Aging Out of Care: A Needs Assessment for Turning Points for Children
December 2019

Turning Points for Children partnered with the Research & Evaluation Group at Public Health Management Corporation to commission a needs assessment of youth between the ages of 16 and 21 to better understand the challenges that local youth in foster care face. Findings from this needs assessment can be used to deliver responsive programming and to seek funding for such efforts, ultimately helping Turning Points better serve its youth and families.

TURNING POINTS FOR CHILDREN
a PHMC affiliate

RESEARCH & EVALUATION GROUP
at PHMC

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Introduction & Methods

>> Introduction

Turning Points for Children provides a continuum of care for vulnerable children and families in four Community Umbrella Agencies in Philadelphia. Its programs include services that prevent child abuse and neglect, in-home services for families at risk, and foster care services aimed at reunifying families and assuring permanency for children. Currently, there is no comprehensive assessment of Philadelphia youth in foster care in terms of their greatest needs as they age out of care. Turning Points often relies on anecdotal information or national reports to inform its services and to support its fundraising efforts, which may not accurately reflect the specific needs of its youth. Turning Points for Children partnered with the Research & Evaluation Group (R&E Group) at Public Health Management Corporation to commission this needs assessment of youth between the ages of 16 and 21 in order to fill gaps in the understanding of the challenges that local youth face. Findings from this needs assessment can be used to deliver responsive programming and to seek funding for such efforts, ultimately helping Turning Points better serve its youth and families.

>> Instrument Development

R&E Group undertook a number of steps to develop the survey instrument used to assess youth's needs as they face aging out of care.
1. Existing tools were reviewed and topics addressed within the instruments were catalogued.
2. To identify other survey areas of importance, R&E Group met with local youth in care to discuss the challenges they face and the issues that are important to them when they think about aging out. Youth also discussed ways to administer the survey.
3. Combining the information gathered from the literature review and the youth input, a survey was drafted, and Turning Points and the Philadelphia Department of Human Services provided feedback on the survey.
4. The survey was piloted with 6 youth and revisions to the survey were made based on their experiences.
Youth involved in survey development and survey piloting were compensated for their time.

The survey was designed to document youth's own perspectives on their current experiences and their anticipated needs, as well as strengths and challenges of their aging out experience. It covers education, employment, living arrangements, relationships, health, independent living skills, transition planning, support, and their relationship with their caseworker.

Another goal of the survey was related to YVLifeSet, a transition program in which youth receive intensive clinical and case management services. The program was originally developed in Tennessee and now has initiatives across the country. Turning Points wanted to explore how the needs of youth in Philadelphia compare to those identified in the evaluation of the Tennessee YVLifeSet program.

>> Recruitment

Youth were invited to participate in the anonymous survey through various methods, as researchers modified recruitment strategies throughout the process to gain ample participation. Methods included recruiting participants at events geared towards youth in care; through invitations sent by caseworkers, YVLifeSet Specialists, text messages, and mail; and through coordination with residential and treatment programs.

During recruitment, it was stressed that participating, or not participating in the survey, would not impact the services youth received. They were also informed that they could stop the survey at any point, skip any questions, and that even after they submitted the survey, they could still ask that their survey be excluded. Youth completed a separate form with their contact information in order to receive a $40 VISA gift card as compensation.

The survey was administered face-to-face with a trained interviewer for 47 of the participants. As recruitment strategies evolved, the survey transitioned to an online format, which accounts for 88 responses. A total of 135 youth participated. Time to complete the survey varied, but on average took approximately 20-25 minutes to complete.

>> Demographic Characteristics of Survey Participants

A total 135 youth completed the survey. Although the Turning Points roster of clients continually changes, this represents approximately 25% of all clients in care between the ages of 16 and 21.

- The survey participants leaned towards the younger ages, as 70% of participants were between the ages of 16 and 18.
- 65% of participants identified as female. Two percent identified as gender non-conforming.
- The majority of respondents (84%) identified their race as Black or African American, and 10% identified as Hispanic/Latinx.
- 75% of survey participants identified as heterosexual or straight, while 25% described their sexual orientation in other ways, such as gay, lesbian, or queer.
- Three-quarters of participants were nearly equally divided between kinship care, foster homes, and group homes. Another 17% were in Supervised Independent Living (SIL).
- 38% of participants have had 1-2 placements; 38% have had 3-5 placements; 23% have had 6 or more placements.
- Youth who participated in the survey were most likely to have entered care between the ages of 13 and 18, representing 59% of youth. Another 2% entered care when they were one years old or younger; 12% entered between 2-5 years old; and 27% were 6-12 years old.

Survey Participant Characteristics

| Age	16-18 years old	70%
	19-21 years old	30%
Gender	Female	65%
Race/Ethnicity	Black/African American	84%
	Caucasian	7%
	Other	7%
	Hispanic/Latinx	10%
Sexual Orientation	Straight/Heterosexual	75%
	LGBQIA+	25%
Placement Type	Group Home	27%
	Foster Home	25%
	Kinship Care	22%
	SIL	17%
	Institution	2%
	Other	6%
Number of Placements	1-2 placements	39%
	3-5 placements	38%
	6+ placements	23%
Age of Entry in Care	1 years old or younger	2%
	2-5 years old	12%
	6-12 years old	27%
	13-18 years old	59%

It is important to note that the findings in this report reflect only the youth who participated in the survey and not all Turning Points clients.

>> Survey Participants Compared to Turning Points Clients

Overall, the survey population and the overall Turning Points population of youth between the ages of 16 and 21 were similar. The populations were well aligned in terms of age, percentage of African American youth, and those in foster care, kinship care, and Supervised Independent Living placements. The survey population was more female, had a higher proportion of youth identifying as "other race" and more youth in group home placements. The following charts compare the two populations on key demographic information.

The age of the overall **Turning Points** and **survey** populations are quite similar, with both skewing towards younger youth.

