands of parents or guardians. Youth declared unmanageable by their parents often come into DCF Custody because they are behaving in ways that are beyond the capacity of parents/guardians to regulate. Youth entering custody under the "delinquency" classification have been convicted of a criminal act under Vermont State law. A majority of these youth in Vermont's Child Welfare System also carry an Axis 1 diagnosis from the Diagnostic and Statistical Manual for Mental Disorders IV-R (APA, 2002). Common diagnoses for youth include Post-traumatic Stress Disorder, Depression, Oppositional Defiance, and ADH/D.

The wide range of services provided by DCF to these youth include, but are not limited to, foster care, mentoring, vocational rehabilitation, probation, adoption support,

individual, group and family counseling, mental health consultation, restorative panels, street checkers, early childhood intervention, substance abuse treatment, district school support, emergency respite, crisis response, and intensive inpatient residential care.

### Development of the Research Model

*“The Department of Children and Families in Newport is committed to learning about how teenagers in custody have fared in order to provide information on how to enhance future outcomes.”*

(Tom Pristow Memo, 1/3/06).

The challenges facing teenaged youth in custody are very evident to those involved Vermont’s Child Welfare System. The District Director of the Newport Family Services Division of Vermont’s Department of Children and Families, Tom Pristow, approached the University of Vermont in early 2006. Pristow drafted a memo seeking research data on the experiences of youth in custody in the Northeast Kingdom nearing the age of emancipation.

The memo was received by University of Vermont Professors Susan Hasazi, EdD and Herman Meyers, PhD and framed as an endeavor to be explored by the Vermont Research Partnership. A collaborative research effort was developed between the University of Vermont and leaders from the Department Of Children and Families (Newport and Burlington Offices) to collaborate on the creation of this project to study the experiences of teenagers in Vermont about to age of custody.

Interactive policy research involves a process whereby multiple parties play a role and arrive jointly at a decision. The purpose of an interactive research model is to capitalize on the expertise of diverse professional with a similar stake in policy issues,

thereby improving procedural efficacy (Driessen et al., 2002). The intended benefit

Every aspect of the project was developed through a strong working relationship between Vermont's Department of Children and Families and the University of Vermont. Project design and methodology were refined through a communication flow between professionals at both organizations. Administrators from both Newport and Burlington DCF Offices provided extensive logistical and ethical consultation to assist in maximizing the breadth and depth of potential results. The discourse between DCF and the researchers at the University of Vermont helped to provide balance and attention to objectivity in research design. The extensive collaborative measures helped to ensure the safety, well-being, and confidentiality of all participants.

#### Consideration of Scope and Logistics in Methodology

In consideration of research purpose, feasibility, and ethics, a qualitative study using in depth case studies was the most appropriate methodology for answering the defined research questions. The study consisted mainly of interviews that were semi-structured and utilize a person-centered approach. The interview protocols sought to gain life-story perspectives of teenagers involved with Vermont's Dept of Children and Families. Interviews were conducted with teenagers in custody, close family members, foster parents, or guardians as well as relevant social service providers. The goal of the project was to provide a narrative voice for some of the individual differences families and youth face as their near legal emancipation from state custody.

This study focused on youth in custody aged 16-17 years old. Youth were selected specifically at this age range to provide information about the impending transition from DCF custody when turning 18. Individuals were selected to reflect the

diverse range of Vermont children in DCF custody. Six youth were recruited from the most urban area of Vermont, seven were recruited from one of Vermont's most rural areas. For every identified teenager, additional interviews were conducted with either a guardian, a family member, or a foster parent. Relevant service providers linked to the care and service of the teenagers were interviewed as well, but only on general service issues and not about the individual teens, their care histories, or their families. The purpose of the methodological choices was to obtain person to person contact with youths in custody nearing the age of emancipation, while at the same time capturing the perspectives of the constellations surrounding them.

#### Potential Significance of the Project

*“What’s good for the child is good for the state”*

- (National Institute of Mental Health, 2002)

1. Impact on the Individual Family. The emotional, social, and psychological impact related to youth removal can be monumental (Shirk & Stangler, 2005). A youth entering into state custody elicits stress and anxiety for any given family. There are several critical factors facing a family with a child in state custody such as marital strain, attachment issues, fear, anger, depression, and social stigmatization (Friesen et al., 2001). Despite increased physical and emotional safety, the experience of separation can prove to feel traumatic for a child in several regards. He/she is separated from their family or familiar home and brought to an unfamiliar surrounding with caregivers who are strangers. It is important to establish that some supportive data youth that youth are indeed better off for having been taken into state custody.

2. Impact on the State. An increase in sufficient measures to address teenager preparedness for aging out of custody serves as a means to more effectively evaluate and assess accountability for the service outcome. Keeping youth in DCF custody is expensive for Vermont. Over half of Vermont's Agency of Human Services budget is administered by the Department of Youth and Families ([www.dsw.state.vt.us/doc/dsw2000.htm](http://www.dsw.state.vt.us/doc/dsw2000.htm)). A Report of the US Dept of Education (2000) notes that nearly one 9/10ths of the national outlay on child welfare is spent on caring for youth in state custody. Estimates of annual cost for maintaining a child in state custody range from \$25,000 to \$150, 000 depending on the specialized needs of the child.
3. The Age of Accountability. The missions of social service organizations and state agencies alike are more often including referenced to the use of 'evidence-based practice' work with youth and families. Historically, comprehensive outcome studies for youth leaving state custody have been omitted from social service budgeting (Brunk, 2002). The cost, logistical difficulties and fear of negative outcomes have dissuaded states from tracking outcomes of former clients. Addressing outcomes may raise anxiety for social service administrations as cost is linked with accountability. It would be difficult to explain to state auditors, the public, or the press how after hundreds of thousands of public dollars were spent on a child in state custody that within a few years they ended up homeless, in detention, or in a mental health facility. Overcoming apprehension is not made easier by national trends reflecting dire prognoses for youth leaving state custody (Holden, 1997). Programs for youth in state custody are highly

- staffed and consume large amounts of direct care hours. Without credible data showing this labor is effective, there is a risk of wasting a tremendous amount of resources. These resources could be allocated into other endeavors that have a greater proven efficacy.
4. Youth sometimes linger while in DCF Care. Providing experiential data around service outcome may help serve as a catalyst for eliminating youth that end up “caught in the system”. Transitioning and permanency planning are formidable challenges for social service providers. Virtually every social service provider is able (with chagrin) to relate details of a case where a child had bounced for too many years around the foster care system. Collecting supportive data may highlight service gaps, fragmentation of service, and coordination problems that may contribute to youth spending extraneous time in DCF custody.
  5. Youth may actually develop detrimental behavior patterns during long custodial stays. An examination of the Child Behavior Checklist with youth in state services (LeProhne et al. , 1997) found that some scales related to defiance, attention, and depression actually worsened over time in state custody. Scholte (1997) examined the psychosocial characteristics of 83 youth in Holland to identify some provisional criteria that correlated to success in foster care placements. Scholte (1997) identified a relationship between shorter length of stay and greater likelihood of successful placement out of the foster care system.

#### Primary Research Objectives

1. To gain a life-story perspective from Vermont teenagers and their families to learn more about how they have fared in custody and how prepared they feel they are for self-

sufficiency after turning 18.

2. To provide experiential data to inform the practice standards and program effectiveness associated with the services and supports these youth received while in custody of the State's Department For Youth and Families.

#### Secondary Research Objectives

1. To produce a study that represented collaboration in the design, methodology, and reporting between DCF Field Offices, the research team and the State of Vermont's Department for Children and Families.
2. To compare the experiences of youth in custody in Vermont's rural and more urban areas.
3. To develop a synthesis of social service provider accounts of existing programming efficacy in work with Vermont youth in custody as well as identify alternative or novel intervention models for future service provision.

#### Target Audience

The study was constructed with the intent of improving preparation procedures for the lives of children about to "age out" of DCF custody. The target audience for the end product would likely include the Agency of Human Services (generally), DCF staff (specifically), Social Workers and practice, Grant Funding Agencies, the Legislature, and (foster) families with children in custody. The product of the study would hopefully inform best-practices in DCF, aide in the development of program and service delivery standards, inform policy and practice with listed implications of current system functioning and finally help determine the implications of geographic region on the efficacy of the programs in place.

## Chapter 2: A Review of Related Literature

*“Vermont does not have adequate information on the long-term outcomes for those aging out of the system”.*

-Vermont Task Force for  
Youth At-Risk (2005)

## A Map of Literature Trends on Emancipation From the Child Welfare System

Two main themes emerge from the existing body of literature on youth “aging out” of state custody:

### **1. There is a relatively limited body of research on the adult functioning of youth who have “aged out” of foster Care.**

Several factors have likely limited the breadth and depth of existing research. The paucity of research on youth emancipation from foster care is reflected in a relative lack of public consciousness for the issues facing these youth. Krebs & Pitcoff (2006) point out that public awareness of problems in the foster care system is more often triggered by sensationalistic stories of youth crime, death, or horrible mistreatment. However, the outcomes for insufficiently prepared emancipated teens are no less disastrous in the long term (Krebs& Pitcoff, 2006). Outcome studies on emancipated youth are often hindered by methodological constraints. Youth in custody are a heterogeneous population, making it difficult to control for individual differences. Youth are difficult to track once they leave custody, resulting in high attrition rates.

### “An Understudied Problem”

According to a US Department of Education Special Report, the US has not adequately measured the well being of youth leaving the child welfare system (Brunk 2002). In general, there is “very little collected data on mental, emotional, and physical health functioning” for youth leaving state custody (Brunk, 2002). Several states have taken drastic action to gain better outcome and performance measures for youth in their systems. In 1996 Kansas attempted to reform its child welfare system by implementing a privatized form of managed care with the goal of tying accountability standards to

outcome measures.

Vermont likewise does not have a comprehensive picture on the adult functioning of youth who have “aged out” of its custody system. The 2005 Vermont Task Force on Youth At-Risk determined that “Vermont does not have adequate information on the long-term outcomes for those aging out of the system” (Vermont Task Force Report, 2005).

Slowly, a national research spotlight is beginning to shine on these issues facing child welfare. One of the more notable benefits of the Foster Care Independence Act of 1999 has been an increased focus on the effectiveness of programs provided to youth in custody. A provision of the 1999 Act required child welfare agencies to document the effectiveness of their efforts to help emancipated youth become self-sufficient. States who do not obtain and report data are imposed penalties related to federal funding withdrawal. This provision was included in the Act because most states were not keeping comprehensive data on youths transitioning from foster care into adulthood ([www.jimcaseyyouth.org/docs/passport.pdf](http://www.jimcaseyyouth.org/docs/passport.pdf)).

## **2. The existing research details very bleak prospects for emancipated former foster youth, marked by multiple overlapping risk factors.**

Youth “aging out” of custody face immediate and long term risks. The existing literature seems to indicate emancipate foster youth experience challenges across life domains. Youth who “age out” are more likely to drop out of high school and graduate at significantly lower rates than their peers in the general school population (Zetlin et al., 2004). Those former foster youth who do make it to graduation are significantly less

likely to go on to college or trade school (Shirk & Stangler, 2005). Emancipated foster youth are also at high risk of incarceration. Around 30% of youth aging out get arrested within 3 years (Michael, 2005). The majority of those arrests happen within the first 18 months after turning 18. Additional risk factors include higher rates of pregnancy, increased likelihood for substance abuse, and greater rates for major mental illness as compared to their same aged peers in the general population.

### The Challenge of Preparedness

The state of Vermont has continued to develop and refine its Transitional Services Program for youth leaving custody. The services offered by the program include some additional financial assistance as well as bridges to health services accessible to adults. However, as is reflected nationally, the support provided by the Vermont program has gaps. An annual advocacy report by the Vermont Children's Forum found that the program "cannot account for the overwhelming array of needs" facing these youth (<http://www.childrensforum.org/main.php/sid/5/aid/104>).

The training for independent living that youth in state custody receive is uneven and often inadequate (Courtney et al., 2001). The vast majority of youth in foster care receive some formal training related to life skills. Eighty-five percent of youth aging out of custody reported receiving some education around personal health care, looking for a job, and general household management (Courtney et al., 2001). However, this same study that the education received by these youth was in no way sufficient to foster competency in areas related to money management, housing, parenting or health or mental health care access (Courtney et al., 2001). The authors of the study criticize that many "life skills" programs fail to involve youth in "real life" activities in order to make

the material tangible.

Exacerbating the problems of limited transitional resources for transition age youth is confusion related to access and eligibility of services (Krebs & Pitcoff, 2006). Swartz (2005) found a majority of youth and foster parents lacked awareness of available supports in the areas of education, housing, and legal aide. The problem extends beyond youth and parents. Social workers also often “have difficulty cataloguing and matching appropriate referrals” for youth in foster care (Zell, 2006).

The programmatic challenges facing transition age youth are due in part to the policy distinction in our systems of care that separate child and adult. Health care, mental health, education and legal system all have markedly different resources, access, rules and cost for adults versus children. The (seemingly) arbitrary age of 18 often acts as a symbolic dividing wall between the two systems. Challenges arise for transition age youth as a result of little or no connection between systems. Emancipated youth are forced to navigate new systems of care. Compounding the difficulty, the youth are on their own without their social worker to guide them.

The differences are very evident here in Vermont. For example, a youth from Chittenden County with emotional challenges may receive an array of services from the Baird Center for Children. Once the youth turns 18, the services are terminated. The youth, now considered an “adult” in our community mental health system is forced to seek assistance from Howard Human Services. The services may or may not be fundamentally similar. The location is different as are the providers. Relationships with therapists or case managers, in most cases need to be developed again.

## The Light Switch Model of Service

This traditional child welfare model has been described as a “light switch” service model (Brunk, 2002). If a reported child maltreatment or delinquency is substantiated with evidence, the light switch goes on and the flow of services begins. As a result of large caseloads, limited resources, and age restrictions, once the child reaches the age of emancipation, the light switch goes off and the child’s needs are no longer addressed (Brunk, 2002). Despite efforts to align transitional services, DCF caseworkers are left with little authority/discretion to ensure the needs of the now adult former clients are being met.

The “light switch” model of service can create several challenges for emancipated youth. Most notably, youth are often left to navigate complex bureaucratic systems without support or experiential awareness (Brunk, 2002). Accessing health care, secondary education, dentistry, mental health case management can be daunting tasks. Youth in custody have point people in social workers, foster parents, advocates adhering to the details necessary for access. Emancipated youth often do not have others to act as a safety net when the professionals involved in their lives pull back after emancipation.

The abrupt nature of the “light switch” model of service can be unsettling for both youth and service providers (Shirk & Stangler, 2006). Foster parents who were once an integral part of treatment teams for youth often lose legal authority to arrange or inquire about health and mental health care. Financial support often evaporates for foster parents seeking to offer continued housing to youth who have aged out. Social workers are hamstrung by new cases and a lack of formal tracking procedures to stay actively involved in the life of emancipated youth.

The youth themselves may seek to distance themselves from state and mental health care systems. Most youth aging out leave with a negative perception of the care they have received (Reilly, 2003). Youth with a greater number of foster care placements were more likely to rate their experiences as negative (Reilly, 2003). Older youth in foster care often report negative experiences with mental health service (Lee et al., 2006). About a fourth of adolescents in custody rated their experience with mental health as fully negative (Lee et. al., 2006). Among the concerns raised by youth included feeling overmedicated, stigmatized by treatment, or impasse of communication.

#### The responsibilities of DCF

Over a 20-year span from 1981 to 2001, the number of children in state custody grew by over 80%, from roughly 302,000 children and youth to over 540,000. Preparing youth for life after custody represents only a fragment of the responsibilities for DCF. In 2002, there were more than 3 million calls to DCF reporting suspected child maltreatment. Of those 3 million, less than a third of the reports are substantiated totally roughly 900, 000 cases. Of those 900,000, less than one-fifth of these children and youth (169,000) are actually removed from their homes.

The state custody system is faced with the immediate challenge of providing temporary safety to youth at risk of harm. This is the highest organizational priority. As such, the lion's share of time, money and energy are spent achieving this goal. Intertwined with the youth safety is the belief that youth are supposed to be reunited with their families or adopted by new families. Family reunification and adoption claim the majority of the remaining time, money and energy spent in the foster care system.

## The Cost of Foster Care

Estimates on the cost of having a youth in state custody varies from state to state. On average when aggregating federal, state and local spending, government spends around \$47,000 per year per individual. The public every year spends more money keeping a teenager in custody than it would to send them to the most expensive boarding school in the U.S. This total for a fiscal year tops over \$20 billion in direct spending.

