



# Aged-Out and Homeless in Philadelphia

EXECUTIVE SUMMARY

Prepared for the



Greater  
Philadelphia  
Urban Affairs  
Coalition

by



Philadelphia  
**SAFE**  
AND **SOUND**

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**The Greater Philadelphia Urban Affairs Coalition**

The Greater Philadelphia Urban Affairs Coalition (GPUAC) unites government, business, neighborhoods, and individuals to improve the quality of life in the region, build wealth in urban communities, and solve emerging issues. GPUAC carries out this mission in three ways: through policy development, program implementation, and by providing professional services to allow social entrepreneurs to carry out programs and projects.

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Philadelphia Safe and Sound is an independent non-profit organization that improves the health, safety, and well-being of children and youth through research, technology, program management, and advocacy. We accomplish this in collaboration with government, foundations, corporations, and community groups through the integration and leveraging of resources, research, policy analysis and program development.

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## Introduction

After leaving home for the first time, most young people still rely heavily on their parents for advice and financial help. They turn to their parents when they're not sure how to prepare their dinner, how to succeed at their first real job, how to handle an adult romantic relationship, or how to budget their income and pay their bills on time. Their parents and their family home are a reliable safety net as they navigate the challenges of the transition from adolescence to adulthood.

Young people aging-out of foster care, however, often have no one to turn to and nowhere to go during this transition. In any given year, about 20,000 of the approximately 500,000 children in foster care throughout the United States turn 18 without having been adopted. They age out of the system, and into a world of sudden independence, without the benefit of parental support. Studies and statistics consistently show that these youth are at risk for a variety of problems – including homelessness, unemployment and under-employment, criminal activity, and insufficient educational attainment.

The disturbing reality of what happens to aging-out youth often provokes much finger-pointing and blame shifting. But given the variety of causes to this complex problem, we cannot assume it is one entity's or agency's responsibility to prevent aging-out youth from becoming homeless. Systems fail our youth on a multitude of levels. Administrative and legislative policies do not support a smooth transition to self-sufficiency. Youth themselves make uninformed or inappropriate decisions.

Tackling homelessness among youth who have aged out of the child welfare system is an ambitious endeavor that requires cooperation, coordination, and initiative from multiple systems and from all levels within those systems. We can all agree that more must be done.

But the question remains: more of what?

Recognizing the need for a systematic plan of concrete, attainable strategies that address the “real life” needs of aging-out youth, the Greater Philadelphia Urban Affairs Coalition (GPUAC), through the Blueprint to End Homelessness and with the support of the City of Philadelphia's Department of Human Services (DHS), contracted with Philadelphia Safe and Sound (PSS) to study the experiences of youth in Philadelphia who had become homeless after leaving the child welfare system.



This study reveals several consistently problematic themes in the lives of these young people. These are broken down into seven “problem areas” that range from in-care experiences that impact social/emotional development to overall system limitations. Pages 6-12 summarize these problem areas and highlight key recommendations for each, while page 5 precedes this with a list of short-term strategies that are most immediately attainable. Pages 13-15 address current initiatives of the child welfare system, an analysis of the current population of aging-out youth and an overview of current challenges and next steps.

The results of this study open a window into the everyday lives of youth who are aging-out of foster care. Looking through this window, it becomes our responsibility to strategically consider what we can do within our level of influence to facilitate meaningful and effective systems reform.

## Project Goals and Methodology

### GOALS

The goals of the study were as follows:

- 1) Identify types of services youth received and the planning process leading to their discharge from care.
- 2) Identify strategies, strengths, weaknesses and gaps in services and planning for this group.
- 3) Determine the needs of young adults who are currently homeless and have been in substitute care at age 16 or older.
- 4) Provide specific recommendations for improved services to youth prior to leaving care and in the delivery of services to homeless young adults.

### METHODOLOGY

A mixed-method, non-experimental research design was used for this study.

Researchers obtained qualitative data via:

- Interviews and focus groups with homeless young adults who had been in Philadelphia's foster care system (n=77).
- Key informant interviews with individuals who had significant knowledge of Philadelphia's service system and the needs of homeless young adults (n=17).

Researchers obtained quantitative data via:

- Surveys of homeless young adults who had been in Philadelphia's foster care system (n=75).