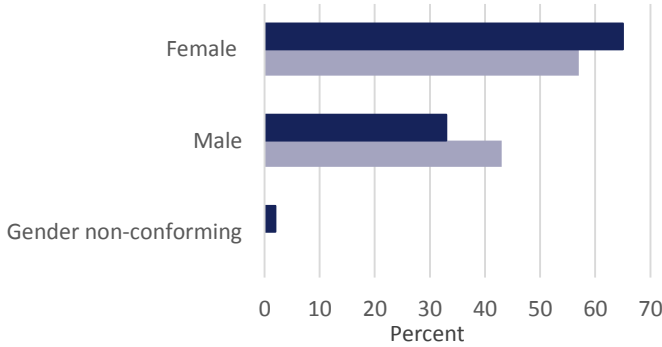**Age of Youth in the Survey and in Turning Points**
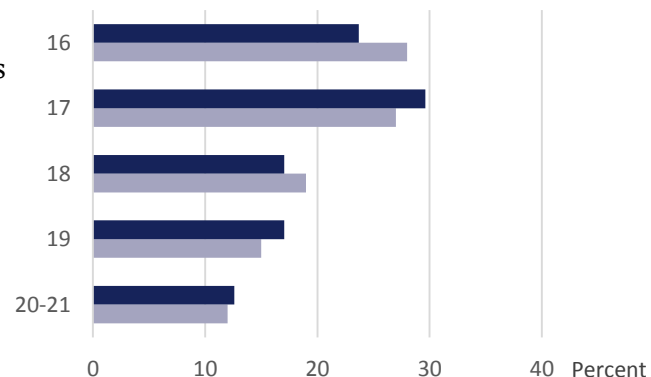
>> Survey Participants Compared to Turning Points Clients

A higher proportion of **survey participants** identified as female compared to the **Turning Points** population: the survey included 65% of youth who are female verses 57% of youth who are female in the Turning Points census. A few youth in the survey also identified as gender non-conforming.

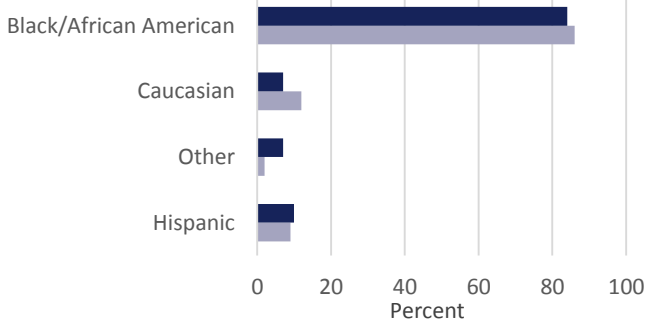**Gender of Youth in the Survey and in Turning Points**

Survey participants could select multiple races with which they identified, which may make comparing to the overall census difficult. However, the majority of both **survey participants** and overall **Turning Points** clients identified as Black or African American. Fewer survey participants identified as Caucasian/White in the survey, as compared to the Turning Points census, but a higher percentage selected Other races.

Race/Ethnicity of Youth in the Survey and in Turning Points

A similar percentage of **survey participants** and overall **Turning Points** clients were in foster homes, SIL or "other" placements, but the survey included a higher representation of youth in group homes and a lower representation of those in institutions due to the outreach strategy. The survey also included slightly fewer youth in kinship care compared to the Turning Points census.
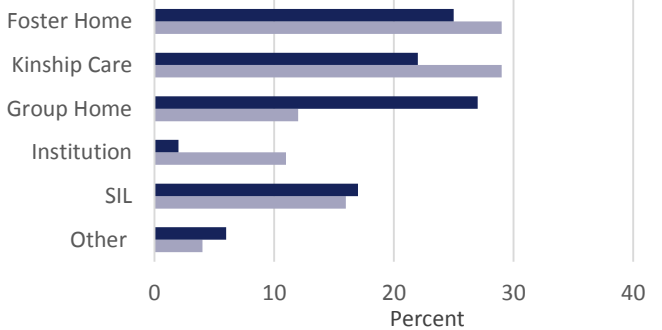
Placements of Youth in the Survey and in Turning Points

>> Implications

Compared to youth not in foster care, youth in the survey population disproportionately represent minorities and LGBTQIA+* individuals. Additionally, while the overall percent of gender non-conforming youth in the survey is quite low at 2%, it is still higher than in Pennsylvania overall, which hovers around 0.5%.[1] Research suggests that these youth may struggle more than others. One study, for example, showed that over three-quarters of LGBTQIA+ foster youth have reported running away or were removed from their placements because of discriminatory practices they faced while in care, with another 56% stating that they would rather live on the streets than in a foster care placement due to safety issues related to their gender identity or sexual orientation.[2]

- Given these findings, it is crucial that youth in care receive services that are sensitive to race, ethnicity, gender, and sexual orientation.
- Both workers and foster parents should be trained to recognize sources of implicit bias when working with youth as an initial step towards improving services for these youth.
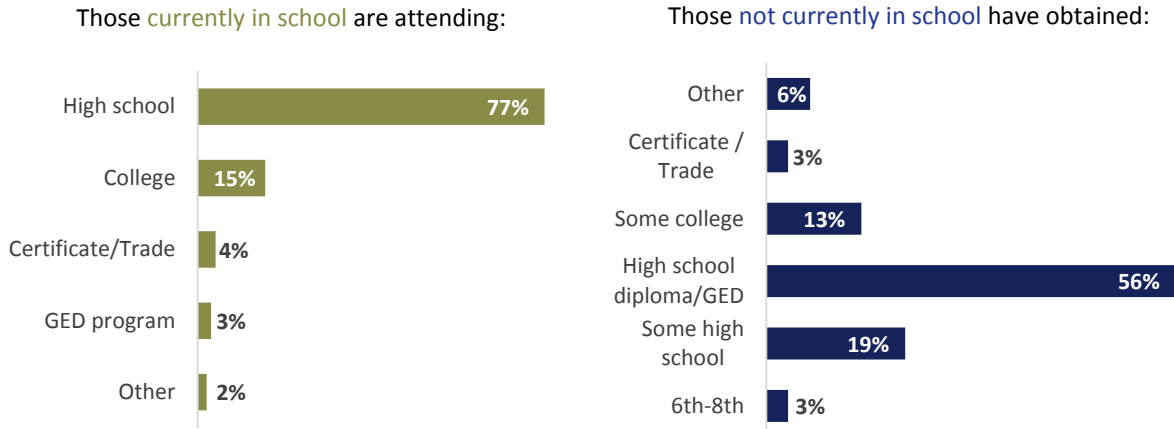
*Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual+

EDUCATION

Current Status

Three-quarters of participants are currently in school and 25% are not currently attending school.