The overwhelming majority of funding originates from the federal government. As such, all state custody systems must adhere to basic federal mandates (Krebs & Pitcoff, 2006). State and local governments impose additional requirements. The result is a government based bureaucracy with many institutions and sub-agencies. As is the case with most bureaucracies that have existed for more than a century, a great deal of its laws and rules are complicated and arcane (Krebs & Pitcoff, 2006). The policies and regulations surrounding youth emancipation are reasonably well intentioned, but lack flexibility to account for the vast individual needs and circumstances effecting youth nearing emancipation.

## Placements

It is well documented that changes in placement pose significant risks to the well being of foster youth (Leathers, 2006). A change in placement means not only a change in guardian, but also usually a change of neighborhood and school. Disruptions can have a profound effect on the social and emotional experiences of youth in foster care. Sadly, placement disruptions do not only increase the intensity of behavioral and emotional problems of already existing in youth in foster care. A recent study suggests that placement disruptions in foster care seem to be responsible for the causality of some

emotional and behavior problems of foster children who did not exhibit serious emotional or behavioral when they entered custody (Newton et. al, 2000).

Placement disruptions can be harmful to youth for several reasons. Separation from caregivers can trigger feelings of rejection and exacerbate long-standing attachment issues. Youth are also separated from informal support networks of friends, teachers, and other care providers. These youth are forced to acclimate to new academic settings and school cultures when they are already lagging behind their peers in the general population (Shirk & Stangler, 2005). Placement changes are often reactionary, such as after a behavioral episode leaving the foster parent unwilling (or unable) to continue providing care. Importantly, moves following placement disruption do not necessarily provide benefits to offset the negative aspects of the move (Leathers, 2006).

Multiple placement disruptions go hand in hand with negative outcomes for youth in foster care (Leathers, 2006). Strong linear relationships have been established between multiple placements for youth in foster care and a myriad of undesirable risks to well being. Youth who are moved more often are more likely to do poorly in school, drop out before graduation, get arrested, be institutionalized, and abuse alcohol and drugs (James, 2004). It is reasonable to infer that youth who have experienced more placements will be less prepared for adulthood than peers in custody that have more success with placement stability.

Leathers (2006) found that youth reported to having behavioral problems by their case workers were most likely to experience placement disruption. The youth could be considered to most in need within the foster population and they are the ones receiving the least stability from a placement standpoint.

## The Educational Experience

Youth in foster care have a lower educational attainment rate than the general population of students. All youth in foster care have lower high school graduation rates (Zetlin et al., 2004). Youth in the child welfare system are more than twice as likely to drop out of high school before reaching graduation compared to the rest of the school age population. In general, around 85% of U.S. Students graduate from high school. Only slightly more than half of youth in state custody reach graduation (Shirk & Stangler, 2005). In Vermont, graduation rates for youth in foster care are higher than the national average (Task Force, 2005). However, as compared to the graduation rates of students in the general population, Vermont youth in foster care still lag considerably behind the rest of their school-aged peers.

Educational attainment is even lower for those youth “aging out” of state’s custody. In 1998 only 35% of the 20,000 emancipated youth had graduated from high school by age 19 (Zetlin et al., 2004). Only 11% went on to college in that same time period (Zetlin et al., 2004). In Blome’s (1997) comprehensive study on the educational fortunes for foster youth who “age out”, she found troubling educational patterns emerging early in foster care that related to poor attainment for youth once they were out of the system. The teenagers, while in foster care, spent less time on homework, were less likely to have someone monitor their homework, and did not have a parent or guardian attend a parent/teacher conference the majority of the time (Blome, 1997). Of particular concern for Blome were foster youth with special educational needs. Blome (1997) found that foster youth with special needs were more likely to attend segregated special education schools than their peers with comparable special needs in the general

population. High mobility rates for foster youth with special needs also creates barriers such as delay in records, inconsistency in programming and difficulty in assessment and care coordination (Zetlin et al., 2004).

The achievement gap in education between youth in custody and the general high school population is closed when controlling for two factors: positive placement history and broad independent living preparation (Pecora et. al, 2006). Results from the Northwest Foster Care Alumni Study (Pecora et al., 2006) seem to indicate that high placement stability and concrete resources upon leaving care were strong predictors of academic achievement. Foster youth with positive placement histories and broad independent living preparation graduate at a rate comparable to the general population.

### Employment

The prognosis of employment for youth aging out of foster care is grim at best. Eighteen months after aging out of custody only about 38% of former foster children will have steady employment (Michael, 2005). This compares to an unemployment rate of around 10% for the general population of 19-year-olds. Over half of former foster youth will have ever held a full time job at any point over those first 18 months out of the system.

There are challenges for former foster youth who do find employment. Former foster youth at age 19 and a half on average earn 20% less than their same aged peers (Michael, 2005). Former foster youth are also more likely to be underemployed. Foster care alumni are more likely than their same aged peers to earn less than \$10,000 annually (Michael, 2005). For foster youth with significant involvement in the criminal justice system, the job outlook becomes even more complicated.

A corollary to the difficulty in pre-emancipation employment relates to the difficulty in Vermont for youth in custody to secure a driver's license. There are a number of real and perceived barriers for youth and foster parents in helping youth gain a license (Task Force, 2005). The restrictions placed on supervision for driving time as well as authorization releases literally create a roadblock for Vermont youth. For most places in Vermont, a driver's license is a critical tool in order for youth (or anyone) to get to work independently.

### Incarceration

The problem of disproportionately high incarceration rates for former foster youth is well documented. Around 30% of youth in state custody in are incarcerated for some period of time within 5 years after "aging out" (Michael, 2005). Of the 30% who are incarcerated, the majority are first arrested within 18 months of turning 18 (Michael, 2005). The high incarceration rates so close to the time of emancipation seems to point to a large number of youth being severely ill prepared for independent living. In addition to high incarceration rates, youth aging out of custody face other legal challenges after leaving care. 45% reported having some "trouble with the law" (Reilly, 2003). Youth formerly in foster care commonly need legal assistance and report difficulty finding it on their own (Reilly, 2003).

Another alarming trend is an increase in arrests made of youth who are under 18 and still in custody. Nationwide, an increasing number of youth in state's custody are being held in juvenile detention centers and juvenile prisons (Karp, 2003). The state of Illinois more that doubled the number of foster youth currently incarcerated over a seven year period (Karp, 2003). The risk relationship between juvenile arrest and trajectory

toward adult imprisonment is compounded for foster youth compared to those from biological families. The majority of foster youth who spend time in juvenile detention centers will also spend time incarcerated as adults (Karp, 2003).

### Pregnancy

A secondary concern for youth leaving custody is pregnancy. Between 40 to 60 percent of females report a pregnancy within 18 months of aging out of custody (Wertheimer, 2002). Birth rates for emancipated female youth range from 30 to 40 within 18 months of emancipation (Wertheimer, 2002). Among males, around 25 percent report that they have fathered a child over this same time period. Needless to say, documented problems for emancipated youth in the areas of housing, social support, employment and legal issues all raise risks for both parents and children associated with these pregnancies.

Despite the dire conditions many of these children are born into, pregnancies for emancipated youth may be viewed as a strategy of survival (Golden, 1996). Following interviews with emancipated youth, Golden (1996) found that many females viewed their pregnancies as “an act of resistance against the suffering they had endured and an assertion of hope for the future”. Other theories accounting for high pregnancy rates among former foster youth include poor sexual boundaries resulting from the trauma of sexual abuse many had experienced prior to coming into custody. Golden (1996) found high reports of sexually reckless behavior in both male and female emancipated foster youth. A sad corollary to the trauma of sexual abuse is sexual reactivity, where (DSM IV-TR, 2004)

## Social Relationships

The social preparedness of youth leaving foster care is an area of development that receives less clinical and administrative attention than other post custody experiential variables like education or employment. Social support is an important contributor to well-being for all youth. Youth aging out of foster care experience disruptions in the level of social support they receive from various people in their lives (Courtney et al., 2001). This disruption is in addition to the multitude of other social interruptions they may have experienced through placement transitions while in care (Leathers, 2006).

The Foster Youth Transition to Adulthood Study tracked 141 young adults in Wisconsin at age 17 (mean) while in custody and then again in the first 12-18 months after leaving custody. The Multi-dimensional Scale of Perceived Social Support (MSPSS) was administered to attempt to assess the perceptions of social connected for youth in custody. Scores of perceived social support for youth dropped markedly 12-18 months after aging out of custody (Courtney et. al, 2001). Based on interview data, researchers attributed the drop in perceived support as a function of two factors. The first is the loss of contact with the formal and informal support networks offered by foster families. A geographic move generally accompanied emancipation. Youth lost significant “face time” with individuals (foster parents, siblings, neighbors) that once occupied sustained presences in their lives. The second factor relates to insufficient social development, either from impeded social skill learning or experienced social skill regression. Researchers hypothesized that a number of emancipated youth did not possess the social skills set to initiate or sustain support from significant relationships (Courtney et. al, 2001).

Sadly, time spent in state custody may actually hinder social development for some youth. Dodge & Dishion (2006) point out that a sad correlate to placement in the child welfare system is the exposure to negative peer influences for some youth. Several factors contribute to the potential of negative peer effects for youth in custody: the vulnerability of foster youth related to attachment; high numbers of youth living in group home models of care; and poor adult supervision in traditional foster home settings.

The majority of youth in custody have experienced maltreat from parental figures (Krebs & Pitcoff, 2006). Parental maltreatment results in disorganized attachment patterns for most youth (Cicchetti, Toth, & Lynch, 1996). Youth with disorganized attachments or other disorders of attachment are highly vulnerable to deviant peer contagion (Leathers, 2002). This unfortunate linkage results in foster youth being very vulnerable for the imprinting and reproduction of negative peer behaviors. Simply put, foster youth, because of the commonality of trauma histories places them very at risk for mimicking negative or delinquent behaviors they witness in peers.

Approximately 20% of youth in custody reside in group homes or similar facilities (DHHS, 2003). Youth often occupy group home models because of disrupted placements in traditional foster home settings related to the youth's behavior (Dodge & Dishion, 2006). As a result, the youth group home population generally has a high percentage of behavioral challenges and displays of acting out. Leve and Chamberlin (2005) found that youth who have been placed in group home models of care reported more delinquent peer associations than did youth placed in traditional foster home settings. This negative peer effects are evidenced in youth from group homes having higher rates of incarceration than youth from traditional individual foster homes

(Johnson-Reid & Barth, 2000).

Foster homes that can provide adequate and consistent supervision can be a successful deterrent for delinquent behavior for youth in custody (Johnson-Reid & Barth, 2000). However, foster homes with less supervision often results in increased negative peer effects for youth. Foster youth with less adult oversight are more likely to experience a negative peer association (Dodge & Dishion, 2006). Moore & Osgood (1994) found a correlation between number of foster youth in the home and disruptive or deviant behaviors. The more depleted the adult resources in a home, the greater the likelihood youth can be guided into unacceptable behaviors. Youth entering state custody may end up learning a maladaptive social skill set based on the conditions they experienced while in the child welfare system.

#### Mental Health Considerations

There is extensive evidence that youth in state custody experience severe emotional disorders at markedly higher rates than those living in the general population (Lyons et. al., 1997). Over three quarters of youth in state custody aged 14-17 meet the criteria as Severely Emotional Disturbance (SED). Several theories offer explanatory accounts for the mental health challenges facing transition age youth. First, the circumstances that compel state intervention are also high risk factors for psychopathology (Lyons et al., 1997). As significant, the separation from family or guardians can give rise to or exacerbate current emotional and behavioral disturbances in youth (Harmon & Childs, 2000). This paradox highlights the importance of mental health utilization in the care of youth in custody.

Youth in state custody are less likely to receive treatment in the “least restrictive

environment”. Hospitals represent the most intensive, restrictive and structured environments for youth. Youth in state custody are a particularly high-risk for hospitalization related to a mental health need (Romansky et al., 2003). Youth in state custody are admitted to hospitals for psychiatric reasons at a rate of about 3 to 1 over peer living with parents or relatives (Romansky et al., 2003).

More troubling, youth in custody are more likely to be readmitted to hospitals. Psychiatric hospitalization readmission rates for youth in the state of Illinois tops 55%. Sadly, the worse off you are in state custody, the greater the rate of readmission to hospitals. Youth in custody with learning disabilities, physical problems or developmental delay are most likely for hospitalization and subsequently readmission.

Although a return to the hospital is not necessarily an indication of poor outcome, it is generally seen as an undesirable result for a system of care (Romansky et al., 2003). In their examination of Hospital Readmissions for youth in custody Illinois, Romansky et al. (2003) highlighted the significance of enabling factors related to hospitalization. The most notable factor were the challenges of living arrangements and placement opportunity for youth. The theory holds that hospitals are used as safety nets or stop gaps for youth with difficult placement histories. Simply, a hospital stay becomes a more attractive intervention in the eyes of a social worker having difficulty placing a youth with mental health needs. A second factor effecting high readmission rates for youth in custody are the challenges of mental health service access after hospitalization. The opportunity for intensive, community-based post-hospital services are not available for all youth. Older youth and youth from rural areas are most susceptible to insufficient post-hospital care (Roman sky et al., 2003).

Krebs & Pitcroff (2006) contend that most youth in custody receive a mental illness model of treatment versus a mental health model. A mental illness model employs reactionary intervention with emphasis on stabilizing crisis. This model is evident in the high rates hospitalizing and crisis services access rates for teenagers in custody (Romansky et al., 2003). A mental health model integrates the promotion of mental and emotional health with an emphasis on education and future planning. Using data from the Tennessee Custody Study, Sangnes (2002) surmised children's services maybe more reactive than proactive in responding to the mental health needs of youth in custody. The opportunity for prevention and mental health promotion may not be available for teenagers in custody based on prioritization by social service workers, actual or awareness of resource availability (Krebs & Pitcroff, 2006). Despite the increased risk of mental illness for foster youth, appropriate and available mental health services are not always matched with adolescents in the child welfare system (Shin, 2003). Shin (2003) analyzed a sample of 113 teenagers in foster care and found the presence of a mental health problem only partially correlated to mental health services received.

#### Substance Abuse

Teenagers in foster care nearing the age of emancipation have an increased likelihood for using alcohol and marijuana compared to peers in the general population. Approximately 40% of adolescents aged 15-18 in state custody reported using alcohol to the point of intoxication (Thompson & Auslander, 2007). Thirty-six percent of foster youth reported using marijuana and 25% reported using both substances concurrently (Thompson & Auslander, 2007). The prevalence of alcohol and marijuana use may be underestimated (Thompson & Auslander 2007), Despite the well established risk for

substance abuse by adolescents in foster care, most states lack comprehensive reporting procedures to account for substance abuse prevalence (Leslie et al., 2003). Teenagers in foster care often fail to receive appropriate substance abuse treatment while in care (Thompson & Auslander, 2007). As such, many youth carry untreated substance abuse issues with them as they age out of custody. This cycle results in ongoing substance abuse problems for emancipated youth.

### Health Care and Dental Care

Difficulties in accessing medical care often begin for youth in foster care at an early age. Despite having greater likelihood of physical pathology, foster children receive fewer outpatient medical services than their Medicaid-eligible peers (Rubin et al., 2004). These findings are among many that underscore the need for better health care management for youth in custody. This need is further evidenced by the reliance on emergency department visits for youth in foster care. Rubin et al. (2004) found that while foster children received fewer scheduled outpatient visits, they far exceeded their Medicaid eligible peers in trips to the emergency room. The use of the emergency room increased further with a greater rate of placement changes for foster youth. Researchers attributed the temporal relationship between ER visits and placement changes as a function of the disrupted continuity of care by a primary care physician. Rubin et al. (2004) detail the deleterious impact of ER use for youth in custody, most namely cost, risk in care, and negative association and attitude toward health care.

Health care is a critical piece of self-sufficiency for foster youth. Almost all youth who age out of the foster care system have difficulty gaining access to appropriate health care (Brunk, 2002). Over 1/3 of former foster children have no medical insurance

within 12 months of emancipation (Brunk, 2002). Even though the majority of emancipated youth are eligible for subsidized insurance, most do not realize they qualify. For others, complicated eligibility requirements serve as roadblocks to access.

The transition to health care access as an adult is often troublesome for emancipated youth. Provisions offered by Title IV-E allow for Medicaid access for former foster youth between the ages of 18-21. Most states require a transitional procedure in order for eligibility to initiate for youth over 18. Without direction or the assistance of a caseworker, many youth fail to achieve this connection. Confusion surrounding this process is evidenced by a study reporting that over half of teens aging out of custody were unable to identify Medicaid as a means to access health care services (Craven & Lee).

### Youth of Color

Issues of child abuse, neglect, delinquency, and youth manageability appear to affect families of all racial and ethnic backgrounds (Hines et al., 2004). However, census estimates by the Department of Health and Human Services indicate a disproportionate number of children of color are involved in the public welfare system (DHHS, 2005). DHHS (2005) statistics identify African American and Native American youth as the most highly overrepresented groups in the child welfare system. African American youth represent around 15% of the general youth population. At the same time, African American youth represent 42% of the youth in the child welfare system (Hines et. al., 2004). Native American youth constitute about 1% of the U.S.'s general youth population and represent 2% of the youth in the child welfare system (Hines et. al., 2004). Urban areas see the largest disproportionate percentage of children of color in

DCF custody (Crane, 2004).