In addition, a policy analysis was conducted to assess how federal, state and local jurisdictions address key issues facing homeless young adults through laws, regulations and administrative policies. (Details of this policy analysis can be found in Section 4 of the full report, which can be downloaded at either [www.gpuac.org](http://www.gpuac.org) or [www.philasafesound.org](http://www.philasafesound.org).)

## The State of Philadelphia's Youth Who Have Aged-Out of Care: Participant Characteristics and Summary Assessment



### PARTICIPANT CHARACTERISTICS

Participants ranged in age from 15 years (one youth) to 25 years (one youth) with 87% between the ages of 18 and 23. There were about equal numbers of males and females, with two youth identifying themselves as transgender. Most identified themselves as straight (64%), with 21% identifying as gay/lesbian and 15% as bisexual. The vast majority of youth (75%) were African-American; 19% were Latino. Approximately 60% of participant youth did not have any type of housing and did not appear to be enrolled in any type of housing program. Almost a third (27%) of participants had at least one child, and 11% were currently expecting a child. Of those with children (n=19), 37% had two or more.

### SUMMARY ASSESSMENT

Of the 75 youth surveyed (from whom quantitative data was gathered):

1 out of 2 youth left the foster care system:

- without a job, AND
- without a high school diploma/GED.

1 out of 4 youth left the foster care system:

- without a job, AND
- without adult support, AND
- without a place to live.

1 out of 5 youth left the foster care system:

- without a job, AND
- without a high school diploma/GED, AND
- without adult support.

## Short-Term Strategies

The following list of strategies provide a sound foundation for broader multi-system efforts, and were culled from the full report upon having been identified as the most immediately attainable. Using these strategies as springboards for longer-term, more intensive reform will build momentum toward the achievement of all the recommendations suggested in the full report. As illustrated by this study, the complex needs of aging-out youth necessitate a cooperative, comprehensive system of care.

### DEPARTMENT OF HUMAN SERVICES POLICY CHANGES

- 1) Create an Office of the Ombudsman headed by an independent, external ombudsman who has full authority to investigate allegations of in-care abuse on a timely basis.
- 2) Have each caseworker ask youth to identify individuals who they see as likely sources of support after leaving DHS care, and involve these youth-identified supports in the transition/discharge process.
- 3) Institute a “trial discharge” period, which would leave each case open for at least six months post-DHS discharge and would provide a mechanism for re-entry without significant paperwork, penalty or judgment.
- 4) Broaden the *Pennsylvania Model: A Guide to Independent Living* training curriculum to include information on biopsychosocial assessments that, when used, can result in a profile of youth needs that will inform youth-to-service matching.



### YOUTH RIGHTS/LEGAL INVOLVEMENT

- 1) Develop policies and procedures such that no youth are discharged to the streets or discharged without meeting basic self-sufficiency goals.
- 2) Adopt the *Court Protocol for Youth 16 and Older* (prepared by the Juvenile Law Center for the Philadelphia Family Court), a mechanism for better serving older youth in care and for ensuring a successful transition from DHS custody to independence.
- 3) Require that the child advocate attorney and/or social worker become more involved in youth cases.
- 4) Provide all youth with a copy of *Know Your Rights: A Guide for Youth in Substitute Care* when independent living becomes a goal.
- 5) Mandate that caseworkers notify youth of their discharge hearing date in person and secure transportation to ensure 100% attendance.

### ACCOUNTABILITY MECHANISMS

- 1) Use DSS CARES to improve cross-system coordination/collaboration:
  - Develop protocols for case identification and coordination within and between service systems, with subsequent staff accountability.
  - Track and monitor adherence to coordination requirements of all child welfare cases.
  - Develop and subsequently monitor performance measures of DSS and service provider agencies.

### STAFF TRAINING/WORKFORCE DEVELOPMENT

- 1) Develop competency-based training and require that caseworkers pass periodic competency tests.
- 2) Provide all staff with competency-based training in adolescent development, and have this component embedded within the *Pennsylvania Model: A Guide to Independent Living* training curriculum.

## Problem Area 1: Social/Emotional Development

*“When my mother died I was depressed and angry. I either cried or yelled, I was out of control. My caseworker told me to ‘get over it’ because it wasn’t like I knew my mother or anything. She said I hardly ever saw her so what was the big deal? That was the big deal. Now I will never be able to know her or find out why she let me live in all the horrible places I lived in.”* — Youth Participant

### PLACEMENT INSTABILITY

For children in foster care, placement stability is crucial to positive development. Youth participants averaged 5 different foster placements while under DHS auspices with roughly one in three youth reporting 6 or more placements.