Those currently in school are attending:

High school	77%
College	15%
Certificate/Trade	4%
GED program	3%
Other	2%

Those not currently in school have obtained:

Other	6%
Certificate / Trade	3%
Some college	13%
High school diploma/GED	56%
Some high school	19%
6th-8th	3%

Looking Ahead

Participants have high education aspirations, as the majority, 78%, reported wanting to obtain a college degree or higher.
- An additional 9% hope to complete a vocation, trade, or certificate program;
- 7% would like their high school diploma or GED; and
- another 6% are happy with their current level of education.

While most respondents (70%) reported knowing how to obtain their next educational goal, 30% do not know how to apply for the additional degrees or certifications they would like to obtain.
- Among the 78% who would like at least a college degree, about one-quarter did not know how to apply for those degrees.

Additionally, one-quarter of respondents reported having a learning disability and 28% of them think that their learning disability could make it hard for them to live independently.

> "I think that leaving the system and entering my adult world is exciting. I plan on leaving for college and I hope I have financial support."

Implications

Youth in the survey are looking forward to pursuing their educational goals. However, young people who have experienced foster care are generally more likely to have poorer educational outcomes than their peers, which is correlated with employment instability and lower incomes.[3] Turning Points for Children can support youth's educational aspirations by:

- Increasing assistance on how to apply for degrees and certificates.
- Beginning the development of educational plans at age 14, in conjunction with youth.
- Promoting the new Fostering Independence Through Education Act, which waives tuition for youth who were in foster care at age 16 or older, including those who have "aged out" of the system or been adopted.[4]
- Raising awareness of the local universities that provide supports to youth who have been involved in the child welfare system, such as educational liaisons or housing assistance.

EMPLOYMENT

Current Status

A total of 43% of respondents have a full or part-time job and another 8% work odd jobs. One in three respondents are not working but looking for work.
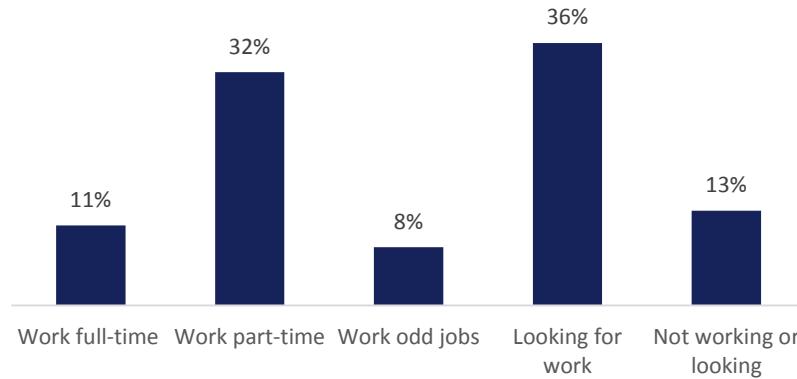
Of those currently working, 78% believe this work is stable, meaning they will be able to have this job for as long as they would like. Respondents were confident in their job application and job interviewing skills. However, participants were more comfortable with their ability to find and apply to jobs than with their interviewing skills.

Potentially impacting employment, as well as other facets of successful independence, is that 26% of survey participants report that they have spent time in a juvenile justice facility, jail or prison. One-third of them said that a caseworker referred them to re-entry services.

Looking Ahead

The majority of youth participating in the survey (71%) are very confident they will have stable jobs when the leave care, meaning a job with regular, steady hours that they will have for as long as they like. Yet, one in three question whether they will be able to secure stable work in the future.

> "I'm thinking about following my dream of becoming a music producer and having photography as a back up plan."

Implications

Compared to their peers, youth formerly in foster care are less likely to be employed, to rise out of poverty, and to be eligible for employer-provided health insurance.[5] Although confident in their ability to secure employment after leaving care, the youth in this survey show a need in securing jobs while in care, as 1 in 3 are looking for work. They also indicated that their interviewing skills are weaker than their job application skills. To help youth in care, Turning Points for Children, in conjunction with new and existing partners, can:

- Assist with placing current clients in stable jobs.
- Help youth hone their interviewing skills.
- Develop partnerships with workforce development programs that are equipped to support older youth.
- Create mentorship programs to expose youth to diverse careers, building mentoring relationships, and help with the transition to workplace environments.
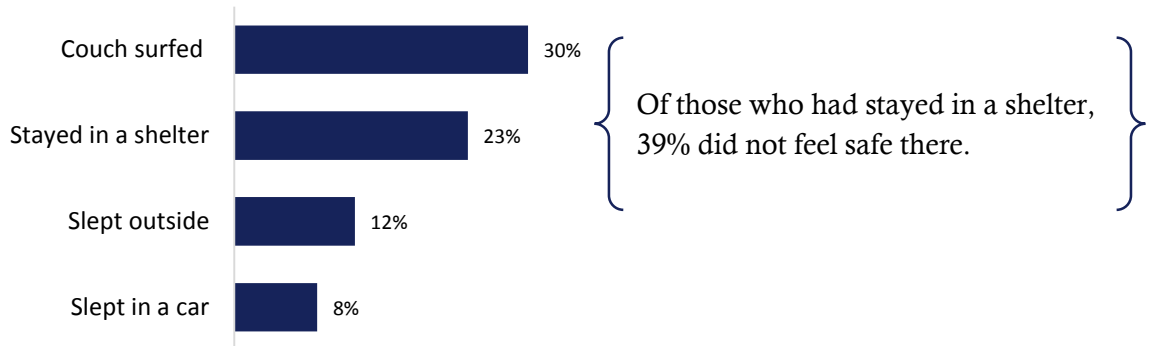
LIVING ARRANGEMENTS

Current Status

One-quarter (25%) of respondents live in a foster home, 22% live in kinship care, 27% live in a group home, 17% live in Supervised Independent Living, and 2% live in an institution. Despite being in care, a total of 10 respondents currently live in less stable forms of housing, such as temporarily staying with a friend (5%), couch surfing (1%), or at a shelter (2%).