The relationship between race/ethnicity and involvement in the child welfare system is complex (Hines et. al., 2004). Several factors seem to offer explanation for the disproportionate rates of children of color in the system: the interplay of risk factors for children of color; the potential for race and class bias in reporting and processing of youth in the child welfare system: and the impact of child welfare policy initiatives (Hines et. al., 2004). Poverty, parental substance abuse, and parental incarceration are all associated with higher rates of youth entering state custody (Semedi, Radel, & Nolan, 2001). Sadly, children of color are most likely to be exposed to each of these risk factors. African Americans represent highest percentage of youth living in poverty in the U.S. (Naifeh, 1998). Parental substance abuse is more likely to occur, on average in African American families than for White or Latino families (Semedi, Radel, & Nolan, 2001). African American youth are nine times more likely to have a parent incarcerated as compared to their Caucasian peers (Mumola, 2000).

Research seems to indicate the presence of racial and class bias in the initial reporting and subsequent processing for children of color in the child welfare system (Hines et. al, 2004). The strongest research links pointing to bias in the child welfare system involve the initial reports made to child protective services (Ards, Chung, & Myers, 1998). Data from the National Incidence Study of Abuse and Neglect indicated that when controlling for income level, African American families had lower rates of child maltreatment (Ards, Chung, & Myers, 1998). Conversely, African American families were more likely to have unsubstantiated reports of child maltreatment made against them (Ards, Chung, & Myers, 1998).

Once in the system, families of color receive fewer services than white families (Hines et al, 2004). The discrepancy in service allocation translates into poorer outcomes for children of color in the child welfare system (Courtney et al., 1996). African American youth are least likely to be reunited with their families and more likely than white counterparts to exit the child welfare system via age emancipation (Courtney et al., 1996). Despite the glaring challenges facing youth of color in state's custody, only two federal policy initiatives have been specifically targeted at families of color in the system, the Multi-Ethnic Placement Act of 1994 and the 1996 Interethnic Adoption Provisions (Hines et. al., 2004). These provisions aimed to promote the adoption of youth of color and recruitment of diverse foster and adoptive parents and decrease racial discrimination in placement decisions. Despite growth toward adoption goals for youth of color, the policies have had little impact on the racial gap existing for youth in the child welfare system (Hines et. al, 2004).

#### Rural Implications

The unique stressors impacting the lives of foster youth for rural environments has received increased attention in public health research. The Rural Appalachia Project was buoyed by a 4 million dollar, 5- year grant from the National Institute of Mental Health. The goal of the project was “reducing the social and economic costs children and adolescents placed into state custody or juvenile detention pose to rural communities” (NIMH, 2005). Among the ‘private costs’ revealed in the study related to *equity* for rural populations (NIMH, 2005). Researchers found that children from rural areas were at greater risk for being placed in state custody and stayed for significantly longer than same aged peers from urban areas (NIMH, 2005).

Youth in custody in rural areas face additional challenges. Placements in foster homes tend to be of greater distances from biological home for youth from rural areas (NIMH, 2005). Proximity issues can disrupt family visitation and reunification and kinship care as a result (Krebs & Pitcoff, 2006). Youth in foster care are also at greater risk for hospitalization resulting from a mental health issue (NIMH, 2005). Hospital stays also mirror custody trends for rural youth with these youth staying longer in care and having higher readmission rates. Another challenge for youth in custody from rural areas is mental health service access after hospitalization. The opportunity for intensive, community-based post-hospital services are often less available for these youth. Youth from rural areas are most susceptible to insufficient post-hospital care (Roman sky et al., 2003).

### Positive Influences

Among the seemingly grim forecast provided by most research on emancipated foster youth, there is evidence for the promotion of resilience and achievement. The reliable and long lasting connection to an adult seems to promote well being and stability in youth who have aged out of custody (Reilly, 2003). The permanency and stability of a relationship with an adult figure is a critical predictor for the adjustment of youth in foster care. Youth with these strong adult figure relationships are more likely to overcome challenges that accompany “aging out” of custody. Research on at-risk foster youth stressed the importance of the positive nature and length of the connection over the characteristics of the participants (Fong et al., 2006). That is to say, the positive effects of the relationship were scene regardless of who the youth was connected to. The youth could be connected to a foster parent, case worker, figure from church, school, mentor,

etc. The benefits are equally as long as the connection is reliable, long lasting, and positive.

Relationship continuity has been linked to readiness for youth who transition from foster care in recent studies. Propp (2006) used the Ansell-Casey Life Skills Assessment (ACLSA) as a tool in an online battery administered 57 youth in the process of being discharged from state's custody. The ACLSA is designed to measure self-sufficiency in youth, both for tangible and intangible readiness. Regression analyses suggested that relationship continuity with an adult figure was a significant predictor of both tangible and intangible readiness (Propp, 2006). The strength of relationship continuity as a predictor variable of readiness was consistent across gender and ethnicity. The findings of the study seem to underscore the substantial benefit of long-term, positive relationships on the future development of foster youth transitioning into adulthood.

#### Relationships with Case Workers

Youth in the foster care system interact with dozens of various professionals. In care they will work with case managers, mental health clinicians, foster parents, nurses, child-care staff, educational surrogates, lawyers, judges, advocates, and several other miscellaneous professionals and administrators. The sheer volume of contact with workers can be overwhelming (Krebs & Pitcoff, 2006). By all accounts, working in the child welfare system is stressful (Zell, 2006). Caseworkers face numerous challenges in their efforts to prepare teenagers for self-sufficiency during life after custody. Among the problems reported by caseworkers include high case loads, communication difficulties, problems with personnel resources, poor technical and administrative support, low pay, and archaic child welfare policies (Zell, 2006). These challenges reported to Zell (2006)

a comprehensive study of caseworker beliefs in New York culminated in the theme that most caseworkers do not believe the child welfare system is adequately meeting the needs of adolescents in that state. Caseworkers, (often) the closest professional personnel involved in the lives of youth in state custody are reporting that their best efforts are still leaving an already vulnerable population ill equipped for life on their own.

The longer youth spend in foster care relates to perceptions of mistrust in caseworkers (Krebs& Pitcoff, 2006). In an ethnographic analysis of non-profit foster care, Swartz (2006) offers that even when youth do establish close and important relationships in the foster care system, there lies an underpinning of doubt around the genuineness of the bond. “Is this person helping me because of who I am or what talents I am, or is it only because it is there job to help?” A second difficulty relates to youth awareness of the temporary nature of the professional/youth relationship (Swartz, 2006). Connections to professionals in the foster care system are finite. Despite the kindness and dedication displayed by helping professionals, the relationship will be tapered either by change in placement, worker turnover, or emancipation. This uncertainty creates a confound for youth in fully believing in or utilizing help from professionals in the foster care system (Swartz, 2006).

### Extending Services

The conceptualization of adulthood vastly evolved over the course of the last century. Sociological studies polling the general population have found that a majority of Americans consider 26 to be the age when people achieve full-fledged adulthood (Shirk & Stangler, 2005). At the very least, very few Americans are financially independent at age 18, the majority of Americans not reaching this milestone for another 5.3 years (Shirk

& Stanler, 2005). The problem of using 18 as the age of legal emancipation is compounded by the myriad of problems facing the teenagers “aging out” of state’s custody. Development Psychologists use the term “Mental Age” to reflect the cognitive, emotional, and social functioning of an individual as representative indication of a contrast to chronological age (). It is highly likely that a large percentage of teenagers nearing the legal age of emancipation are in actuality functioning at a mental age considerably less than 18 years.

There are large number of service providers that feel strongly a simple solution would be to extend the age of service. An overwhelming majority of surveyed caseworkers report that adolescents exiting the child welfare system would benefit from increased service after emancipation (Leathers & Testa, 2006). Kerman (2004) attempted to establish the existence of a fiscal benefit for the extension of services to former foster youth. Kerman’s model holds that financial support by the state in the transitional areas of health care, higher education, and housing for 5 years after the emancipation would produce substantial savings to state budgetary expenses over a 15-year period (Kerman, 2004). Among the areas of fiduciary gain by extending services included fewer emergency related health costs (often the most expensive type of care), decreased legal expenditures and large increase in tax related revenue generated by higher educational attainment correlating to increased employment. It is important to note that even if offers of service extensions were viable, there is no guarantee the youth would exercise the opportunity.

### Summary: An interplay of risk factors

Young people leaving the foster care system via age emancipation are one of the most vulnerable and disadvantaged groups in society (Mendes & Moselhuddin, 2006). Youth “aging out” of care have been found to have problems with physical and mental health, social and educational deficits, poor employment outcomes, early parenthood, and involvement in the criminal justice system. Exacerbating the gravity of the prospects for these youth relates to the reciprocal nature of the challenges themselves. The obstacles these youth face intertwine and magnify other problems. As a result, caring for youth nearing the age of emancipation is a complex challenge clinically, organizationally, as well as from a policy perspective.

Emancipation from care is a major life event. The process of a forced legal transition from dependence on state accommodation to self-sufficiency is a profound life juncture. However, it is rarely acknowledged as such, by either the youth or caregivers involved (Shirk & Stangler, 2005). Several former foster youth reported their experience as though their actual emancipation from custody was an unceremonious experience. (Golden, 1996). In her longitudinal study of emancipated foster youth, Golden (1996) noted that one youth related her experience turning 18 as akin to “being evicted from an apartment I couldn’t pay the rent on anymore”.

The transition from state’s custody is also a loss experienced by youth. Youth may voice happiness and excitement related to leaving foster care. However, they will experience feelings of separation and rejection (Mendes & Moselhuddin, 2006). These experiences of separation and perceived rejection can amplify already existing social and emotional difficulties (Mendes & Moselhuddin, 2006).

### **Chapter 3: Methodology**

*“Qualitative approaches have provided ways of transcribing and analyzing the discursive construction of everyday events, of examining the consequential nature of learning within and across events, and of exploring the historical nature of life within a social group or local setting”.*

- (Patton, 2001).

### Collaboration on Research Design and Project Goals

The objective of this research study was to provide information on the futures of teenagers placed in the custody of the Department for Children and Families and who are now nearing the age of emancipation. Administrative teams for the Department for Children and Families in the Newport and Burlington areas approached UVM seeking to learn about how these children have fared in order to provide information about how to enhance future outcomes. The methodology of the study was constructed as a collaborative effort between DCF and UVM and developed as a project within the Vermont Research Partnership. The collaborative model employed during the project involved extensive logistical and ethical consultation to assist in maximizing the breadth and depth of potential results. The discourse between DCF and the researchers at the University of Vermont helped to provide measures to ensure the safety, well-being, and confidentiality of all participants.

### The Vermont Research Partnership

The mission of Vermont Research Partnership is to develop solutions-based research, policies, and practices through dynamic partnerships for improving the well-being of youth, families and individuals in Vermont. Projects of the Vermont Research Partnership seek to engage the diverse perspectives of researchers, program directors, practitioners, and community members from across the state. The Vermont Research Partnership benefits from the expertise of leaders and practitioners in the field with faculty and graduate students from the University of Vermont. By conducting research on the development and impact of programs and policies, the Vermont Research Partnership helps to communicate findings about effective outcome data and performance

measures. By utilizing best-practices in research and evaluation, partnerships among academic institutions, state, regional, and local groups are strengthened. In keeping with the mission of the VRP, the University of Vermont partnered with leaders for the Department Of Youth and Families to collaborate on every aspect of this project from its inception.

#### Attention to Measurement

*“The value of a study is reflected first and foremost by the quality of its measurement.”*

-(Patton, 2001).

A detailed review of issues related to research methods, logistics, feasibility, and ethics was conducted by members of the research team from both UVM and DCF. A qualitative study using in depth case studies was determined as the most appropriate methodology for answering the defined research questions when considering the scope of this study. The decision to utilize an in depth case study methodology relates to the vast range of variables (potentially) effecting youth in state custody. It is important to note that within state custody populations, there is great variation in family dynamics, placement arrangements, educational history, clinical diagnoses and related professional services. Youth “aging out” of custody are a heterogeneous group (Mendes & Moselhuddin, 2006). Emancipated foster youth hail from diverse circumstances, and share only as a co-hort their date of “aging out of the system”. The time spent in custody and services rendered vary greatly within this population. The experiences of youth in foster care can differ so vastly, pushing the experiential range to extremes.

#### Illustrative Case Studies

The project employed an Illustrative Case Study methodology. Illustrative case

studies require presentation of in-depth information to describe a domain or problem (Tellis, 1997). The cases selected for this project were an attempt to reflect a broad range of issues and circumstances effecting Vermont teenagers in DCF custody. These case studies serve to enhance understanding of the problems and contexts involved for Vermont teenagers about to age out of DCF custody. The cases chosen typify important variations and facets of problems facing Vermont teenage

### Purposeful Sampling

A purposeful sampling strategy aims at capturing themes that cut across a population with a great deal of variation. The study attempted to employ a purposeful sampling strategy aimed at covering three main categories of variation for youth who collectively constitute the primary population of youth in Vermont's DCF Custody:

1. Reason for Admission into custody: One of three groups detailed below.
2. Placement and Educational history: "successful or unsuccessful"
3. Vermont's socio-geographic regions: urban or rural.

The study also employed the strategy of maximum variation (heterogeneity) sampling. Efforts were made to include at least 2 female youth in both locations. When possible, recruitment attempted to include youth from diverse ethnicities.

### Recruitment of Youth and Caregivers

DCF Administrators were responsible for identifying potential participants. The identification of potential participants occurred during regularly scheduled administrative case reviews at the respective field offices. DCF District Directors assessed the participant field of 16/17 year-olds in both locations without staff assistance to protect confidentiality for participants. The purposeful sampling strategy was carried out using

the following protocol:

District Directors in Both Burlington and Newport identified the entire number of the population of 16 and 17 year-olds currently in custody. Current estimates for 16 and 17 year-old populations in the participating counties were 332 youth for the urban area and 90 for the rural area. The District Directors then began an narrowing process from the total population to arrive at the most representative sample possible.

#### Excluded Groups

The following teenagers were immediately excluded from participation:

- \* Teenagers that are incarcerated.
- \* Teenagers that are in a psychiatric hospital placement. These children were screened by First Call for Children (an emergency mental health mobile crisis unit) to be at risk of harm to themselves or others.
- \* Teenagers that are placed out of state.

#### Admission to Custody

From the remaining pool of all 16/17 youth in custody, District Directors at each site screened the teenagers into three categories related to the three reasons children in Vermont are admitted into DCF custody. CHINS refers to a “child in need of supervision”.

**CHINS A:** Teenagers who are in custody because they have been abused or neglected.

These teenagers have been abandoned or abused by his or her parents, guardian, or other custodian or left without proper parental care or subsistence, education, medical, or other care necessary for his or her well-being. These teenagers make up the largest percentage of teenagers in custody.

**CHINS B:** Teenagers taken into custody because they were declared unmanageable.

These teenagers are determined to be beyond the control of his or her parents, guardian or other custodian. Chins B Youth are often identified because of poor school attendance, whereby they are habitually and without justification truant from school.

**CHINS C:** Teenagers taken into custody because they committed a crime and were declared by a judge as delinquent. It is important to note that all three types of CHINS teenagers can live in similar settings such as living with a biological relative, a foster home, a group home or residential facility (such as Northeastern Family Institute). A teenager in DCF custody can be considered as delinquent without being incarcerated.

#### “Success” in Custody

“Success” was an operational definition recommended by DCF administrators to reflect youths experience in custody. “Success” for DCF Administrators was contingent on low placement mobility and high school attendance. The placement and academic screening criteria were selected as they relate to DCF goal based guidelines for teenagers in custody. Within each CHIN pool the District Directors selected at least one teenager who had had fewer than 2 living placements and has consistently attended school, school equivalency or a vocation program (fewer than 5 non illness related absences) in the 12 months prior to recruitment. The Field Directors likewise selected at least one teenager who had had more than 2 living placements and had not consistently attended school, school equivalency or a vocation program (more than 2 non illness related absences) in the 12 months prior to recruitment.

### Inclusion of Minorities and Women

District Directors attempted to select at least 2 females for inclusion at both sites. When possible, recruitment efforts were made to include youth of color.

### A Vulnerable Population

For the purposes of protecting participants under the age of 18, an advocate outside the research team and DCF was appointed for each participant. DCF recommended that the Guardian Ad Litem (GAL) group be contacted to fulfill this stipulation for these youth. Vermont's Guardian Ad Litem Program is a partnership of community advocates and professional staff who provide a voice to youth in the State Custody System. The Guardian Ad Litem were available to explain all facets of the study to potential participants. The GAL's also served as an advocate to the teenagers, checking on their well being and reiterating withdrawal options and resources available after the project. The teenaged participants had the option of the Guardian sitting with them during the interview if they choose. The participating DCF administrators were responsible for contacting Guardian Ad Litem to match with participants.