### MALTREATMENT WHILE IN CARE

Many youth participants experienced maltreatment while in their foster care placements, compounding the maltreatment issues that brought youth into the foster care system in the first place. At least one participant in 10 of the 12 focus groups reported abusive treatment across the continuum of DHS placements.

### PROBLEMS IN KINSHIP CARE

Research suggests kinship placements can provide consistent care and stability for children. However, many youth participants felt their placement with other family members was far from an ideal living arrangement, perceiving less oversight on the part of caseworkers and resentment from the family member opening their home.

### YOUTH EXPERIENCES WITH CASEWORKERS

Caseworker stability can be just as crucial as placement stability in facilitating positive youth development. The vast majority of youth participants reported having “too many caseworkers to count,” regarding many of them as unsupportive, vindictive and “mean” and reporting inconsistent or incorrect delivery of case information.

### CARE IS NOT “ADOLESCENT-FRIENDLY”

Adolescents are in a continuous state of social, biological, cognitive and emotional development. However, many youth participants reported feeling unable to live up to the “adult behavior” expected of them by caseworkers and foster parents.

### CONFIDENTIALITY AND LABELING

Young people need to live in an environment where they feel that their personal information is protected and respected. Youth participants relayed numerous anecdotes of staff disregarding their confidentiality, sharing their personal stories with other youth, and of being referred to with a “label.”

## Problem Area 1 Recommendations

### PLACEMENT INSTABILITY

- Ensure the Pennsylvania Standards for Child Welfare are enforced regarding the minimization of placement change.
- Using DSS CARES, develop a placement change monitoring system with benchmarks for minimizing placement change.

### MALTREATMENT WHILE IN CARE

- Develop an independent, external ombudsman/office of the ombudsman: 1) to whom youth can disclose information regarding abuse without retribution; 2) with full authority to investigate allegations on a timely basis; and 3) whom youth and staff view as credible.
- Work with the Department of Behavioral Health (DBH) such that youth receive “trauma-informed” care across the full continuum of services that are provided.

### PROBLEMS IN KINSHIP CARE

- Develop accountability mechanisms such that approvals of kinship care placements adhere in practice to the policies surrounding placements in such homes.

### YOUTH EXPERIENCES WITH CASEWORKERS

- Provide all youth with a copy of *Know Your Rights: A Guide for Youth in Substitute Care* when independent living becomes a goal.
- Require that the child advocate attorney and/or child advocate social worker become more involved in youth cases to ensure that youth receive timely, accurate information and timely services.

### CARE IS NOT “ADOLESCENT-FRIENDLY”

- Provide all staff with competency-based training in adolescent development, and have this component embedded within the *Pennsylvania Model: A Guide to Independent Living* training curriculum.

### CONFIDENTIALITY AND LABELING

- Expand professional development activities to address issues related to confidentiality as well as alternatives to labeling.

## Problem Area 2: Educational Attainment

*“I had one pair of jeans that were ‘floods’ that I had to wear every day. I used to roll up the bottoms so the other kids at school thought I wanted them to be short.”*

— Youth Participant

### SCHOOL INSTABILITY

Completing high school is critical for a successful transition to adulthood. While staying in school and graduating can be challenging for many adolescents in traditional family settings, the youth in this study experienced the additional challenges of attending multiple schools as a result of multiple foster care placements. The youth who completed the survey attended an average of 3.5 schools (and 28% attended 5 or more) while in the foster care system.

### PROBLEMS WITH EDUCATIONAL CREDIT

#### WHILE IN RESIDENTIAL TREATMENT FACILITIES

Many youth in this study were placed in residential treatment facilities (RTFs) for extended periods of time. Youth and key informants alike stated that while youth receive academic instruction from RTF educational staff, the School District of Philadelphia (SDP) does not always give students full or partial credit for their studies.

### APPEARANCE

Less than 50% of the youth participants left the foster care system with a high school diploma or GED.

While youth articulated many reasons for non-completion, one of the easiest to correct challenges they faced was a lack of clean, properly-fitting school clothes.

### HIGH SCHOOL DIPLOMAS VERSUS GEDS

Research shows that high school graduates earn between 11% to 23% more than their counterparts who have earned a GED. Youth who were disconnected from school while under DHS care stated that they were typically discouraged from re-enrolling in school to obtain their high school diploma, encouraged instead to obtain their GED. It was reported that some caseworkers simply would not assist with school re-enrollment, focusing exclusively on GED preparation with little justification, explanation or discussion.