At least once in the past year, 46% of youth have experienced couch surfing, staying in a shelter, sleeping outside or sleeping in a car.

In the past year, have you:

Couch surfed	30%
Stayed in a shelter	23%
Slept outside	12%
Slept in a car	8%

Of those who had stayed in a shelter, 39% did not feel safe there.

Survey participants who experienced housing instability were generally more likely to have been receiving foster care services for 1 year or less and were also slightly more likely to be younger. For example:
- 11% of those in care for 2+ years experienced sleeping outside, compared to 17% of those in care for 1 year or less; and
- 26% of those who were 16-17 years old reported staying in a shelter, compared to 21% of those 18 years or older.

Looking Ahead

One-half of youth cited a desire to live on their own or with a roommate after they leave care. Yet, 11% reported not knowing where they will live once they leave care, and 19% identified less formal living arrangements, like living with a friend.

Two-thirds of respondents are familiar with housing assistance resources and programs.

When you leave care, where do you expect to live:	
Sign a lease to live on my own or with a roommate	51%
With a family member	12%
In a college dorm	11%
I don't know	11%
Other	7%
With a current or former foster parent	4%
With a friend or significant other without being on a lease	3%
With a biological parent/s	3%

One-half of participants were confident that they would find permanent housing after aging out.

> "I am looking forward to living on my own but am worried about messing up and not having a place to stay or fall back on."

LIVING ARRANGEMENTS

Implications

Some youth who reported experiencing housing stability in the past year may have done so prior to being in care or during a period of temporally "signing-out" of care. However, others who are actively enrolled in care continue to face housing instability. Risk factors for youth becoming homeless while in care include: higher number of placements, history of running away from placements, group home or congregate care placement history, mental or behavioral health issues, juvenile justice involvement, substance use history, being pregnant or parenting, or being disconnected from services.[6]

The needs assessment data also shows that most youth feel confident in their ability to find stable housing once they leave care, but research shows that foster care can be a pipeline to homelessness.[7] In this assessment, about one in three youth were either unsure of where they will live when they leave care or are planning to live in informal and less stable housing arrangements. Although this is a multipronged issue, Turning Points for Children can help support youth's attainment of stable housing by:

- Ensuring that all youth have a concrete housing plan for aging out.
- Including accurate, specific pricing information based on the local housing market so youth know what is realistic and what to expect.
- Encouraging youth to be directly involved in the planning process to increase ownership.
- Helping youth set up a savings account before they exit care, as many respondents noted that they are looking forward to earning and saving money. A plan to help them build up a small savings account while they are in care may be a helpful safety net.
- Encouraging youth to stay in care through the age of 21.
- Training staff on risk factors for homelessness among those who were in care.
- Ensuring that services available to youth in care are trauma-informed and address mental health, substance use, pregnancy and parenting.
- Helping youth in care develop permanent, lasting connections with trusted adults to promote connection and engagement.
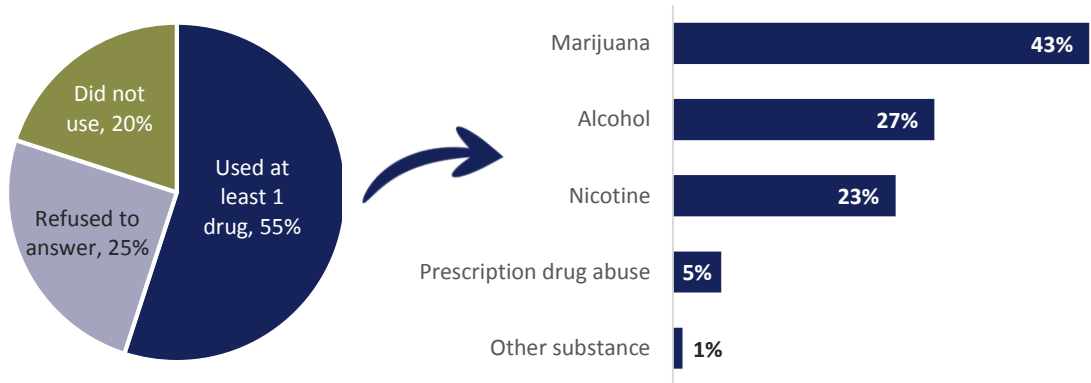
HEALTH & SUBSTANCE ABUSE

Current Status

One-third (34%) of respondents reported currently having a chronic physical health issue, such as asthma or diabetes. Of those that do, 86% are actively receiving treatment for their health conditions, and the majority (91%) do not feel that their health conditions get in the way of their everyday activities.

Almost one-half (42%) of respondents report having a chronic mental health issue, such as anxiety or depression. Although many respondents (73%) reported that their mental health issues are under control and not interfering with everyday activities, about one-third (35%) of those with mental health issues are not receiving any form of treatment, such as medication or therapy, despite almost all respondents having active health insurance.

> "I'm always in need and services are getting to me very slow. It's been a year and my mental health has not been properly addressed."

Over one-half (55%) of respondents reported using at least one drug or substance within the past year. Among users:
- 43% reported using marijuana products; and
- 27% reported using alcohol or nicotine products

Participants who reported substance use in the past year were asked to respond to three CAGE-AID[8] questions, a substance abuse screening tool. Of the 74 respondents who reported using at least one substance in the past year:
- 45% answered "no" to all three questions;
- 21% answered affirmatively to one of three questions, indicating a potential drug use problem; and
- 33% answered affirmatively to two or three questions, indicating a probable drug use problem.[8]

Implications

Self-reported mental health conditions were fairly common among survey respondents. Further, respondents who had mental health problems were much less likely to be receiving treatment than those with chronic physical health conditions. Additionally, one-half of those who used substances in the past year could have a potential or probable drug use problem. Given these findings, it is recommended Turning Points for Children supports youth by:
- Facilitating appropriate and culturally sensitive mental health treatment for those with mental health problems.
- Instructing youth on how to maintain their health insurance coverage once they age out so that treatment can continue.
- Developing a sensitive, trauma-informed screening protocol for drug use problems and identifying programs or providers capable of treating youth in care.