The GALs made first contact with potential participants and explained the study and its purpose to the teenagers and their guardians. Participants were offered voluntary participation in the project by the GAL. When applicable, the Guardian Ad Litem obtained consent for the researcher interviews to have a follow-up contact the participants directly. No client information was given to researchers without permission being first obtained from the Guardian Ad Litem. Guardian consent preceded seeking the teenagers' assent. When participants were interested, the researchers obtained legal consent from the potential participants' legal guardian. Once consent was obtained, the researchers

sought to obtain assent from the teenagers themselves.

### Caregiver Interviews

The caregiver for each youth was also offered participation in the study in the form of an individual interview. Caregiver was defined as the central figure(s) in the household of the youth. This included foster parents, biological parents, or kinship care situations. Caregivers were assured that interview data would not be shared with the youth. Likewise, youth interviews were not shared with caregivers.

### Recruitment of Service Providers

Names of relevant service providers were provided by DCF through professional involvement with the organization. These service providers were identified based on the criteria that they provide direct service to teenagers in DCF custody. The service providers were selected based on their proximity to the cases of one of the teenaged participants recruited for the study. This provided an attempt to draw a representative sample of professionals who are providing services relevant to the lives of the teenagers in this study. Service providers did not have to have provided any service to a teenaged participant included in the study in order to be included for participation in this study. The project was explained, highlighting that the service providers were not asked to discuss and specific case information. Service providers were contacted directly by the researchers.

### Description of Participants

Individual interviews were conducted with 13 teenaged subjects. All teenaged subjects were of either 16 or 17 years of age. Six teenaged youth were included from an urban area of Vermont, 7 youth were included from a more rural area. Of the 13 youth

participating, 6 were female. 2 African-American youth were included.

14 Individual interviews were conducted with caregivers of the participating youth. 6 of the caregivers were from an urban area of Vermont, 8 were from rural settings. The guardians selected included foster parents, bio-parents, or kinship guardians. Of the 14 caregivers interviewed 4 were male (1 biological father, 3 foster fathers).

The research team also conducted 22 individual interviews with relevant service providers linked to the care and service of the teenagers in state custody. The selected professionals had worked with teenaged youth in custody in the past 12 months and represented a variety of geographic regions, job titles and roles. The range of professionals included Social Workers, Special Educators, Educational Administrators, Probation Officers, Trauma Therapists, Substance Abuse Counselors and Case Managers. The interviews with providers focused solely on general service issues and not about the individual teens, their care histories, or their families.

#### Interview Procedures

The primary mode for data collection was semi-structured interviews. Qualitative interviewing protocols included examination of personal history, education, social relationships, interventions and program elements in addressing needs, hopes and dreams related to life after custody. In order to examine the full context and attain a deeper understanding of the scope of issues related to service in DCF custody, the research team recommended interaction with clients and collect data on a face-to-face level. Interviews were conducted with the teenager in custody in settings that might include their parents or grandparents' home, a foster home, a group home, or any private location the teenager feels most comfortable. Interviews were semi-structured and utilized a “person centered

approach”. Each participant was engaged in a comprehensive interview during a single sitting. Each interview lasted about one hour. All participants were given the opportunity to contribute additional information to the researchers or faculty advisors following the interview, should they so choose. The participants were given a set of the interview questions and numbers to reach the researchers if they would like to give more information over the phone at a later time.

Interviews were conducted on location in the towns of the children in DCF custody. Participants were offered the choice of interview settings based on personal comfort level. Determination of the most reasonable and confidential site for the interview was left to the discretion of the participants being interviewed. The only location criteria mandated by the research team was an audible boundary to help insure confidentiality. Environments included living rooms, offices, kitchens, dens, front porches and benches adjacent to a soccer field.

Both interviewers were trained doctoral students in Educational Leadership, both with professional backgrounds in counseling work with youth.

#### Withdrawal Procedures

Participants are reminded 3 times during the interview protocol of their ability to either reframe from answering a question, or withdraw from participation all together. If at any time a participant became uncomfortable during the interview, they were reminded that they were free to simply pass over a question in lieu of withdrawal.

#### Adverse Event Reporting

All participants were reminded of the status of the researchers as mandated reporters in cases of abuse, neglect or intent to harm. A support network for adverse

event reporting was constructed for this event, including notification to DCF counseling services and the IRB at the University of Vermont.

#### Risks/Benefits

Given the sensitive nature of the interviewing and potential for triggering unpleasant or upsetting memories, DCF provided an offer of counseling support for all participants. Should a child or family have requested, eight counseling support sessions would have been provided with licensed therapists and funded through the Vermont Department for Children and Families. These counseling sessions offered were presented as confidential and free of charge to the child or family. The child or family had access this counseling at any time during a period of six months following participation in the study.

#### Payment for participation

As reimbursement for their time and effort, teenagers and their family members, guardians, or foster parents received a \$25 gift card for participation in the interview process. Service providers will not receive payment for participation as DCF has allocated time during their work hours to participate in the interviews.

#### Additional Sources of Information

Case information was made available to members of the interviewers using document review. DCF documentation on each youth provided collected data for basis of custodial transition, history of treatment, related diagnoses, and physical and demographic data. DCF identified the following sources of material as the appropriate aspects of the youth's file that would be applicable and should be included in the investigation. All names mentioned in the documents other than the participant's were

blacked out by DCF, before the document review begins. The following list of items constituted examples of DCF documentation:

General & Psychological Assessments  
Disposition Reports  
Discharge Summary  
Court Records  
Investigation Summaries  
Intake Reports  
Contact Notes  
Placement History

The above documents represent DCF records. DCF is the legal owner of the documents. Based on conversations with DCF Administrators, the documents are considered “privileged information” and not accessible to teenagers or their biological families. Authorization to the documents for research purposes was granted using a DCF release by a DCF official. Participants were informed of the documents being reviewed prior to their participation in the study. Access to the documents was offered to both researchers at the physical location of the DCF Field Office. The data reviewed included notes on service history for the youth, length and number of programs, time in custody, and number of placements.

#### Statistical Considerations

Demographic data for age, time in custody, gender, ethnicity and years of school completed were compiled.

#### Attrition

The selection and referral process met pre-project goals for subject participation. Of the initial 12 teenaged youth contacted, only two individuals declined to participate. Alternate candidates were recruited from a back up list provided by DCF. Target

numbers for guardian interviews were also met. Target numbers for service providers were exceeded. No participants withdrew during the interview process. No participants requested their submissions be withdrawn after completion.

#### Data Safety and Monitoring

If given consent/assent, interviews were audio-taped to help in the note taking process. After notes are transcribed from the tape-recorded interviews, the tapes were erased. The information accrued from the project was kept confidential. No names were transcribed. The following results section only identifies individuals and towns by pseudonyms. All data were kept in a locked file cabinet. Data were coded by the researcher team, with a master list secured and kept separately.

Participants under the age of 18 were reassured that their interview responses will not be shared with their legal guardian or service providers.

#### Data Analysis

When all interviews were complete, the interviews were transcribed into a data base. A member of the interview team read and coded the data derived from their interviews with the youth, caregivers, and service providers. Following this process, the interview team met to identify the most salient themes that emerged from the interviews. The overall findings emerged from the mapping process, which collected the youth's perspectives on their history, dreams, fears, experiences in prison, and identified needs for entering independent adulthood successfully. The caregiver and service provider interview data were likewise coded and analyzed using a triangulation process with input and review from field notes, relevant literature and document review. The findings then synthesized the findings into a combined report, which also included an executive

summary for distribution to DCF Field Offices.

### Triangulation

Triangulation refers to a process of the comparison of multivariate data sources to reveal consistencies and inconsistencies. Data triangulation increases the credibility of researcher findings (Patton, 2002). Multiple forms of data were collected for this project including individual interviews with youth in custody and their caregivers, interviews with service providers, document review, field notes, literature review of national and local research findings. Each of these data sources was compared and contrasted using constant comparative analysis to form reported outcome themes.

## Chapter 4: Findings

*“It’s not that easy being in (DCF) custody. It’s not that easy being away from your family all the time, or having to move in with people you don’t know. Suddenly everything’s different. People put you in a different category”.*

- Jeremy (pseudonym)  
17-years-old

This section describes the findings from individual interviews with 13 teenaged youth in custody and 14 of their guardians. This phase of the report shares their perspectives about their relevant histories, their experiences in custody, and their thoughts about preparation for adulthood as they near life after emancipation. The findings are organized according to major themes, each further specified with several sub-themes. All interviews were compiled, transcribed and coded for themes common among participants. Three overarching questions were used to frame themes from the interview data:

1. What has been the experience of teenagers and families who are about to age out of custody in Vermont?
2. What are the factors that have contributed to the individuals preparedness (or lack thereof) for life after emancipation from custody?
3. Are there differences in the experiences between families in more rural versus urban areas of Vermont?

### **INTERVIEWS WITH TEENAGED YOUTH IN CUSTODY AND THEIR GUARDIANS**

\* For the balance of the report, *italics* generally refer to observations from teenagers in custody, their guardians, or service providers, “in their own words”.

The findings reveal a complexity of issues related to transitioning to adulthood from life in custody as a teenaged youth. Three major themes emerged from the interview data with youths and their guardians.

- 1) Challenges in preparing for independent life as an “adult”.
- 2) Indications of Resiliency Building.

### 3) The “pull” of biological families.

The first theme, which describes challenges of the youth’s experiences leading to preparing for independent adulthood, includes several; sub-themes: a) a history that involved trauma (sexual, physical, and emotional), b) having difficulty with transitioning between schools and c) cognitive distortions in future planning and d) discrepancies in perceived support from the state. The second theme, which focuses on the youth’s resiliency building, includes four sub-themes: a) long term connection to supportive caregiver b) a charismatic interpersonal presentation c) displays of anxiety and ambition during future planning and d) access to comprehensive social service programming. The third theme, which relates to the inclusion of biological families in youth’s planning for post emancipation, involves two r sub-themes: a) an inevitable attempt at reconnection to biological parents and b) placement history and separation from biological siblings. Quotes from the youth and guardians are interspersed throughout the narrative, both within paragraphs as examples and following paragraphs in bulleted, italicized form.

#### Theme 1: Challenges in preparing for independent life as an “adult”

- *“I hear over and over (from youth) ‘I can’t wait to turn 18’, the ‘no one will be able to tell me what to do’ kind of thing. The problem is, not only will no one be there to tell them what to do, no one will be there for them to fall back on when something goes wrong.”*
- *“When I’m 18 I’ll probably have a job that pays me good cash. I’m going to get my own place. It’s going to be nice. People can come over and hang out.”*
- *“Once he’s an “adult” in the eyes of the state, I don’t have a say in it any more. It’s up to him if he wants to continue with these services. And to be truthful with you, I don’t believe that he will.”*
- *“Well, they tell me to go to school and they threaten me, but it doesn’t really – I still don’t go to school.”*
- *“When I first came here, I was out of school for like three months. So like, it was hard, like transitioning back into school after being out so long. When I was (in the last foster home) I got there in the summer, so I didn’t school through those like 2 or 3 months. It was just hard transitioning back and having to get to know new people”.*

### Trauma History

The experience of at least one traumatic event was common to most teenagers interviewed. Most youth, regardless of reason for intake into custody, reported a history of abuse or mistreatment from an adult in their past. The impact of past trauma experiences impacting their current day-to- lives was consistently raised in the interviews. Issues of mistrusting adults and authorities were raised by several youth. Other youth declined to address questions related to their histories as it may have necessitated reviewing painful experiences. One 16-year-old male who has spent 4 years in custody balked at talking about his childhood. *“I can’t talk about that (stuff).....too depressing”*.

Several youth reported feeling that the experience of being taken into DCF custody constituted an additional traumatic stressor in their perspectives. Over half of the youth interviewed reported anger about being removed from their homes and felt the decision was unfair. A 17-year-old male reported feeling anger towards DCF after being taken into custody. *“I didn’t even need to go to (foster care) that day. I could have went home until they got their act together. I ain’t their business, but they took me anyway. I didn’t like that”*.

### Difficulty with School Transitions

Youth and foster parents articulated feeling as though they needed to overcome obstacles in order to get an appropriate education. The logistics of accommodating foster youth with academic, social and emotional needs in school settings are extremely complex. Several foster parents reported difficulty in getting the youth enrolled with

appropriate academic supports. The lack of coordination appeared to be reflected in a negative attitude toward school for several youth. Because youth in foster care often experience multiple living placements, high school mobility was common. The frequency in transfers between schools resulted in logistical difficulties including problems registering and meeting accommodations on IEPs.

A foster mother of a 16-year-old male lamented on the time lapsed between when he arrived at her home from a residential setting and when he could be enrolled at school. *“He just started yesterday. That was really frustrating. Somehow the kids have got to learn to talk to each other much sooner than they do. People knew (he) was coming back to the community and granted, they might not have known (which schools), but we’ve been since July trying to get comprehensives done, trying to get his IEP done and trying to get him into an alternative school. And it happened yesterday.”*

One 17-year-old male reported he was not attending school at all. His biological mother expressed her frustration with her perceived lack of coordination between DCF and the school system. *“There is no school right now. I had programs and everything set up for him when he got back here to start school in September. And he went for a total of about five days and that was it for that. He’s not officially off the record at this point, but getting him there and getting him to participate in anything that school requires just doesn’t work for him right now.”*

A side effect of having multiple foster placements means often having to change schools several times. Having to recurrently be “the new kid” in a school can be emotionally taxing. One youth recollected feeling ill at ease after having to change high schools/programs on three occasions. *“It got so I didn’t like anything about school, to be*

*honest with you. I think it sucks. I got kind of a bad attitude and I just decided not to – I just decided that I didn't want to go to school any more.”*

The foster parent of a 16-year-old male with attendance issues reported that she didn't feel DCF or the school system had been able to connect to coordinate a support. The foster parent reported feeling ignored and disempowered as she tried to access educational accommodations for the youth. *“They haven't helped, unfortunately. I have been the one that has made all the phone calls, that has met with the school board, you know, with the people from the school directly, to get these things in place for (the youth).”*

The lack of coordination appears reflected in the youth's stated attitude toward school. He reported a lack of internal or external motivation to attend classes. *“Well, they tell me to go to school and they threaten me, but it doesn't really – I still don't go to school.”*

#### Chronological Age Versus “Mental Age”

Youth who seemed least prepared of independent living displayed a lack of concrete future planning during interviews. It appeared that youth with most severe abuse histories displayed the most difficulty relating tangible goals for the future. The youth that seemed least prepared displayed a developmental delay in their goal setting during interviews. These youth maintained an idealized view of their future similar to youth at least 2-3 years younger than their chronological age.

The perception gap was evidenced in complications with social and emotional delays displayed during interviews. A possible effect of the trauma (that resulted in their being taken into state's custody) is a developmental delay in their goal setting, where the

youth maintain an idealized view of their future similar to youth 2-3 years younger than their chronological age. The perception gap is evidenced in a 16-year-old youth with significant learning disabilities who has been in custody for 2 years with one placement describes: *“I can actually be a kid and be who I didn’t get to be when I was younger. It’s hard for me ‘cuz now I act like – I kinda act a little younger and I like run around and woo-haa and get rowdy and they’ll tell me to quiet down and I’ll try but...”*

An outpatient counselor interviewed related how unresolved trauma can confound development creating a gap between mental age and actual age. *“What you see so often is a gap between mental age and actual age. The drivers license may read 17, but you’re dealing with a 12 year old emotionally.....( these guys) get stuck. Without that support), what do think is going to happen?”*

Several guardians and service providers questioned the wisdom in demarking age 18 as a milestone for adulthood, particularly for this population. A school based service provider relates the arbitrary nature of 18 as an emancipation age. *“What teenager is ready to be an adult on their own at 18? None. And you put (a traumatic background) on top of that. Listen, I wasn’t ready to be on my own at 18. I’m still not. I check in with my parents all the time.”*

### The Magical 18

Several youth seemed to share a vision of their future that was idealized, focusing on long-term goals, with few intermediary goals to separate their current reality from their adult selves. There appeared lack of realistic or comprehensive perspective taking from teenagers interviewed surrounding the realities of life after emancipation. In the transformational break from authority in which will carry with it several perceived

perspectives of several youth interviewed, the 18<sup>th</sup> birthday represented an instantaneous improvements across life domains. In most cases, the teenager's expectations far exceed the realities of life after custody. This phenomenon is commonly referred to as "the Magical 18".