## Problem Area 2 Recommendations

### SCHOOL INSTABILITY

- Amend the Administration of County Children and Youth Social Service Programs regulations (Chapter 3130 of Title 55) and the Juvenile Act to assure that every effort possible is made to place a child in his/her current school district.
- Ensure that all professionals involved with children in foster care have responsibility for their educational achievement.

### PROBLEMS WITH EDUCATIONAL CREDIT

#### WHILE IN RESIDENTIAL TREATMENT FACILITIES

- Amend the contracts of RTFs so that their educational programs meet School District of Philadelphia (SDP) standards, so as to assure students full credit for all educational work completed while in an RTE.

### APPEARANCE

- Develop policy, procedure and accountability measures so as to ensure the DHS clothing allowance for foster care youth is appropriately utilized.

### HIGH SCHOOL DIPLOMAS VERSUS GEDS

- Engage youth in a frank dialogue regarding their educational goals. While the caseworker may have valid issues with respect to GED preparation in lieu of high school re-enrollment/completion (e.g., if the student has been out of school for 4 years, obtaining a GED would be more time-efficient), share reasons for GED recommendation while maintaining openness to the alternative.

## Problem Area 3: Service Delivery

*“There was systems failure across the board.”*

— Key Informant

### OVERALL LACK OF CROSS-SYSTEM COORDINATION/COLLABORATION

There are few bridges between the systems involved with youth aging out of foster care. The various individuals who interact with these youth work within their professional silos, function in very specific capacities, and are often unaware of the youth’s multi-system involvement. This results in poor case planning overall and within each domain, causing a number of multi-problem youth to fall through various service delivery cracks.

### LACK OF DHS/SDP COORDINATION/ COLLABORATION

A DHS/SDP partnership is crucial if aging-out youth are to lead productive, fulfilling lives. Recognizing the importance of collaboration between these two systems, the late Judge Myrna Field (of Philadelphia Family Court) decreed in October of 2004 that the SDP and DHS would have access to certain data fields in each other’s electronic records. To date, SDP has never sought access to DHS data except to request information on individual cases as needed, and SDP’s IT department has never set up a system of computerized access to DHS files. Conversely, DHS does have full access to SDP data – but only for 19 staff who were provided with authorization (log-in names and passwords) to directly access the School Computer Network (SCN). It is the sense of key informants that most DHS staff are not aware of their agency’s access to the SCN.



## Problem Area 3 Recommendations

### OVERALL LACK OF CROSS-SYSTEM COORDINATION/COLLABORATION

Make better use of the existing DSS CARES aggregated data system to:

- Develop protocols for case identification and coordination with subsequent staff accountability.
- Track and monitor adherence to coordination requirements of all foster care cases.
- Use coordination requirements to develop and subsequently monitor performance measures by DSS agency and service provider agency as related to foster care youth in general and the aging-out population specifically.
- Move toward performance-based contracting for all foster care cases, such that case identification and coordination is a requirement for all.

### LACK OF DHS/SDP COORDINATION/ COLLABORATION

- At minimum, assure there is a system of computerized cross-access to DHS and SDP files by DHS and SDP staff. If these computerized access systems do not exist, create them. Then train DHS and SDP staff on how to access them and incorporate regular data retrieval into their daily professional duties.

## Problem Area 4: Transition Planning

*“I would find things out from other kids. I still do. You should get the same information no matter what caseworker you have.”*

— Youth Participant

### LACK OF YOUTH KNOWLEDGE OF/ INVOLVEMENT IN TRANSITION PLANNING

While transition planning for the aging-out population is required and policy stipulates that this begins at age 16, the vast majority of youth participants had limited involvement in, or knowledge of, their individual transition plan. Youth who reported leaving care with no or limited transition services either reported multiple, short-term caseworkers or felt that their caseworkers “didn’t care.”

#### Striking Data

- 68% of youth participants did not participate in any discussions about getting ready to leave DHS care.
- 55% of youth participants did not have a written Transition/Independent Service Plan or the youth was unaware of such.
- For 65% of youth participants, a Transition/Independent Service Plan was not reviewed in court by a judge or the youth was unaware of such.