RELATIONSHIPS

Current Status

The majority of youth in the survey reported having strong, secure connections with adults. For example, 92% of respondents agreed that an adult they trust checks in with them regularly.
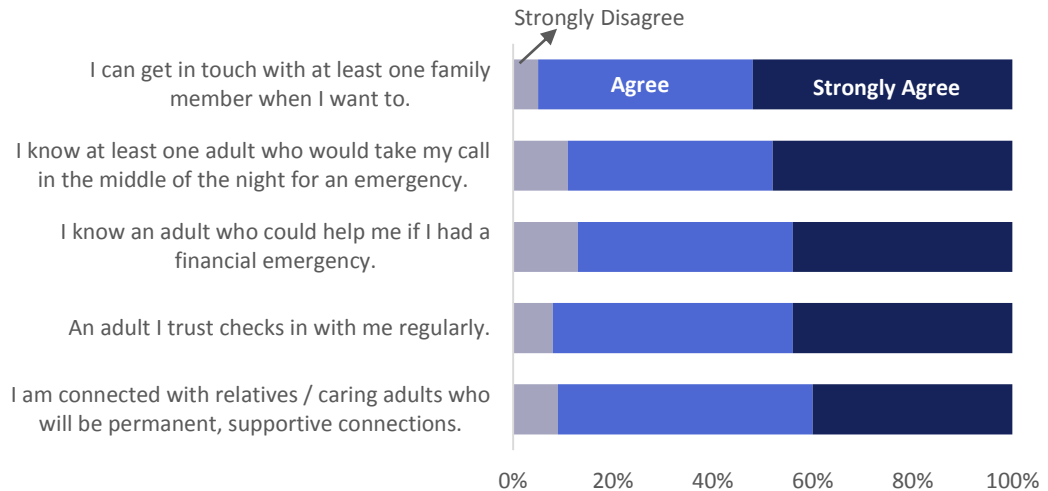
Because the responses were generally so positive, it is helpful to identify the relational aspects in which participants reported feeling most or least secure.
- Respondents felt most secure in being able to contact at least one family member when they want to.
- Respondents were least secure in having an adult who could help with financial emergencies and in having permanent, supportive connections.

When asked to characterize the strength of their closest adult relationship, most youth (79%) reported that the relationship is either strong or very strong, meaning that they have regular contact with the adult, they feel a connection with them, and they can usually or always count on them.
- However, about 1 in 10 participants reported that their strongest adult relationship was either moderate or weak, meaning that they have inconsistent contact with the adult and cannot usually count on this person for support.

Associated with relationships, 21% of survey participants are either pregnant or have had children. Of the 21 individuals who have had children, 16 are currently living with their children.

Implications

Relational permanence has been consistently noted to help youth become successfully independent,[9] and youth in foster care believe that having a supportive, caring adult is the most important aspect of permanence, rather than legal or physical permanence.[10] Studies show that the quality of the relationship is what is important, not the number of relationships.[11] Turning Points for Children can foster relational permanence by:
- Identifying those youth who do not currently have strong relationships with adults and working with them to develop those connections.
- Engaging Family Finding to identify caring adults willing to be a support for the youth.
- Training case managers and other staff in developing a trusted relationship with the youth.
- Creating welcoming, youth friendly environments that encourage positive peer relationships.
- Establishing mentorship programs, particularly for those youth who lack strong relationships with caring adults.
- Centering youth voice in the development of mentorship programs to ensure that their specific needs are being met.
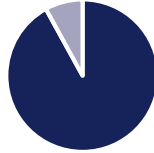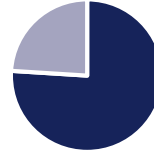
Current Status

Nearly all participants have a mailing address or PO Box, followed by having their birth certificate and social security card. Less than one-half of participants have a bank account, photo ID, or are registered to vote.
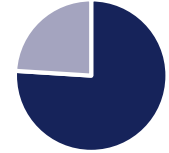
92% have a mailing address/PO Box

76% have a birth certificate

76% have a social security card

48% have a bank account

48% have a photo ID

43% of those eligible are registered to vote

Looking Ahead

Respondents were asked how confident they are in their ability to do a variety of independent living skills once they leave care. They were also asked if they had ever attended any classes on these skills. The below table ranks the independent living skills from most confident to least confident. The skills are also assigned to a participation category: highest (62%) to lowest attendance (9%).

- Certainly, the areas in which participants report feeling least confident warrant additional attention: finding a place to live, financial skills, obtaining health insurance and medical care, and getting a car.
- Particular attention is needed towards the classes which address skills where there is high participation but low confidence. Again, these include finding a place to live and financial skills.

Independent Living Skill	Confidence High/Medium/Low	Class Participation High/Medium/Low
Continuing education		
Getting a job		
Grocery shopping		
Preparing meals / cooking		
Maintaining healthy relationships		
Parenting		
Securing child care		
Getting mental health care		
Obtaining public benefits		
Getting emotional support		n/a
Finding a place to live		
Budgeting / paying bills		
Building credit		
Getting a car / car insurance		
Filing a tax return		
Getting medical care		
Obtaining health insurance		

- The areas in which there is high confidence and high participation could indicate that the classes offered are adequately preparing youth in these areas. These include continuing one's education and getting job.
- Classes on getting a job had the highest attendance- nearly two-thirds attended a class in this area. Fewer than 1 in 10 youth reported attending classes on obtaining public benefits, getting medical care, and obtaining health insurance, all of which could be very important to successful independence.