A DCF social worker with 10 years experience sees the "magical 18" as a roadblock for service planning for life post-custody. *"What is missing for so many of these kids is a sense of realism. You ask them about their plans for life after foster care, and they are just so unrealistic. Once they're 'free' of DCF, somehow all the problems are going to away. They're going to be with their parents, they're going to hang out with their friends all the time, live in a great place.....but there's no connection there as to how those things happen. Or an understanding of why their mom was so troubled in the first place. It's almost as if these kids turn 18 and start running toward failure".*

A foster parent of over 25 years reiterated the perception gap between teenager expectation and the realities facing emancipated youth. *"It's tragic because they've built up life after 18 so much in their minds, and when it turns out so different, the opposite even, it's that much more devastating.....They crash".*

#### Discrepancies in Perceived Support from the State

Service providers and foster parents alike expressed one of two extreme analysis of the youth's support team, from frustration with unreturned calls and high turnovers and transitions, to a warm sense of support and gratitude for the work of others. The foster parents' and service providers' sense of hope and optimism may be strongly correlated to their sense of support and unity in providing for the youth. Getting "face time" support

from DCF social workers was a common concern raised by both teenagers and foster parents. Families reported that regular visits were infrequent and insufficiently lengthy when they happened. Youth and foster parents voiced that visits from DCF were consistent only when trouble had occurred with the youth. Cases where a connection has been able to form between social workers and youth have highlighted the importance of time spent in relationship building.

Some families reported that regular visits were infrequent and insufficiently lengthy when they happened. Youth and foster parents voiced that visits from DCF were consistent only when trouble had occurred with the youth. One foster mother of an aggressive teenager felt her advocacy of behalf of the youth went overlooked by DCF. *“It wasn’t until I made about ten calls (to DCF) that they first came over. And they were here for maybe a half an hour. We never heard anything, never heard from him again. I mean we got no support from (the social worker) – none whatsoever, the whole time that he had been Steve’s (pseudonym)’s social worker. And he never got involved again until Steve got into some trouble. And because he’s in DCF custody, the police have to notify them. Then (social worker) would call would call and say, “what’s going on?” Not that he gave any help or any support. He didn’t. He just wanted to know what happened, what was going on.”*

Other youth reported almost completely opposite perceptions of support from DCF. A seventeen year-old female and her foster mother lauded the positive impact of the state of the lives of their family. *“I know that my social worker I had at the time was really supportive. She kept me like up to date on what was going on constantly, always*

*came to meetings. When I had my interview for here, she came and picked me up from (a town far away) just to come and get the interview. She didn't send someone else. But she was very – what's the word? – She thought that was very important to make sure that she was there for all of her kids, which I appreciated.”*

The foster mother concurred. *“(Our social worker) was so on top of everything. She knows (the youth). She knows what she needs. And she gets it done.....(She's been a god send”.*

### Theme 2: Indications of Resiliency Building

- *“...the most important thing was (she) treated me like family.....not like I was staying here. I call her mom. She introduces me as her daughter. She likes it. I like it. We went on vacation together.”*
- *“He just has that way about him.....draws you in.....It's hard not to like him. You can take him places, and he'll have people talking to him like they've know him forever.”*
- *“(she) doesn't try to pull (things) anymore. She knows I'm right on it. She knows what to expect from me... I know all her tricks. It took a long time to get past all that. But we have and it works.”*
- *“Well, anger management helped me to figure out stuff to do when I'm mad, so I didn't blow up or get into a fight. And drug counseling taught me ways to stay away from drugs.”*

### Long-term, Positive Connection to an Adult Caregiver

Youth that seem most prepared for adulthood are those who reported a stable, consistent, support relationship with a single caregiver. The relationships noted included connections with a foster parent, biological parent, relative, social worker and family friend. The importance of the connection superseded the nature of the relationship. Teenagers who had a long term, positive, committed, stable relationship reported feeling as though the connection served as an anchor for the uncertainties facing life after aging

out of custody. Guardians with long term connections to youth also reported feeling better prepared for assisting youth for independent living. Several foster parents noted that it took years for a trust to build and for a mutually beneficial relationship to occur. Accordingly, foster parents predicted more favorable outcomes for life as adults for teenagers who had such relationships.

A 17-year-old female applying to college related the importance of her connection to her foster mother. “...*the most important thing was (she) treated me like family.....not like I was staying here. I call her mom. She introduces me as her daughter. She likes it. I like it. We went on vacation together*”. Another teenaged female in custody extolled the value of her long-term connection to her foster family. “*I think they’re the best because I have finally someone that I really know cares about me. I know when I was younger, I lived with my grandmother for like six months – six years. And I know she loved me and all that. But now it’s just – I can really get into stuff. We do a lot of family stuff and so we’ll go up to Canada and my brother – actually, my mom’s – I consider this whole family my real family, like mom and dad, kids, I’ll call them my brothers and sisters and their kids my nieces and nephews. And I think it’s just so wonderful.*”

#### Trusting Relationship with a Social Worker

Youth and caregivers reported relationship length and contact frequency as key variants in the development of trusting relationships with social workers. Youth with reported positive relationships with Social Workers were more likely to report collaborative treatment planning and alliance in goal setting. Cases where a connection has been able to form between social workers and youth have highlighted the importance of time spent in relationship building.

A 17 year-old-female voiced her esteem in which she holds the guidance of her social worker as a key factor in her preparation for life after emancipation. *“This one time I got stuck in Brattleboro (Retreat). I was pissed...And she (her social worker) came to visit me. Drove all that way. It’s like 2 or 3 hours. And she brought me this like beanie baby thing. I still have it...She explained that I needed to be there, to get things straight in my mind... She was right. I like her because she was right”.*

#### Case Example: Amanda

By any account, Amanda (age 17) had been through a staggering amount of social services. Struggling to cope with the death of her mother, Amanda found it difficult to relate to her father. Their relationship continued to strain as he became closer with a girlfriend who eventually moved into their home. Amanda became increasingly defiant and despondent.

Amanda’s struggles did not go unnoticed by her father or by school personnel. She began seeing a counselor at age 9. Throughout adolescence she was involved consistently with counselors, school social workers, therapy groups, family therapists, and even and intense home based family case management. Amanda’s mood and behavior would often improve temporarily. However, a backslide eventually followed.

A critical juncture began at age 13 when she began drinking with a cousin. Her experimentation with substances quickly spiraled out of control. She escalated from marijuana to cocaine, even using heroin on two occasions. Amanda began to engage in risky behaviors. She began staying away from home for days at a time. Amanda’s father contacted DCF for help. Amanda was assigned a social worker who quickly made a

meaningful connection to the family. The social worker facilitated several interventions including emergency stays in hospital diversion and intense short term substance abuse rehabilitation. Amanda would oblige with treatment and eventually return home.

While back home, the drug use did not stop. After a confrontation with her father, their relationship had reached its breaking point. Amanda ran away. After using marijuana with a friend, Amanda found her way to the dorm room of a cousin at the state university. The cousin made a call to Amanda's father shortly thereafter.

Feeling as though he was out of options, Amanda's father made the difficult call to DCF to relinquish custody. After a family consultation with Amanda's social worker, Amanda was taken into custody as unmanageable. She was subsequently admitted into an intensive residential facility for teenagers. Amanda's father recalled how the family's longstanding relationship with its DCF social worker provided the necessary support while making such a difficult decision. It was the trust from the reciprocal relationship with this same social worker that gave DCF credibility in the eyes of this family.

Even Amanda concurred. She recalled that underlying her initial anger at the decision, she had felt comforted when leaving home because of her longstanding relationship with her social worker. After nearly a year in residential care, Amanda returned home. The family's social worker continues to meet with the family regularly. She assisted Amanda in finding an alternative where Amanda has found academic success. As Amanda nears her 18<sup>th</sup> birthday, she has maintained her sobriety for almost 2 years.

### The “Charisma” Factor

Charismatic youth presented with a natural ability to draw supportive adults in. The youth’s personality and projected persona translated directly into commitment and energy from their team. There is likely a greater return on the emotional investment of foster parents and service providers with youth who are more naturally able to develop strong and trusting connections with adults. Several foster parents expressed how the persuasive strength of the youth effected commitment to participation in the life domains of that youth.

A foster parent expressed how the youth participating in the study developed relationships that benefited from having a charismatic interpersonal style. She reported feeling that his charisma motivates others to become involved in his life. *“I think he can talk his way into or out of anything, I mean, and he’s, if its something he really wants to do he’s right there for it.” And when you say he can talk his way out of anything that’s an asset... “Yeah, He likes people and he’ll talk to anybody.”*

Another foster parent reflected on the youth in her home having a persuasive strength and joked about him becoming a car salesman. *“He just has that way about him.....draws you in.....It’s hard not to like him. You can take him places, and he’ll have people talking to him like they’ve know him forever.”*

### A “Healthy” Anxiety

While most youth presented idealized prognostications for the lives out of custody, some youth did acknowledge the challenges associated with emancipated life.

The youth who seemed most prepared were the ones who seemed to display at least moderate apprehension at the prospect of emancipation. A seventeen-year-old female with college ambitions related worry about financial independence. *“I guess it’s a little scary thinking about all that. Having a house, food, its expensive.”* A 16-year-old male reported tangible concerns during his report on future planning. *“I guess I’ve got to learn a little bit more about expenses and stuff, how to take care of bills. Because when I have money, I don’t really want to just piss it away”.*

#### Access to Services

Youth who seemed most prepared for emancipation reported positive experiences with involvement in therapeutically based social services. Most notably, prepared youth reported the importance of a connection to a counselor. Matching of appropriate therapies and techniques was reported as crucial for building a therapeutic alliance among interviewed youth. Foster parents reported the responsiveness of case managers and opportunities for youth choice in service as key factors for youth “buy-in” to services. Two services were reported by youth and caregivers as most valuable interventions in their perspectives, trauma therapy and substance abuse counseling.

Therapy for past trauma in particular was reported by several youths and caregivers as a key to positive social, emotional and physical development for teenagers in custody. One youth reported a therapy breakthrough as a turning point in her personal development. *“The last (counselor) I was with, she and I talked with me about (being abused), and she told me – and she got me to understand, that none of the abuse was my fault. I could not have done anything at all to stop him. So that finally went – I started believing it.”*

When describing their lives before custody, most youth reported ongoing exposure to substance risk factors. Several teenagers reported substance abuse counseling as pivotal in the development of their self-concept and vision for the future. A 16-year-old male identified his work in a Substance Abuse program as having had positive impact across his life domains. *“Before, when I didn’t really care, like most of the time I’d – we’d just smoke weed, but I figured out that’s not really the best choice. It just gets you in a lot of trouble.”*

### Theme 3: The “pull” of biological families

- *“I want to see where she (my mother) is”.*
- *“Even though I’m here...I still have a family. My family. Even though I don’t see them, there still my family. Being here doesn’t change that.”*
- *“Denying contact (with TPR’ed parents) isn’t really protecting them. When they are 18 and out of custody, you know so many are going to make a beeline for their parents.”*
- *“It’s hard living in someone else’s space. They’re real nice to me, but this is their house, it’s not mine”.*

### An Inevitable Attempt at Reconnection to Biological Parents

The overwhelming majority of participating youth noted contact with their biological parents as a component of their plans after “aging out”. Planning to reunite with family members was present regardless of the conditions related to separation or Termination of Parental Rights (TPR) status. Several teenagers acknowledged an intention to contact biological parents who have harmed them in the past and whom DCF has forbade contact. Several interviews with teenagers highlighted the conflicted attachment many youth in custody have toward their biological parents. Several youth painted a harsh depiction of strained relationships biological parents when explaining

their entrances into custody. However, despite not having spoken with his parents for several years, having TPR, or ongoing concerns related to substance abuse or criminal activity, nearly all youth expressed interest in visitation and even the possibility of co-habitation with biological when discussing plans for life after aging out.

Service providers interviewed provide several theories to explain the lure of biological parents who have harmed youth in the past. One social worker offered a seemingly evolutionary perspective on reconnection. *“It’s in our nature. No matter how much they have been hurt, everyone wants their mom.”*

A counselor related that youth are also drawn to reconnect with siblings that may have had diminished contact with. The concept of connectedness to biological siblings was present during interviews. Youth reported feeling identification with constellations despite limited contact or termination of parental rights. A male youth reported that his siblings were a large factor in his desire to reconnect with his biological parents. *“Like I got little brothers and sisters that like if I don’t – babies and stuff – if I don’t see enough, they’re not going to know who you are. So I haven’t seen my brothers and sisters that much. And I was talking to my sister on the phone and she didn’t even know who I was.”*

#### Case Example: Chris

Chris, a 16 year-old-male in custody related strong mixed emotions when discussing his birth family. His intentions highlighted the conflicted attachment many youth in custody have toward their biological parents. During the interview Chris painted a harsh depiction of his biological father when explaining his entrance to custody. *“He was (messed up)...drunk...he used to wail on me and my brother... pretty bad... he’s pretty much an asshole”*. Chris went on to report an insidious pattern of abuse at the

hands of his father.

Despite not having spoken with his father in over 4 years, TPR, and ongoing concerns related to substance abuse and criminal visitation and even the possibility of co-habitation with his father was raised by this youth when discussing his plans after aging out. *“I’m going to see where he is...if he has that house still... if my brother’s there, I might stay with them.”*

#### Placement History and Capacity for Attachment

Some youth displayed self-awareness on the impact of multiple placements on their perspective on family. The more the youth had moved, the harder they reported it was to make connections with foster families. A 17-year-old female with 7 placements in 3 years explained how negative experiences in past foster homes impeded her relationship development with her current foster parent. *“For me there’s always that feeling (when I go to a new foster home), ‘can I trust this lady’”?* This notion was reiterated by a 17-year-old male on his 7<sup>th</sup> placement. *“You go somewhere and they tell you you’re ‘part of the family’. But I’m still part of the system.”*

### **INTERVIEWS WITH SERVICE PROVIDERS**

This section describes the findings from individual interviews with 22 service providers working with teenagers in custody. A range of providers were interviewed including DCF social workers, teachers, probation officers, counselors, administrators and school guidance and social work personnel. This phase of the report shares their perspectives on the successes and challenges of working with teenaged youth in custody. The findings are organized two major themes, each with several sub-themes:

- 1) The Challenges of Finding, Allocating and Managing Resources
- 2) The Effects of Staff Turnover

Theme 1: The Challenges of Finding, Allocating and Managing Resources

Service providers repeatedly reported difficulty in managing and allocating services for teenaged youth in custody. Three sub-themes emerged from the interviews:

1. There was a lack of consensus and agreement about what services were actually available. Over the course of interviews, there was a marked lack of agreement as to what resources were available to teenaged youth in custody. This finding was consistent between both rural and more urban areas of Vermont.

A therapeutic case manager who has been with DCF for less than 5 months after a teaching career in corrections highlighted the challenge of identifying and accessing resources for this population. *“I actually haven’t come up to a place in any of my cases where I haven’t felt that I had the resources around here to meet those kids needs. I mean everything is right there and if I don’t have it I can go to someone and they’ll be, yeah here’s what you can do and where you can go to get it.”*

2. Some youth were matched with services that were not appropriate for their level of need. Case managers reported having few choices of service to match with youth. In some cases, youth were placed in levels of service that did not match the youth’s needs or developmental level. In these cases, a lack of options forced youth into settings that were not effective and at times, even disagreeable to youth.

Some youth and families felt that they were pressured into services that did not

match their personal need or goals for the future. A foster parent explains why she was not able to get her child to stay engaged in a life skills program. *“He went there and they were talking about things like refrigerating food and washing clothes. He knows (all that). He took it like they calling him stupid. It was like he was embarrassed to go. I tried to explain to him that like some kids probably needed (that advice) but (he) needed to learn balancing a budget to buy a car and things.....it wasn’t where he was at”*

**3. Certain resources were not accessible to youth based on the geographic location of their living placement.** In particular, service providers from a rural areas Vermont noted the how a lack of resources in the district can constrain treatment planning for youth. The lack of resources went beyond therapeutic and educational services. Most providers noted a lack of social/recreational opportunities for youth in custody.

A social worker from a rural area of Vermont highlighted the gap that sometimes exists between ability to access formal and informal services. *“(They) get taught all these social skills.....but then where are they going to use them? Where can they go? The only recreation opportunities available to them are sports or drinking/smoking with their buddies. So what happens to (these kids) who aren’t athletic, who can’t play on the varsity team? It’s not like there are inter murals they can fall back on. They end up drinking or drugging”.*

#### Theme 2: The Effects of Staff Turnover Among Service Professionals

- *“None of us have enough time. Someone is always leaving, then we all inherit that person’s caseload. Someone new will get hired, but that all takes time. Then they have to learn what to do. Where is the kid all this time?”*
- *“You can’t ever really focus on a kid like you want to. You end up only making contact when the kid does something wrong.”*
- *“And I’d like to say its because we are understaffed that we make bad decisions,*

*but it gets almost beyond, and I know, in human services I feel like I can say this, because when you're so pressured it just quick make a decision done and you just can't do that with human beings, you just can't. And if you do that you just mess something up badly.*

- *I've had about a million therapists. I should have a doctor's degree in therapy."*

### Caseloads and Intensity of Cases

The majority of service providers reported feeling as though they were not able to spend enough time with each teenager in custody. Almost every service provider commented on wanting to spend more time for positive interactions with youth in custody. A pattern of contacting youth when they had "done something wrong" was consistently reported. Service providers also stated that the intensity of one youth's case can dominate their time schedule. If one youth on their caseload went into crisis, the other youth would go largely overlooked until the crisis was resolved. There were also concerns raised by service providers regarding a perceived lack of collaborative time with DCF Social Workers. Service providers from mental health and education noted the difficulty in coordinating multi-service gatherings.

### Relationship Instability

Several youth reported huge lists of counselors, case managers, social workers, foster parents and various other services providers they had worked with. Several youth had lists so long they struggled to remember names of service providers. Transitions to multiple case managers and service providers can be very challenging to teenagers and professionals alike. When discussing transitions to new service providers, you voiced frustration with what was perceived as the learning curve of a new case manager. A sixteen-year old-male in custody for 6 years voiced frustration with what his perceived

was the inexperience of a new case manager. *“(The Case Manager) wouldn’t let me call my grandmother. I’ve always called her. (He) didn’t even look in my file. He could have just asked but he just said no……He doesn’t know me.”*

In interviews youth noted the discomfort with having to retell life histories to new workers. Likewise, service providers reported relationship building with teenaged youth was most difficult when the youth had experienced multiple transitions between workers. Service providers also noted the challenge of adopting new cases as co-workers left their organizations. Several youth reported years of counseling relationships with multiple therapists. For some, the repeated transition of mental health workers devalued the impact of treatment. A teenager explains why counseling was not engaging for him. *“I’ve seen counselors since I was like 8. I hated going. We just sat there not talking…I don’t feel like telling the same (story) over and again”.*

## **Chapter 5: Discussion**

*“There are great programs and there are great people out there, foster parents, extended family, counselors, social workers, etc. They can dedicate their lives and sanity to helping these youths and it might not be enough. The needs of (these youth) are a like moving target. It’s going to take an effort from the community top down, business, education, political, family, human services to make the significant changes necessary.”*

- DCF Social Worker

## Review of Themes

The purpose of this study is to gain a life-story perspective from youth about their experiences around preparedness for self-sufficiency during life after emancipation. The qualitative methodology employed by the study was best suited to capture the complex contextual environment of youth. Although the scope of this project was limited, the first person accounts from youth, their families and service providers offer an important perspective to inform future evaluations of program effectiveness associated with the services and support the youth received while in DCF Custody. Additionally, the project provided some insight on experiential differences for youth in custody in rural versus more urban areas of Vermont, most notably around service equity. The collaborative model employed by the study enabled project data to be shared expeditiously with Leadership at Vermont's Department for Children and Families

This study highlighted the diverse experiences and challenges facing youth nearing the age of emancipation from state custody. Even though the scope of this project prohibits the generation of absolute conclusions on care and policy, rich themes did emerge from this study. Youth leaving state custody without adequate preparation or support poses a costly problem from social, clinical and policy perspectives. Several themes raised during interviews seem to indicate that a large range of variables can impact a youth's preparedness for independent living. The perspectives reflected in the study also seemed to indicate that greater research attention is warranted in order to enhance policies and programming effecting youth "aging out" of state custody in Vermont.

### A Collaborative Process

The project was made possible by the strong working relationship between Vermont’s Department of Children and Families and the University of Vermont. Every aspect of this project was buoyed by the collaboration of youth, families, DCF and various organizations that serve teenagers in custody. Project design and methodology were strengthened by the clear communication flow between professionals at both organizations. Administrators from both Newport and Burlington DCF Offices dedicated substantial time and energy to ensure the project yield meaningful and in-depth results, at the same time taking extensive measures to ensure the safety, well being, and confidentiality of all participants. Professionals from both DCF Offices were extremely gracious with time and energy during the collaborative process with UVM. The openness and honesty in self-examination by the Department of Children and Families was instrumental for the goal of yielding reliable data with utility for policy reflection. The thoughtfulness and candor provided by individuals and families involved with DCF were likewise vital for the soundness of the project’s outcomes. The project benefited greatly from this unique access into the inner workings of the Department of Children and Families. We are grateful for the “window into the system” we were provided by DCF and the individuals and families living in the state custody system.

### Secondary Themes

The process of qualitative interviewing affords participants the ability to voice subject material they prioritize as most meaningful. Lewis (2005) points out that “People are going to talk about what they feel passionate about”. As such, it was common for participants in the study to drift off topic from the interview protocols. The

process and outcome of this study connected well raised several issues during pre-study collaboration between the research team and leadership members of DCF. However, participants also detailed perspectives on factors involving both policy and practice for that did not necessarily align with pre-study project goals. Some of these themes included the challenges of being a foster parent, financial strains, and the impact of early childhood experiences

### 1. Additional Challenges of Being a Foster Parent

A number of foster parents reported feeling unprepared to meet the challenges of the high needs youth brought to their homes. At least 3 foster parents reported that they were not given adequate information about the youth's history before taking them into their homes. These foster parents reported that receiving a youth with behavioral challenges they were not anticipating often lead to abrupt ends to youth placements in their home. One foster parent lamented having to terminate a placement with a youth who had outbursts that included destruction of property in her home. *"I once had a 15 year-old that I just loved. (I still love him). I tried and I tried with that kid.....but nothing I did seemed to help. I didn't know what to do"*.

### 2. The Financial Strain on Foster Parents

Several Foster Parents noted the expenses of caring for teenaged youth in custody. Although in addition to daily rates, DCF does offer some discretionary funding for youth's experiences. However, in some cases the funding was either slow or insufficient. One foster parent noted the difficulty in funding typical teenaged activities for foster youth. *"(She) went to the formal last spring. So we asked DCF for money for a dress and all. And they gave it to her. But it was only enough for the dress. Not even. She*

*had to have her hair done, shoes.....I had to pay for all that stuff.”*

### 3. Impact of Early Childhood Experiences on Future Outcomes

Several Service Providers and at least 2 Foster Parents reported fearing that early childhood experiences are too often under-emphasized as they relate to outcomes for emancipated youth. A foster parent noted the range in developmental challenges posed by youth leaving supremely dysfunctional homes. *“When you see (the situations) some of they kids have been living with....and people expect them to come into (DCF Custody) and like waving a wand or something, everything’s just going to be okay? Yeah, right. Those kids are bound to struggle...Some of them for years....No matter what DCF does.”*

The position articulated by this parent and other similar positions are not rationalization for inaction. Nor do these positions support the establishment of a “range of expectations” that might be misconstrued as limitations for the potential of youths. Rather, these positions seem to advocate for acknowledgement of qualitative experience in the assessment of goal setting for youth nearing emancipation. A youth noted that apparent educational and social delays that appear to impede unprepared youth may have resulted from a lack of meaningful parental interactions during early childhood. *“My real mom was clueless. I can’t say she taught me anything. I learned it myself.”*

#### Limitations

This project relates several unique case studies that attempt to explain the challenges of preparedness for life after “aging out” from foster care. The cases were identified through an extensively reviewed purposeful sampling process designed to draw participants that were most representative of the population of youth nearing the age of emancipation. However, the scope of the study is relatively small. The impact of

individual differences on a relatively small sample size is an important consideration when extrapolating the lessons learned or forming directions for further research and policy development.

#### Incarcerated Youth

Due to logistical concerns and regulations enforced by the UVM's Research Protections Office, no incarcerated youth were included in this study. The voices of these youth would have been a valuable and highly informative addition. Incarcerated youth in state's custody present the greatest challenge to state welfare systems. Shirk and Stangler (2006) point out, "...a history of incarceration increases the difficulty in finding appropriate placement for youth by tenfold or more". Finding foster parents willing to "take a chance" on youth leaving detention centers is a massive challenge for social workers. The experiences of these youth were an unfortunate omission from this study and a valuable research topic for future projects.

#### Lack of Outcome Studies

An additional project limitation stemmed from a lack of current outcome data on Vermont's emancipated youth. No quantitative or quantitative data set was available on Vermont's former foster youth to reference during project development. The 2005 Report constructed by Vermont Task Force on Youth At-Risk acknowledged that "Vermont does not have adequate information on the long term outcomes for those youth aging out of the system". Lack of outcome data on emancipated youth hindered confidence in connecting project themes derived from teenaged youth and related constellations to documented concerns catalogued in a data set from a Vermont population.

### Former Foster Youth

Pre-project development proposed inquiry on youth already “aged out” of custody. After considerations of scope and logistical tracking of participants, the decision was made to focus on teenaged participants still in custody. Some of the projected logistics included difficulty in tracking former foster youth. Tracking difficulties would be compounded as a result of confidentiality constraints related to closed DCF cases.

### Future Study

The richness of themes derived from the project and the success in collaboration with DCF Field Offices raises the question as to why there is a paucity of research on Vermont’s former foster youth. The historical reticence to engage in self-reflective research studies may stem from several areas.

It is reasonable to speculate that given national projections on the outcomes facing emancipated foster youth, there may exist some trepidation to examine outcomes for Vermont youth. It would be difficult to explain to state auditors, the public, or the press how after years in DCF care, receiving programming (costing tens if not hundreds of thousands of public dollars) that most youth will face severe challenges socially, educationally, vocationally and even legally. The explanation is no made easier if Vermont reflects national trends reflecting almost 30% emancipated youth will end up incarcerated within 5 years of ‘aging out’ (Elliot, 2003). It is not difficult to envision how a public backlash would manifest itself should outcome results implying failure were to become public knowledge.

Research on populations in state's custody present some unique logistical concerns. First and foremost, creation of a data set may be challenging in relation to issues of confidentiality. Legal guardianship and consent are thorny issues involving power and possible coercion. Other roadblocks include the cost of research. These concerns are not insurmountable. It is important for State Administrator to keep revisiting the 'roadblocks' conversation and keep dialogue moving forward on the development of continued research.

#### Creation of a Data Set on Emancipated Youth

Vermont's foremost research goal should include the collection of data on it's emancipated foster youth population. The creation of a statistical data set could include information on education attainment, employment, dosage of intervention, detail about what clinical programs youth are actually getting, how much time they are spending in treatment, incarceration rates, housing histories, income levels, insurance and health care access, a history of "face time" with social workers, pregnancy rates, placement history, substance use and statistical representation of satisfaction rates on time spent in custody.

#### Mixed-Methodology

A data set on Vermont's emancipated youth population would highlight the utility of statistics in addressing important problems in measurement and goal setting. In order to examine the full context and attain a deeper understanding of challenges facing emancipated youth, there is a need to interact with youth and families and collect data on a face-to-face level. A future mixed-methodology approach for study that included qualitative interviewing of clients and their families would allow for the fullest examination of program elements in addressing needs specific to various youth. Youth

enter foster care with a wide array of needs. DCF connects these youth to a range of placement, educational, vocational and clinical programs. Qualitative components of study would serve to illuminate a “bigger picture” as to whether the DCF is matching youth needs with available resources. Quantitative measurement would provide utility in goal setting and information sharing. A longitudinal assessment creates a broader picture of the sustainability as well any immediate challenges facing emancipated youth

#### Investigation of alternative models of care within Vermont

With the overwhelmingly negative research base that exists related to outcomes for emancipate youth, it is logical that new methods of caring for children with severe emotional and behavioral needs be pursued. With the push toward community care, outcome studies serve to provide additional information as to appropriate matches for children and level of care programs. A future study should seek to compare methods of intervention and treatment planning between youth in Vermont. A study on the impact on different interventions targeting teenaged youth in custody would be to provide a basis for comparison between programs in order to sort out what programmatic issues are impacting outcomes for emancipated youth. This would help serve as a barometer for resource allocation within the states.

#### Context and Limitations of Policy Recommendations

This project highlights the multiple and complex challenges involved in the current experiences of youth emancipating from foster care. There is no single solution or “quick-fix” that will alleviate the challenges raised by youth, families, and Service Providers. New Legislation enacted in Vermont in 2007 may begin to provide the additional supports needed for emancipated youth to boost future outcomes in a positive

direction. However, there are still several other interventions to consider.

The following recommendations were constructed after care review of gathered interview data from youth in the system, their guardians, and from the service providers who care for them. Data triangulated with interview data, documentation and thorough review of current literature including Vermont's Task Force 2005 Report on Youth At-Risk. The triangulated data seem to indicate several possible courses of action to improve the preparedness for youth in Vermont to become adults.

The policy recommendations represent the first person perspectives of individuals living and working in the Child Welfare System. The recommendations were garnered through extensive analysis of interview data gathered for this project. However, as noted in the Limitations section, the scope of this study is limited. As such, the confidence in the following recommendations is affected by the size and scope of the study. Further study on the lives of youth emancipated from foster care would be strongly recommended before undertaking the following policy proposals.

#### Policy Recommendations

Recommendations are categorized based on four values of quality improvement:

**Empowerment:** To equip or supply those living in the system with greater ability for self determination.

**Efficiency:** To improve access and efforts from services and individuals living and working in the child welfare system

**Efficacy:** To improve capacity and creation of services in order to produce the greater potential benefit to youth "aging out" of foster care.

**Equity:** To improve the balance of resources accessible youth in the system and service

providers across the state.

### Empowerment

**1. Increase reimbursement rates for foster parents.** The reimbursement for foster parents does not equal the estimated cost of living for raising a child in the U.S. In Vermont, if a foster parent had raised a child in custody from birth to age 18, they would be paid approximately \$141, 349.90. It seems like a lot of money until you take into account that economists estimate that it cost on average \$160,000 to have raised a child to age 18 in the Northeast United States. Where these figures aren't comprehensive, they illustrate the point that foster parents are under compensated for a very difficult job.

Increased compensation would likely improve both recruitment and retention of quality foster parents. Research shows that two factors greatly improve outcomes across life domains for youth in foster care: placement stability and longstanding positive connection to an adult figure. Greater stability among foster parent resources would aid with both goals.

**2. Offer greater positional power to foster parents to make decisions regarding the care of youth in their homes.** Several foster parents reported feeling hamstrung by regulations and having to get “permission” from busy social workers before making decisions related to the treatment or even more mundane decisions related to the day to day life of youth living in their care.

**3. Facilitate foster parent ability to assist youth with securing a driver's license.**

This is especially crucial for youth in Vermont where public transportation is not a viable option for many citizens. Provide liability waiver and insurance coverage for learning

period. Offer training opportunities and resources for foster families to access at no personal cost.

**4. Create a ceremony protocol aimed validating the significance of the transition from state custody.** Emancipation from care is a major life event, as such it should be treated it like one. Emancipation is also experienced as a loss. Youth may seem happy to leave care. However, they will experience feelings of separation and rejection from their social worker, foster parents, and various service providers (Mendes & Moselhuddin, 2006). Raise consciousness about emancipation organizationally across DCF.

Encourage social workers to talk about it with teenaged youth in custody.

**5. Offer teenaged youth choices in types of therapies/counseling to participate in.**

(For example, group, family, pairs, individual, behavioral, music, recreational, art, play or other alternative therapies). Give these youth some power in choice. Large numbers of emancipated youth fail to continue with counseling after age 18. In addition to the challenges youth “aging out” face by no longer have DCF social workers to arrange and transport them to counseling, some youth are reticent to continue in counseling because of negative attitudes toward services already rendered. Forcing a teenager to attend counseling with a “general” referral can often result in poor therapist/client matches. If a teenager does not establish a therapeutic alliance with the counselor, not only will few gains be made in the present, these youth will be less likely to seek therapeutic support in the future. Choice will improve counseling “buy-in” making it more likely emancipated youth will seek services when needed in the future.

**6. Have honest discussions about the realities facing youth aging out of care.** Find a balance between and realism and safety against the self-fulfilling prophecy. Engage

youth in planning for their future. Identify the risk factors facing teenagers in custody. Youth in custody have tended to create idealized perceptions of life awaiting them after turning 18. We refer to this concept as “the magical 18”. Having frank, yet support discussions about the challenges of independent life will facilitate more concrete planning. It is also important to allow youth to retain hopefulness about the future, as many rely on hopefulness as a coping mechanism.

### Efficiency

**7. Catalogue available resources.** There appears to be a large discrepancy between real and perceived service opportunities both among youth and families as well as the service providers working with these youth. Create a user-friendly reference guide for pre and post care that has utility for both youth and professional. Disseminate as a partnership between DCF and Social Service Agencies. Augment information with an interactive website with consumer support. Ensure yearly updates reach youth for 7 years.