INDEPENDENT LIVING SKILLS

Looking Ahead

Respondents were asked if there were any other areas of independent living with which they needed help. A total of 49 individuals provided additional responses. This, in and of itself, is noteworthy as it means that one-third of participants took the time to respond to an open-ended question about independent living skills during an already lengthy survey. What is most remarkable, however, is that all of the life skills they listed, with the exception of one topic-- time management-- had already been listed in the previous questions, which shows their concern for these areas. Budgeting and paying bills was mentioned by participants another 20 times and housing was mentioned 9 additional times. This highlights youth's strong need for assistance in these two areas.

> "Turing Points need to teach those aging out important life skills, like paying bills, getting a drivers license, paying a mortgage. AIC teaches the same stuff over and over again. They need to teach independence by practicing independence while they're in care. Having people not practice independence while they're in care sets them up for failure when they age out of care."

In general, survey participants can envision themselves as successful adults who have control over their lives. However, they are less confident in the more immediate transition ahead of them.
- 37% strongly agree that are prepared to live on their own when they leave care.
- 55% strongly agree that they can envision themselves as successful adults.

Implications

Turning Points for Children and its partners can continue helping youth in developing their independent skills by:
- Focusing on teaching youth how to find stable, safe, and permanent housing.
- Bolstering youth's financial skills, including budgeting, paying bills, building credit, and filing a tax return.
- Supporting youth in learning how to obtain health insurance and medical care once they leave care.
- Advocating for more resources for Life Skills trainers at the Community Umbrella Agencies to supplement Achieving Independence Center services.
- Increasing the number of youth with valid photo identification and a bank account.
- Facilitating voter registration to promote civic engagement and empowerment.
- Including youth voice in the design and implementation of skills-based classes.

Caseworkers

>> Relationship with Caseworker

One-half of survey participants said they have had 1 to 2 caseworkers, 33% said they have had 3 to 4 caseworkers, and 16% said they have had 5 or more.

Regarding their current caseworker, most respondents (75%) felt that their caseworker genuinely cares about them. Just 12% of respondents said that their caseworker does not care, and 13% reported that they were unsure. This is strongly associated with frequency of contact and with frequency of discussions about aging out.

My CUA worker:	
genuinely cares about me	75%
asks me what I need help with	82%
contacts me a few times a month or more	63%
never or rarely cancels and reschedules appointments	72%
always or frequently comes on time for appointments	77%
has given me a copy of my rights as a youth receiving child welfare services	50%
has explained my rights to me as a youth receiving child welfare services	53%

Most participants (82%) also reported that their CUA worker has asked them what they need help with. Among them, 73% reported that their caseworker follows through with assistance for their concerns.

> "I wish it would be mandatory for workers to meet more than once a month."

>> Frequency of Contact with Caseworker

The frequency of contact with caseworkers (by phone, email, or in-person) varied among respondents:
* 27% reported that their caseworker contacts them once a week or more,
* 36% reported that their caseworker is in contact a few times a month,
* 27% reported that their caseworker is in contact once a month, and
* 10% reported that their caseworker is in touch with them less than once a month.

>> Factors Associated with Caseworker Relationship

Whether youth feel that their **caseworker genuinely cares for them** is strongly associated with how often they are in contact and how frequently they discuss plans for aging out.

Youth **who are in more frequent contact with their caseworker** are much more likely to think their case worker genuinely cares for them (94%) compared to those who in touch less often (50%).
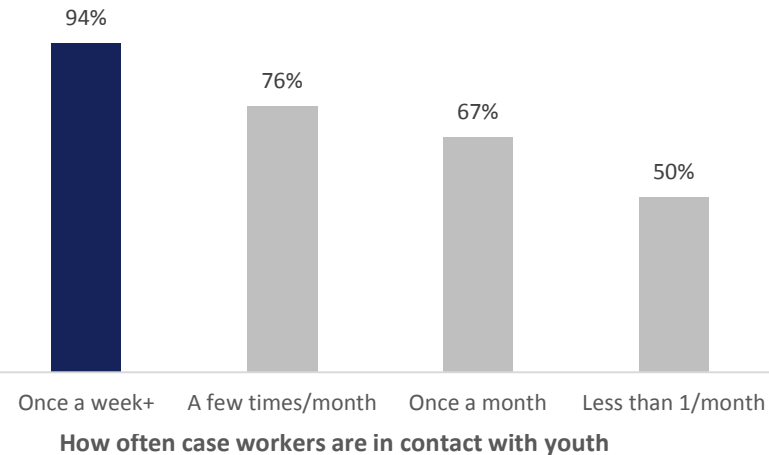
Youth **who more frequently talk with their caseworker about aging out** are much more likely to think their case worker genuinely cares for them (89-91%) compared to those who never or rarely talk about aging out (52-48%).

	94%	76%	67%	50%
	Once a week+	A few times/month	Once a month	Less than 1/month

How often case workers are in contact with youth

	91%	89%	48%	52%
	Frequently	Sometimes	Not often	Never

How often youth and case workers discuss plans for aging out
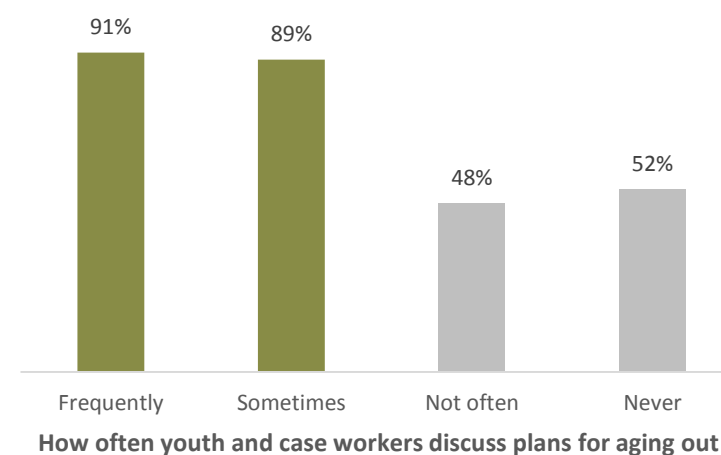
Caseworkers

Placement
- Youth in foster care, versus other placements, were most likely to say that their caseworker cares about them.
- Those in groups or institutions were less likely to say that their caseworker asks what they need help with.