**8. Offer teenaged youth continuity when receiving services from behavioral health centers serving 18 and under populations.** Another that can factor contributing to emancipated youth having interrupted counseling services relates to be forced to change providers due to age requirements. DCF should narrow referrals for youth in custody to counseling agencies where therapists are able to serve youth beyond their 18<sup>th</sup> birthdays. It is difficult logistically as well as therapeutically for emancipated youth to have to begin a new counseling relationship at age 18.

**9. Create programs aimed at retention of workers who serve youth in custody.** Staff turnover is problematic both clinically and organizationally. High turnover rates end up forcing multiple intimate relationships on youth in custody, many with pre-

existing attachment issues. The benefits or retention will aid both youth and service providers.

**10. Mandate all youth have a complete and comprehensive physical health screening the before turning 18.** Check for vision, hearing, dental and other risk assessments. Create treatment plan for managing any chronic health problems. Accompany physical with education on health habits and timelines for doctor visits.

**11. Consider intensity of life circumstances when determining caseloads for DCF Social Workers.** It has become almost a cliché to argue for reduced caseloads.

However, the need of a social worker for more time with each youth persists. Almost every social worker reported commented on wanting to spend more time for positive interactions with youth in custody. One social worker lamented “It’s sad, but it seems like most of the time I’m seeing (youth) because they did something to get in trouble”.

Several service providers talked about the intensity of certain cases is as important in time consideration as the numbers of youth on their caseload. A social worker with 14 years experience reported the difficulty with trying to proactive with youth on her caseload. *“All it takes is one kid goes into crisis....runs away...something, there goes 90% of your week on that one kid. So then what about 20 something other kids? What can you do for them?”*

**12. Promote professional development within DCF to enhance training, policy development, supervision and support to service providers.** There is no “quick fix” to improved preparedness for life after “aging out” of foster care. It will take a long term organizational commitment to evaluation, education and collaboration to make a significant impact on future outcomes for emancipated youth. The most efficacious

interventions will come from training service providers on the front lines, listening to the families, and attending to national trends in the field. Ideally, the creation of a position of “Transition Expert” at the Department of Children and Families would offer consultation and collaboration across field offices.

### Efficacy

**13. Create voluntary clinical actions plans for teenaged youth with TPR parents with the youth was still in the support of DCF custody.** Regardless of what trauma and misdeeds that may have been committed by the biological families, a large number of these youth are going to attempt to reunify with their families after emancipation. The support of DCF professions could be hugely beneficial. Reconstruct policies so voluntary reconnection with bio-families can begin for youth at age 17. This way, youth will have a safety net for potentially volatile re-unification attempts.

**14. Fund and support therapeutic services directed at treating trauma and substance abuse as a ready option for the treatment plan for every youth in custody.** Trauma based therapy was reported to be hugely beneficial for interviewed youth in custody. The overwhelming majority of interviewed youth had experienced trauma at some point in development. A counseling relationship with a trauma specialist was reported as most helpful. Trauma therapy has to be offered on an ongoing basis. Several variables play into whether or not a teenager is “ready” to address these hugely sensitive issues about their past. Substance abuse treatment was the second most noted by youths as an efficacious intervention.

**15. Provide incentives for social workers, service providers, and adoption contractors to get hard-to-place children adopted.** Adoption incentives serve a prevention point for reducing the number of youth “aging out” each year. Evident from past research is that youth in custody fair better across life domains if they are adopted before they can age out (Shirk & Stangler, 2005). It is also clear that procuring adoption for older youth is a serious challenge. Age 13 has been shown as a “tipping point” in adoption, with a disheartening negative correlation between successful adoptions and age increases throughout the teenage years (Krebs & Pitcoffe, 2006). Offer comprehensive (including financial) and long lasting supports to potential adoptive families. Youth who are successfully adopted have better outcomes and even with additional support offered, will cost the state measurably less than keeping the youth in state custody.

**16. Offer legal support and consultation for all emancipated youth.** In addition to high incarceration rates, youth aging out of custody face other legal challenges after leaving care. 45% reported having some “trouble with the law” (Reilly, 2003). Youth formerly in foster care commonly need legal assistance and report difficulty finding it on their own (Reilly, 2003). The majority of arrests for former foster youth happen in close proximity to turning 18. Offer emancipated youth sound legal support may help prevent legal problems from spiraling out of control.

**17. Create the role of educational liaison for teenaged youth in custody.** The focus of this role is to facilitate communication between DCF, home, and school. Among the primary responsibilities would be coordination of documentation between people and organizations. It would be largely beneficial to target resources at drop out prevention. Additional needs include resource guidance for higher education and equivalency

degrees. Educational Liaisons offer strategies to assist youth overcome real and perceived boundaries to accessing post secondary education or vocational training. A strengthened partnership with state universities could improve retention rates for former foster youth. Sadly, for those foster youth who succeed in reaching college, they are among the most vulnerable as a dropout risk (Shirk & Stangler, 2005). There is very little research on the college experiences of former foster youth.

**18. Strengthen partnerships with state universities to improve retention rates for former foster youth.** Sadly, for those foster youth who succeed in reaching college, they are among the most vulnerable as a dropout risk (Shirk & Stangler, 2005). There is very little research on the college experiences of former foster youth. Foster youth are confronted with several additional roadblocks during the adjustment to university. Where to spend school breaks is a common concern. One option would be to adopt a “surrogate family program”. Similar models are utilized on other campuses (including the Naval Academy) for all first year students. A university liaison trained specifically on the experiences of former foster youth would help connect new students to appropriate services/supports during that crucial first year. Creating a social support network on campus could be an important resource for relationships and troubleshooting problems as they arise. Increasing retention rates of former foster youth is mutually beneficial for youth, the state, and state universities.

**19. Emphasize stronger sexual education and pregnancy prevention for teenagers in custody.** Create an action plan in collaboration with Planned Parenthood, resulting in a developmentally appropriate curriculum with an emphasis on prevention. Sexual education and family planning should be a part of every case manager’s plan of care for

teenagers in custody. Birth rates are staggering high for emancipated youth. Often times these pregnancies exponentially magnify the challenges of independent life for former foster youth.

**20. Create additional state-funded housing options for emancipated youth that are accessible, affordable, and supervised.** Prioritize equity in housing opportunity for every county in the state.

### Equity

**21. Strive for equity in resource availability across the state.** Some services are available to youth in some areas, but not in others. For example, there was a lack of mentoring opportunities for youth from rural areas of the state. This was a concern mentioned by foster parents as well as service providers. Likewise, a dearth of social/recreational outlets for teenaged youth in custody was also acknowledged. An increase of a flexible social budget for youth in custody would promote positive social interactions for times when cost is a deterrent (i.e. gym membership).

**22. Advocate for changes in restrictions for enrollment in the armed forces.** Along their paths, several foster youth have experienced some sort of stay in a mental health facility. Over 1/3 of youth in state custody for over 5 years spend time in 24 hour mental health care at some point (Brunk, 2002). Anti-psychotic medication regimes are also common. Either experience or medication can pre-empt enlistment in the US Army. A special consideration clause in enlistment protocol could take the life history factors into account and not close a career path to several emancipated youth.

**23. Continue research on the lives of Vermont's foster youth.** Focus attention on

evaluation of future outcomes using both quantitative and qualitative methodology.

Vermont does not have adequate information on the outcomes of its own youth who “age out”. A tracking process should be established. Measuring outcomes for these youth across life domains years after emancipation would provide a reference beneficial for ongoing service improvement.

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## **Appendix 1: Service Provider Interview Protocol**

### General questions about the children in DCF custody population

1. In what capacity do you/have you worked with children in DCF custody?
2. How would you describe the children in DCF custody you have worked with? How would you describe any changes in the children coming into custody over the time you have been working with them?
3. In what ways do the needs of this population differ from the rest of children in familial custody?
4. What are some of the greatest challenges for these children?
5. How do other children respond to/relate to/interact with children in DCF custody?  
How do children in DCF custody respond to/relate to/interact with their peers?

### Service Provision

6. What type of training (professional development or other) have you had in working with children in DCF custody students?
7. How effective was/is that training?
8. What challenges do social service providers face in serving children in DCF custody students?
9. What characteristics does a service provider need to possess in order to successfully care/case manage/counsel children in DCF custody students?
10. From what you observed, how important was parental involvement in the service of children in DCF custody?

### The Future

11. What do you see happening for these children after their 18<sup>th</sup> birthdays?
12. How have you seen children change over the course of their time in custody?
13. What has been effective in your working with the children in foster care? What wasn't?
14. How have the developmental characteristics of children in foster care impacted your ability to meet the needs of these children?
15. How would you change the structure of the social service to better meet the needs of once they age out DCF custody?
16. What are your recommendations for how DCF can better meet the needs of children in DCF custody?
17. What advice would you give to a social service provider who is working with a child in DCF custody for the first time?
18. Is there anything else you would like to tell me?

## **Appendix2: Interview Protocol for Guardians**

Interview Protocol: The questions will be semi-structured and will take place in naturalistic settings of the individuals/families choice. Participants will be offered the opportunity to draw should they feel uncomfortable with a face-to-face interview.

### **Interview Introduction and Disclaimer**

*“I’m going to be asking you some questions about what life is like for children in foster care. If one of the questions makes you start to feel bad or uncomfortable, it is okay not to answer it. You can just say ‘pass’ and we’ll move on. Also, if you are feeling like you want the interview to stop, just say so and we will stop”.*

### **General Information**

#### **Tell me about this child.**

Probes:

Age? Grade? Amount of time lived in current home? Where else has this child lived?

Family? What do they like to do for fun? What do they want to do when they are older?

### **School**

#### **What do you think about this child’s current school situation?**

Probes:

Has being in foster care helped this child with school? With Friends? Does it hurt this child with school, with friends?

#### **What is your feeling about how important it is for this child to get a good education?**

Probes:

Why? Where do you think that feeling comes from?

#### **If you had the opportunity to tell this child’s teachers anything about them- what would you want them to know?**

Probes:

About their background, about school, what they like to do, anything else you think is important?

### **Entering Foster Care**

#### **Tell me about what you know (remember) about this child entering a foster home.**

Probes:

Do you remember how old they were? What did it seem to feel like for them? What was life like before for this child?

#### **Describe this child’s experience living in foster care.**

Probes:

Where was this child’s first placement? Have there been other placements? If so, how many? How does it compare with their other experiences? Which do they prefer? Why?

## **Living in a Foster Home**

### **Tell me about the services this child has received.**

For example, are they involved in the JOBS Program, do they have a respite provider, do you go to family counseling?

### **Reminder for Participant**

*“I just wanted to remind you, if any question makes you feel uncomfortable, you don’t have to answer it”.*

Probes:

How long were the services? Who provided them? What was helpful? What wasn’t?

### **Tell me what this child is currently involved in.**

Probes:

How long have they been going on? Who provides them? Who decides what services this child is involved in? Are they helpful? How could they be improved?

**If you could give social service providers any advice on how they can best help this child to be successful, what would you say to them?**

Probes:

In school, at home, later in life

### **Peer Relationships**

#### **Tell me about this child’s friends.**

Probes:

Have they made a lot in (your current situation)? What are their backgrounds? What does this child like to do for fun with them? Do they get together outside of school? How are their friends here different from friends they’ve had in the past? How are they the same?

#### **How does this child go about making friends in a new place?**

Probes:

Has this child had to make a lot of new friends? Are they happy with the friends they’ve made?

#### **Is this child involved in any extracurricular activities?**

Probes:

Such as band? Or clubs? Or do they play any sports? Art, etc. If no, why? If yes, have they made friends through these activities?

#### **How have the other students treated this child since they have been in foster care?**

Probes:

Have they been accepting? Has this child felt left out or unwelcome in any way?

#### **What would you want this child’s peers to know about them?**

Probes:

...to help them accept this child more, to help them to understand where this child is coming from, etc. Do they generally know this child living in foster care? Is that

something this child tells them? Or do they know from some other way?

### **The Future**

#### **Tell me where you see this child at 18.**

Probes:

Where is this child going to be living? Where will this child be in school? Will this child work? What kind of contact will this child have with their family? With you? Is that where you want this child to be? What are your hopes for this child? What are your fears?

#### **Tell me where you see this 10 years beyond that.**

Probes:

Where is this child going to be living? Where will this child be in school? Will this child work? What kind of contact will this child have with their family? With you? Is that where you want this child to be? What are your hopes for this child? What are your fears?

#### **Explain to me how foster care has shaped this child's future.**

Probes:

How has it helped? How has it make things more difficult?

#### **Tell me about your goals for school for this child.**

Probes:

Where did those come from? How have they been shaped by living in foster care?

#### **Tell me about your goals for having a job for this child..**

Probes:

Where did those come from? How have they been shaped by being in foster care?

#### **Tell me about your goals for having a family and friends for this child..**

Probes:

Where did those come from? How have they been shaped by being in foster care?

#### **Is there anything else you would like to tell me?**

“Lots of times people think about things they would like to say after the interview is over. If this happens to you, and you think of something else you wanted to say, please feel free to call myself or Preston. We would welcome your thoughts at any time.”

*Thank you again.*

Matt MacNeil  
(802) 652-7264

Preston Randall  
(802) 527-0565

### **Appendix 3: Interview Protocol for Youth**

Interview Protocol: The questions will be semi-structured and will take place in naturalistic settings of the individuals/families choice. Participants will be offered the opportunity to draw should they feel uncomfortable with a face-to-face interview.

#### **Interview Introduction and Disclaimer**

*“I’m going to be asking you some questions about what life is like in foster care. If one of the questions makes you start to feel bad or uncomfortable, it is okay not to answer it. You can just say ‘pass’ and we’ll move on. Also, if you are feeling like you want the interview to stop, just say so and we will stop”.*

#### **General Information**

##### **Tell me about yourself.**

Probes:

Age? Grade? Amount of time lived in current home? Where else have you lived? Family? What do you like to do for fun? What do you want to do when you are older?

#### **School**

##### **What do you think about your current school situation?**

Probes:

Has being in foster care helped you with school? With Friends? Does it hurt you with school, with friends?

##### **What is your feeling about how important is to get a good education?**

Probes:

Why? Where do you think that feeling comes from?

##### **If you had the opportunity to tell your teachers anything about you- what would you want them to know?**

Probes:

About your background, about school, what you like to do, anything else you think is important?

#### **Entering Foster Care**

##### **Tell me about what you remember about entering a foster home.**

Probes:

Do you remember how old you were? What did it feel like? What was life like before?

##### **Describe your experience in living in foster care.**

Probes:

Where was the first placement? Have there been other placements? If so, how many? How does it compare with your other experiences? Which do you prefer? Why?

#### **Living in a Foster Home**

**Tell me about the services you have received.**

For example, are you involved in the JOBS Program, do you have a respite provider, do you go to family counseling?

**Reminder for Participant**

*“I just wanted to remind you, if any question makes you feel uncomfortable, you don’t have to answer it”.*

Probes:

How long were they? Who provided them? What was helpful? What wasn’t?

**Tell me what you are currently involved in.**

Probes:

How long have they been going on? Who provides them? Who decides what you’re involved in? Are they helpful? How could they be improved?

**If you could give social service providers any advice on how they can best help you to be successful, what would you say to them?**

Probes:

In school, at home, later in life

**Peer Relationships**

**Tell me about your friends.**

Probes:

Have you made a lot in (your current situation)? What are their backgrounds? What do you like to do for fun with them? Do you get together outside of school? How are your friends here different from friends you’ve had in the past? How are they the same?

**How do you go about making friends in a new place?**

Probes:

Have you had to make a lot of new friends? Are you happy with the friends you’ve made?

**Are you involved in any extracurricular activities?**

Probes:

Such as band? Or clubs? Or do you play any sports? Art, etc. If no, why? If yes, have you made friends through these activities?

**How have the other students treated you since you have been in foster care?**

Probes:

Have they been accepting? Has this child felt left out or unwelcome in any way?

**What would you want your peers to know about you?**

Probes:

...to help them accept you more, to help them to understand where you’re coming from, etc. Do they generally know you are living in foster care? Is that something you tell them? Or do they know from another way?

**Tell me about your family.**

Probes: Do you have any siblings? What is your relationship with your parents like? How has it changed? Have your parents ever had any trouble with the law?

### **The Future**

#### **Tell me where you see yourself at 18.**

Probes:

Where are you going to be living? Where will you be in school? Will you work? What kind of contact will you have with your family? Is that where you want to be? What are your hopes? What are your fears?

#### **Tell me where you see yourself 10 years beyond that.**

Probes:

Where are you going to be living? Where will you be in school? Will you work? What kind of contact will you have with your family? Is that where you want to be? What are your hopes? What are your fears?

#### **Explain to me how foster care has shaped your future.**

Probes:

How has it helped? How has it make things more difficult?

#### **Tell me about your goals for school.**

Probes:

Where did those come from? How have they been shaped by living in foster care?

#### **Tell me about your goals for having a job.**

Probes:

Where did those come from? How have they been shaped by being in foster care?

#### **Tell me about your goals for having a family and friends.**

Probes:

Where did those come from? How have they been shaped by being in foster care?

#### **Is there anything else you would like to tell me?**

“Lots of times people think about things they would like to say after the interview is over. If this happens to you, and you think of something else you wanted to say, please feel free to call myself or Preston. We would welcome your thoughts at any time.”

*Thank you again.*

Matt MacNeil  
(802) 652-7264

Preston Randall  
(802) 527-0565

## **Appendix 4: Informed Consent for Service Providers**

Title of Research Project: Resilience Development in State's Custody: Capacity and the Challenges Facing Children Aging out of Vermont's DCF System.

**Principal Investigator:** Matthew MacNeil, MA, MEd Preston Randall, MEd

**Sponsors:** Faculty Sponsors at the University of Vermont

Dr. Herman 'Bud' Meyers  
University of Vermont  
(802) 656-3282

Dr. Susan Hasazi  
University of Vermont  
(802) 656-1353

Heidi Bartoo, MA  
University of Vermont  
(802)656-1351

Vermont's Department of Children and Families are also working on this project.

Tom Pristow  
Agency of Human Services, DCF  
(802) 334-6723

Jane Helmstedder  
Agency of Human Services, DCF  
(802) 652-6852

You are being invited to take part in this research study because we are collecting information for a research project about what happens to children who are in the custody of the Department of Children and Families and are getting close to leaving custody. DCF and the University of Vermont (UVM) want to find out more about what life is like for these children. So we are interviewing professionals who work with children in DCF custody to learn about the social service experiences of these children from a providers' perspective.

We encourage you to ask questions and take the opportunity to discuss the study with anybody you think can help you make this decision.

### Why is This Research Study Being Conducted?

We want to learn about the experiences that have helped children in custody and experiences that may not have helped. With more information we have about what has helped and what hasn't helped teenagers in custody, DCF will be able to make better decisions about how to best serve teenagers in the future. We are hoping that with more information, children in DCF custody can be better helped in the future with getting ready for life as an adult.

### How Many People Will Take Part In The Study?

We are hoping to interview around 24 service providers who has provided help to a teenager in DCF custody either as a social worker, counselor or case manager. We have identified you as a service provider based on your experiences working with one of 12 teenagers in state custody we have identified. We are also hoping to interview at least one of their parents or legal guardians of approximately 12 teenagers in custody. All of the interviews will be with service providers, teenagers and families from Vermont.

### What Is Involved In The Study?

We are asking that you sit with us and answer some questions about your work experiences as a service provider to children in DCF custody. The questions not ask for specific case information about any child you have worked with. Rather, the questions are general inquiries about the challenges and successes in providing service to children in DCF custody. The interviews will take about an hour. The interview will happen in a place that is comfortable for you and as private as possible. You may see us taking notes during the interviews or some interviewed will be audio-taped if that is okay with you. This is just to help us remember some of the things you tell us. The notes and tapes will be destroyed when the project is over.

### What Are The Risks and Discomforts Of The Study?

The risks as a service provider participating in this study are minimal. We are not asking for any specific case information and have taken explicit steps to ensure that nothing you tell us will be shared with any children or families you work with, or any of your colleagues.

### What Are The Benefits of Participating In The Study?

This study is hoping to learn about life in DCF custody by listening to the experiences of providing service to children in custody.. This study will give you a chance to provide feedback on what your experience has been and how you think life for other families with teenagers in DCF custody could be made better. We are hoping that the information we gain from this study can be used to help DCF better help other children and teenagers in the future.

### What Other Options Are There?

You can choose not to participate in this study.

### Are There Any Costs?

There is no cost to you for being involved in this study.

### What Is the Compensation?

You will not receive payment for participating in this study.

### Can You Withdraw or Be Withdrawn From This Study?

If you agree to participate in the study, you are free to stop at any time. If one of the questions makes you start to feel bad or uncomfortable, it is okay not to answer it. You may also decline to participate all together. You will not be penalized for stopping or declining to participate.

### What About Confidentiality?

Everything we are told or anything we see will be kept confidential. Interviews with you will not be shared with the children you serve or their families. They will not be shared with anyone you work with. Interviews with children you work with will not be shared with you. No individual people will be identified by name. The results of this study may eventually be published, but all names of children, teachers, schools and towns will be replaced with pseudonyms.

Some interviews will be (audio) taped to help with note taking. After notes are written down from the tape-recorded interviews, the tapes will be erased and no one else will get to hear them. All of our notes will be kept in a locked file cabinet.

### *Contact Information*

*Dr. Susan Hasazi will be overseeing this project from UVM. Please feel free to contact her in you have any further questions or concerns at (802) 656-1353 or via email at [Susan.Hasazi@uvm.edu](mailto:Susan.Hasazi@uvm.edu). If you have any questions about your rights as a participant in a research project or for more information on how to proceed should you believe that you have been injured as a result of your participation in this study you should contact the Research Protections Office of the Institutional Review Board at the University of Vermont at 802-656-5040.*

Additional contact information including counseling information is listed on an attached page.

Statement of Consent

You have been given and have read or have had read to you a summary of this research study. Should you have any further questions about the research, you may contact the person conducting the study at the address and telephone number given below. Your participation is voluntary and you may refuse to participate or withdraw at any time without penalty or prejudice to your present and/or future care.

You agree to participate in this study and you understand that you will receive a signed copy of this form.

\_\_\_\_\_  
Signature of Subject

Date

This form is valid only if the Committees on Human Research's current stamp of approval is shown below.
---

\_\_\_\_\_  
Name of Subject Printed

\_\_\_\_\_  
Signature of Principal Investigator or Designee

Date

\_\_\_\_\_  
Name of Principal Investigator or Designee Printed

Name of Principal Investigator:  
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Telephone Number:  
(802) 652-7264

(802) 527-6572

## Appendix 5: Informed Consent for Parents/Guardians

Title of Research Project: Resilience Development in State's Custody: Capacity and the Challenges Facing Children Aging out of Vermont's DCF System.

**Principal Investigator:** Matthew MacNeil, MA, MEd Preston Randall, MEd

**Sponsors:** Faculty Sponsors at the University of Vermont

Dr. Herman 'Bud' Meyers  
University of Vermont  
(802) 656-3282

Dr. Susan Hasazi  
University of Vermont  
(802) 656-1353

Heidi Bartoo, MA  
University of Vermont  
(802)656-1351

Vermont's Department of Children and Families are also working on this project.

Tom Pristow  
Agency of Human Services, DCF  
(802) 334-6723

Jane Helmstedder  
Agency of Human Services, DCF  
(802) 652-6852

**Note: Throughout this document "you" refers to "you or your child".**

You are being invited to take part in this research study because we are collecting information for a research project about what happens to children who are in the custody of the Department of Children and Families and are getting close to leaving custody. DCF and the University of Vermont (UVM) want to find out more about what life is like for these children. So we are interviewing parents and guardians of children who have been in DCF custody to learn about their life experiences from an family perspective.

We encourage you to ask questions and take the opportunity to discuss the study with anybody you think can help you make this decision.

### Why is This Research Study Being Conducted?

We want to learn about the experiences that have helped children in custody and experiences that may not have helped. With more information we have about has helped and what hasn't helped teenagers in custody, DCF will be able to make better decisions about how to best serve teenagers in the future.

We are hoping that with more information, children in DCF custody can be better helped in the future with getting ready for life as an adult.

### How Many People Will Take Part In The Study?

We are hoping to interview at least one of their parents or legal guardians of approximately 12 teenagers in custody. We 121 are also hoping to interview 12

teenagers in custody. All of the interviews will be with Vermont teenagers and families. We are also hoping to interview someone who has provided help to a teenager in DCF custody either as a social worker, counselor or case manager.

### What Is Involved In The Study?

We are asking that you sit with us and answer some questions about your life experiences as the parent or guardian of a teenager in DCF custody. The questions are about such things as how having a child in custody has effected your family, your child's education, relationships, and plans for the future. The interviews will take about an hour. The interview will happen in a place that is comfortable for you and as private as possible. You may see us taking notes during the interviews or some interviewed will be audio-taped if that is okay with you. This is just to help us remember some of the things you tell us. The notes and tapes will be destroyed when the project is over.

### What Are The Risks and Discomforts Of The Study?

We realize that we are asking for some personal information about your family that may be hard to talk about. Above everything else, we want to make sure that everyone's feelings and emotions are taken care of. Should a child or family desire, we will provide 8 counseling support sessions through the Vermont Department of Children and Families. These counseling sessions are confidential and free of charge to the child or family. The child or family may access this counseling at any time during a period of six months after study is over. We are giving you a sheet with all the numbers you might need.

### What Are The Benefits of Participating In The Study?

This study is hoping to learn about life in DCF custody by listening to the experiences of your family. This study will give you a chance to provide feedback on what your experience has been and how you think life for other families with teenagers in DCF custody could be made better. We are hoping that the information we gain from this study can be used to help DCF better help other children and teenagers in the future.

### What Other Options Are There?

You can choose not to participate in this study.

### Are There Any Costs?

There is no cost to you for being involved in this study.

### What Is the Compensation?

You will not receive payment for participating in this study.

### Can You Withdraw or Be Withdrawn From This Study?

If you agree to participate in the study, you are free to stop at any time. If one of the questions makes you start to feel bad or uncomfortable, it is okay not to answer it. You may also decline to participate all together. You will not be penalized for stopping or declining to participate.

### What About Confidentiality?

Everything we are told or anything we see will be kept confidential. Interviews with you will not be shared with your child. Interviews with your children will not be shared with you. No individual people will be identified by name. The results of this study may eventually be published, but all names of children, teachers, schools and towns will be replaced with pseudonyms.

Some interviews will be (audio) taped to help with note taking. After notes are written down from the tape-recorded interviews, the tapes will be erased and no one else will get to hear them. All of our notes will be kept in a locked file cabinet.

### *Contact Information*

*Dr. Susan Hasazi will be overseeing this project from UVM. Please feel free to contact her in you have any further questions or concerns at (802) 656-1353 or via email at [Susan.Hasazi@uvm.edu](mailto:Susan.Hasazi@uvm.edu). If you have any questions about your rights as a participant in a research project or for more information on how to proceed should you believe that you have been injured as a result of your participation in this study you should contact the Research Protections Office of the Institutional Review Board at the University of Vermont at 802-656-5040.*

Additional contact information including counseling information is listed on an attached page.

Statement of Consent

You have been given and have read or have had read to you a summary of this research study. Should you have any further questions about the research, you may contact the person conducting the study at the address and telephone number given below. Your participation is voluntary and you may refuse to participate or withdraw at any time without penalty or prejudice to your present and/or future care.

You agree to participate in this study and you understand that you will receive a signed copy of this form.

\_\_\_\_\_  
Signature of Subject

Date

This form is valid only if the Committees on Human Research's current stamp of approval is shown below.
---

\_\_\_\_\_  
Name of Subject Printed

\_\_\_\_\_  
Signature of Principal Investigator or Designee

Date

\_\_\_\_\_  
Name of Principal Investigator or Designee Printed

Name of Principal Investigator:  
Matthew D. MacNeil, MA, MEd  
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Preston Randall, MEd  
739 Center Road  
Hyde Park, VT 05655  
[therandalls@mt-](mailto:therandalls@mt-)

Telephone Number:  
(802) 652-7264

(802) 527-6572

## Appendix 6: Informed Assent for Teenaged Participants

Title of Research Project: Resilience Development in State's Custody: Capacity and the Challenges Facing Children Aging out of Vermont's DCF System.

**Principal Investigator:** Matthew MacNeil, MA, MEd Preston Randall, MEd

**Sponsors:** Faculty Sponsors at the University of Vermont

Dr. Herman 'Bud' Meyers  
University of Vermont  
(802) 656-3282

Dr. Susan Hasazi  
University of Vermont  
(802) 656-1353

Heidi Bartoo, MA  
University of Vermont  
(802)656-1351

Vermont's Department of Children and Families are also working on this project.

Tom Pristow  
Agency of Human Services, DCF  
(802) 334-6723

Jane Helmstedder  
Agency of Human Services, DCF  
(802) 652-6852

**Note: Throughout this document "you" refers to "you or your child".**

You are being invited to take part in this research study because we are collecting information for a research project about what happens to children who are in the custody of the Department of Children and Families and are getting close to leaving custody. DCF and the University of Vermont (UVM) want to find out more about what life is like for these children. So we are interviewing teenagers who have been in DCF custody to learn about their life experiences

We encourage you to ask questions and take the opportunity to discuss the study with anybody you think can help you make this decision.

### Why is This Research Study Being Conducted?

We want to learn about the experiences that have helped children in custody and experiences that may not have helped. With more information we have about what has helped and what hasn't helped teenagers in custody, DCF will be able to make better decisions about how to best serve teenagers in the future.

We are hoping that with more information, children in DCF custody can be better helped in the future with getting ready for life as an adult.

### How Many People Will Take Part In The Study?

We are hoping to interview 12 teenagers who are in DCF custody. All of the interviews will be with Vermont teenagers. For each 125 teenager taking part in the study, we

are hoping to interview at least one of their parents or legal guardians. We are also hoping to interview someone who has provided help to a teenager in DCF custody either as a social worker, counselor or case manager.

### What Is Involved In The Study?

In order to do a good job on this project we will be doing interviews and some observations. We are asking that you sit with us and answer some questions about your life experiences. The interviews will take about an hour. The interview will happen in a place that is comfortable for you and as private as possible. You may see us taking notes during the interviews or when we are observing. This is just to help us remember some of the things you tell us.

### What Are The Risks and Discomforts Of The Study?

We realize that we are asking for some personal information that may be hard to talk about. Above everything else, we want to make sure that everyone's feelings and emotions are taken care of. Should a child or family desire, we will provide 8 counseling support sessions through the Vermont Department of Children and Families. These counseling sessions are confidential and free of charge to the child or family. The child or family may access this counseling at any time during a period of six months after study is over. We are giving you a sheet with all the numbers you might need. An advocate will be appointed to look after your best interest should you participate.

### What Are The Benefits of Participating In The Study?

This study is hoping to learn about life in DCF custody by listening to your experiences. This study will give you a chance to provide feedback on what your experience has been and how you think life for other teenagers in DCF custody could be made better. We are hoping that the information we gain from this study can be used to help DCF better help other children and teenagers in the future.

### What Other Options Are There?

You can choose not to participate in this study.

### Are There Any Costs?

There is no cost to you for being involved in this study.

### What Is the Compensation?

You will not receive payment for participating in this study.

### Can You Withdraw or Be Withdrawn From This Study?

If you agree to participate in the study, you are free to stop at any time. If one of the questions makes you start to feel bad or uncomfortable, it is okay not to answer it. You may also decline to participate all together. You will not be penalized for stopping or declining to participate.

### What About Confidentiality?

Everything we are told or anything we see will be kept confidential. Interviews with you will not be shared with your parents or guardians. Interviews with your parents or guardians will not be shared with you. No individual people will be identified by name. The results of this study may eventually be published, but all names of children, teachers, schools and towns will be replaced with pseudonyms

Some interviews will be (audio) taped to help with note taking. After notes are written down from the tape-recorded interviews, the tapes will be erased and no one else will get to hear them. All of our notes will be kept in a locked file cabinet.

### Contact Information

*Dr. Susan Hasazi will be overseeing this project from UVM. Please feel free to contact her in you have any further questions or concerns at (802) 656-1353 or via email at [Susan.Hasazi@uvm.edu](mailto:Susan.Hasazi@uvm.edu). If you have any questions about your rights as a participant in a research project or for more information on how to proceed should you believe that you have been injured as a result of your participation in this study you should contact the Research Protections Office of the Institutional Review Board at the University of Vermont at 802-656-5040.*

Additional contact information including counseling information is listed on an attached page.

Statement of Consent

You have been given and have read or have had read to you a summary of this research study. Should you have any further questions about the research, you may contact the person conducting the study at the address and telephone number given below. Your participation is voluntary and you may refuse to participate or withdraw at any time without penalty or prejudice to your present and/or future care.

You agree to participate in this study and you understand that you will receive a signed copy of this form.

\_\_\_\_\_  
Signature of Subject

\_\_\_\_\_  
Date

This form is valid only if the Committees on Human Research's current stamp of approval is shown below.
---

\_\_\_\_\_  
Name of Subject Printed

\_\_\_\_\_  
*Minor Providing Assent* *Date*  
*(applicable for children 11 years of age or older dependent upon their understanding)*

\_\_\_\_\_  
*Name of Minor Providing Assent Printed*

\_\_\_\_\_  
*Signature of Legal Guardian or Legally Authorized Representative* *Date*  
*(applicable for children and subjects unable to provide consent)*

\_\_\_\_\_  
*Name of Legal Guardian or Legally Authorized Representative Printed*

\_\_\_\_\_  
Signature of Principal Investigator or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Principal Investigator or Designee Printed