School Attendance
- Youth who are in school tended to have less frequent contact with their caseworker than youth not currently in school, but were more likely to report that their caseworker genuinely cares about them and asks what they need help with.

Employment
- Youth employed full or part-time had more frequent contact with their caseworker, but employment status was not consistently associated with aspects of their caseworker relationship.

>> Child Advocates and Court Appointments

Almost one-half of participants (48%) reported spending less than 30 minutes with their child advocate to prepare for court. Forty percent said they spent 30-60 minutes with their child advocate, and just 13% spend more than one hour with them. Three-quarters of respondents do get help preparing for court dates by a trusted adult, yet one-quarter do not get any help from a trusted adult.

>> Implications

There are many positive points regarding youth's relationship with their caseworkers. Most youth feel that their caseworker genuinely cares about them and that their caseworker asks them what they need help with. Opportunities for improvement include:
- Reducing the number of different caseworkers youth have, as nearly one-half have had 3 or more caseworkers since they first entered care. This is challenged by high staff turnover and youth having distinct episodes in the system.
- Encouraging more frequent contact between youth and their caseworkers and increasing conversations about aging out, as youth who report higher frequency in these areas are also more likely to feel that their caseworker genuinely cares for them.
- Increasing the resolution of needs that youth and caseworkers discuss, as one-quarter reported that caseworkers do not completely follow through with assistance.
- Assuring that all caseworkers receive training in how to be youth-friendly and providing peer support opportunities to caseworkers in this area.
- Ensuring that youth are prepared for court dates, as one-quarter say they do not get any assistance from a trusted adult.
- Requiring that all youth receive a copy of their rights and that the rights are fully explained to them.
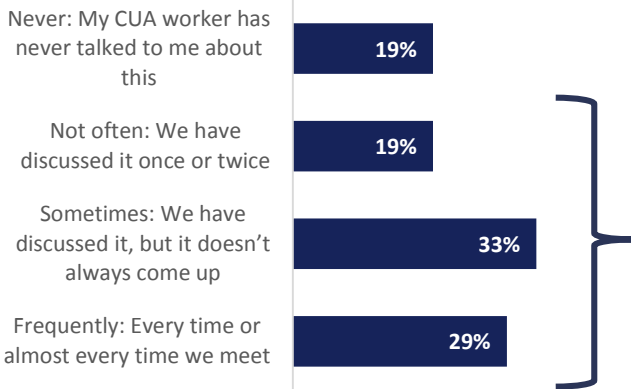- Requiring more frequent interactions with caseworkers each month.

Transition Planning

>> Discussing Aging out Plans

Youth participating in the survey provided information on their transition planning. There was a lot of variety in how often youth talk with their caseworker about aging out in general. Thirty percent reported that they talk to their caseworker about their plans for aging out nearly every time they meet. On the other end of the spectrum, 19% said that they never talk with their caseworker about their plans for aging out.

Nearly 3 out of 10 respondents frequently discuss their plans for aging out with their caseworker.

Never: My CUA worker has never talked to me about this	19%
Not often: We have discussed it once or twice	19%
Sometimes: We have discussed it, but it doesn't always come up	33%
Frequently: Every time or almost every time we meet	29%

Do these respondents feel that their caseworker is listening to their questions and concerns about aging out?
- 52% said "Definitely"
- 33% said "Somewhat"
- 10% said "Not at all"
- 5% were unsure

Survey participants were slightly more likely to report talking with other trusted adults about their plans for aging out.
- 38% reported frequently doing so;
- 30% said they sometimes do;
- 20% said not often; and
- 10% said they never talk with other trusted adults about their plans for aging out.

>> Transition Plans

With regards to a specific transition plan, about one-quarter or respondents (26%) had never discussed a transition plan, and 19% said they were not sure if it had been discussed. Just over one-half of respondents (53%) had discussed their transition plan with someone.
- 42% started these discussions when they were 16 years old or younger;
- 38% have a written plan; and
- participants reported that they, themselves, and their caseworkers were most likely to provide input into the written plan.

Youth who reported discussing their specific transition plan with someone:

Age when they first started these discussions:*	
16 years old or younger	42%
17 years old	25%
18 years old	21%
Written transition plan:	
Have a written plan	38%
Do not have a written plan	44%
Unsure of having a written plan	18%
Who provided input into the plan:	
Themselves	79%
caseworker	79%
Child advocate/lawyer	27%
Other person	32%

*8 participants said they were 19 or older when their transition plan was first discussed with them, indicating that they may be unclear on what a transition plan entails.

Transition Planning

>> Board Extensions

Two-thirds of 16 to 18 year old respondents reported that a trusted adult has talked with them about getting a board extension, but 28% have never talked about this with an adult and another 8% are unsure as to whether this has been discussed with them.

- One-half of these younger respondents said they knew how to file for a board extension.
- About two-thirds plan to file for a board extension.
- A few participants provided reasons for why they do not plan to file for an extension, explaining that they no longer want to be part of the system and that they want to live independently.

> "I wish that there were meetings assigned to each person in care to talk about things like college applications, financial aid, board extension, etc."

>> Implications

One in five participants say they have not talked with their caseworker about aging out, and one-quarter have not discussed their transition plan with anyone. Of those with a transition plan, 21% were 18 years old when they first started discussing it, and 21% of youth say that they did not provide input into their own plans. Given these findings, Turning Points for Children can better address transition planning with youth by:

- Discussing aging out and transition planning earlier, as at least one-third do not plan to file for a board extension.
- Increasing youth's meaningful participation in their own transition planning.
- Developing transition planning materials for outside entities and other adults to ensure consistency and accuracy of information shared.

Youth who remain in care until the age of 21 are proven to be more successful when they become independent than those who leave at age 18. Being aware of the reasons why youth sign themselves out early can help Turning Points proactively address the barriers to filing for board extensions. Survey participants mentioned wanting to leave care at age 18 because they want to live independently and they want to exit the system of care. Research echoes these sentiments and adds that youth who sign themselves out early also choose to do so because:

- safety concerns in the neighborhoods that their supervised living sites are located
- housing options are not desirable
- staying in care will prevent them from achieving their personal goals.[12]

Turning Points for Children can further support youth in obtaining board extensions by:

- Ensuring that youth understand what a board extension entails, as 8% are unsure if board extensions have been discussed with them.
- Talking with youth who elected to file a board extension to identify key reasons why youth file; use those reasons as talking points and as key messages on promotional materials.
- Addressing the quality of SIL housing and working to site apartments in more desirable neighborhoods.

In Youth's Own Words

"When you age out of the system, what are you looking forward to?"

When asked what they are looking forward to, respondents most often mentioned being excited about living on their own, being independent and self-sufficient, getting a good job or starting a career, and furthering their education. With independence, youth mentioned not having to answer to a caseworker or court to make decisions or go places. Some participants talked about family: reuniting with their siblings or birth parents, taking care of their own children; becoming parents; or adopting foster youth in the future. Others mentioned wanting to improve themselves generally and leaving their past behind. Even when talking about things they were excited about, some participants still spoke of feeling nervous or worried about the transition ahead of them.

> *"When I leave the system I look forward to finding my own house for my son, father of my son and myself to live in. And getting a great job and doing college."*

> *"Being free and able to make all my choices. Now I have to go through other people or a judge when I need certain things, so being more independent."*

> *"To go back and finally be one family under one roof with my mom and little brothers."*

> *"Just experiencing the next step in my life , I am super nervous as to what will happen but I am confident that I got This!"*

"How can services change to better prepare people for leaving care?"

Respondents most often brought up issues with their caseworker when asked about how services can be improved. Youth are searching for better communication with their caseworker, meaning more frequent calls and visits and greater support, care and guidance. Several youth also mentioned wanting more 1:1 appointments and individualized care rather than meeting with individuals as a group. Several also indicated that their caseworkers wait for the last minute to complete important tasks and paperwork or to set up appointments. They also want more information on leaving the system and for conversations on leaving care to start earlier and to occur more frequently. One participant suggested that clients and caseworkers be matched based on specific characteristics. Other suggestions included allowing youth to practice being independent while still having the safety net of the system and maintaining some support resources to youth who sign themselves out of care or who age out of care.

> *"They need to learn NOT to wait until the last minute and to be concerned. I feel as though they are just doing their job and they don't care about my actual future."*

> *"I feel as though CUA workers need to be more experienced and not act too much like friends. I want guidance not friendship. CUA workers need to communicate better and specifically provide students with resources for life skills and stuff so they don't have to seek it out on their own."*

> *"I think what need to change is consistency with the workers. Also having more talks about leaving care, and getting the child prepared to be independent."*

Some participants talked about needing more classes on living independently, including skills on managing finances and finding housing. The youth in the survey also spoke about bettering the quality of house parents and staff at facilities, improving the quality and safety of SIL housing, and expanding SIL locations throughout the city.

Comparison to YVLifeSet (Tennessee)

Turning Points for Children has offered the YVLifeSet program to a number of its clients. Those enrolled in YVLifeSet receive intensive case management and clinical services. Extensive research has been conducted on YVLifeSet in Tennessee (TN), but not completed with YVLifeSet youth in other states. One question this assessment addressed was how the needs of Turning Points clients compare to those of youth included in the TN YVLifeSet evaluations.

In this survey, 10% of youth (14 individuals) were enrolled in YVLifeSet. The table compares indicators from YVLifeSet baseline assessments in TN to all youth in the Turning Points survey. It is important to note that YVLifeSet has specific eligibility criteria which were not applied to this survey. The TN YVLifeSet sample was older, as youth younger than 18 were not enrolled. This likely impacts other indicators, such as placement type and schooling. However, a similar percentage were at least 19 years old. Turning Points survey participants were more likely to be female; Black/African American; live in SIL; have a higher number of placements; have entered care at a younger age; to be employed and attending school. A similar percentage had had children or were pregnant and were living in foster homes or kinship care.

Although Turning Points clients and those in YVLifeSet assessments in Tennessee differ on a number of characteristics, the needs are likely quite similar. A rigorous evaluation of YVLifeSet concluded that the program was equally effective for urban and rural young people despite differences in environmental factors, such as resources, services, and transportation. The researchers determined that "this finding provides some evidence that the impact findings presented in this report may be applicable to other contexts."

YVLifeSet and Survey Participant Characteristics

		Turning Points	YVLifeSet (TN)
Age	18 years old	17%	71%
	19+ years old	30%	29%
Gender	Female	65%	48%
Race/Ethnicity	African American	84%	37%
	Caucasian	7%	51%
	Hispanic/Latinx	10%	6%
Select Placement Type	Foster Home	25%	21%
	Kinship Care (or relative's home)	22%	19%
	SIL	17%	2%
Number of Placements	1 placement	22%	35%
	2-5 placements	56%	50%
	6+ placements	23%	15%
Age of Entry in Care	0-5 years old	14%	7%
Employed	(TP: full/part-time)	19%	43%
Education	Attending high school (no diploma)	60%	40%
Has had children/pregnant		21%	21%

Select characteristics are included based on comparability.

Additionally, the primary goals of the YVLifeSet program were important issues to youth in the current needs assessment and represent goals that are relevant to all youth working to achieve independence, regardless of involvement in YVLifeSet. These goals include:

- Finishing high school or acquiring a GED
- Applying for college and scholarships and beginning a college career
- Finding suitable and stable housing
- Learning financial management skills
- Finding and maintaining employment
- Applying for medical insurance and seeking physical and mental health care

- Accessing community resources
- Building and maintaining healthy relationships
- Learning about sexual health and wellbeing
- Developing strong parenting skills
- Establishing lifelong connections

While some characteristics between the two populations are similar and others differ, the needs of the youth are aligned. Further, because YVLifeSet, by nature, caters to the individual needs of each client, the outcomes for youth in other settings should theoretically be similar, as suggested in the YVLifeSet evaluation. In its YVLifeSet program, Turning Points can consider local context by delivering the program in ways that are sensitive to race, ethnicity, and sexual orientation. Including youth leadership and voice in programmatic decisions will also help ensure that YVLifeSet is catering to its local youth.

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