### NEED FOR PSYCHOSOCIAL ASSESSMENTS

Positive youth outcomes depend heavily upon self-sufficiency skills in combination with healthy functioning in eight critical life areas (e.g., mental health, sexual behavior, family and peer relationships, support system involvement). However, few participants acknowledged being asked questions about these other areas of their life. Limited, non-comprehensive assessments can result in a cascading effect of inadequate transition/intervention plans, poor service engagement, and weakened youth outcomes.

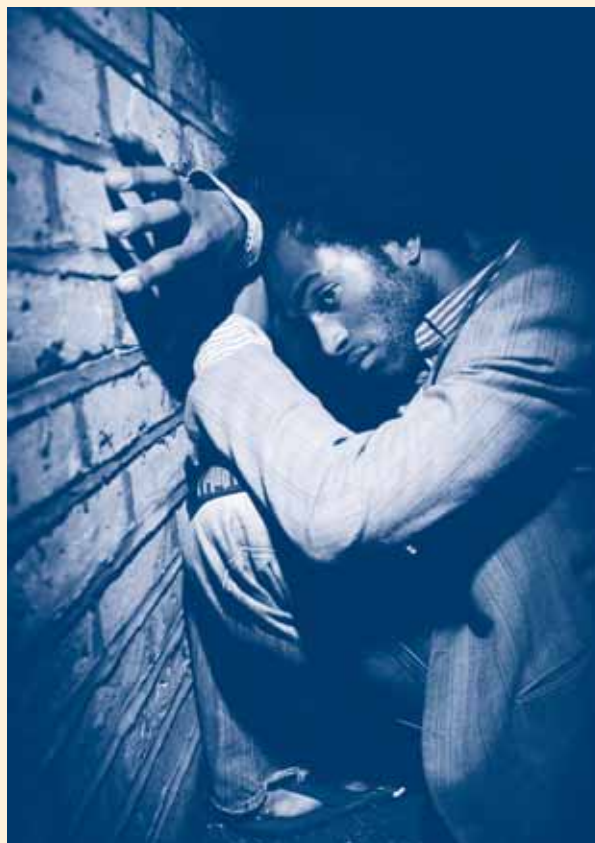
## Problem Area 4 Recommendations

### LACK OF YOUTH KNOWLEDGE OF/ INVOLVEMENT IN TRANSITION PLANNING

- Develop transition case manager positions such that each youth whose goal is independent living has one individual who coordinates all necessary services within and across various city systems and private providers.

### NEED FOR PSYCHOSOCIAL ASSESSMENTS

- Broaden the Selected Needs Assessment Resources and the Independent Living Grid within the *Pennsylvania Model: A Guide to Independent Living* training curriculum to include biopsychosocial assessments and their key components. In addition to life skills assessment, require biopsychosocial assessments to identify strengths and needs beyond basic self-sufficiency skills.



## Problem Area 5: Discharge from Care

*"[My caseworker] came to my school on my 18th birthday, and told me I was no longer in DHS. She did not tell me where to go for money or where to live...when I went home to my foster mother, she said that I could not stay there any more...so I left with a bag of my things."* — Youth Participant

### YOUTH STATUS AT TIME OF DHS DISCHARGE

When a child welfare agency removes a child from their birth family, they assume parental responsibilities – including the preparation of that child for productive adult living. Homeless youth who were participants in this study and who had been in DHS care were discharged from such care not only without this preparation but also without the means to meet even basic living requirements.

### Striking Data

Upon leaving care:

- 47% of youth participants did not have a place to live for at least 6 months.
- 64% of youth participants did not know what housing resources were available.

### UNAWARENESS OF DISCHARGE DATE/ABSENCE AT FINAL COURT HEARING

In order to transition out of foster care smoothly and successfully, youth must know what discharge means, when it will occur, and what services will continue to be available. A judge must also review the youth's status and assure that, at minimum, all paperwork for benefit extensions has been filed and the youth has a place to live. However, the majority of focus group participants stated they were not forewarned of their impending discharge and were "kicked out" at age 18. Fifty-three percent of youth participants either did not attend or were unaware if they attended the court hearing that discharged them from care.

### "SELF-DISCHARGE" FROM DHS

In response to problematic relationships with caseworkers, maltreatment while in foster care placements, and feeling disrespected, let down, and discouraged, some youth chose to terminate their DHS involvement. These youths' mottos became "anyplace but DHS," though they were typically unprepared for independent living.

### POST-DISCHARGE LIVING ARRANGEMENTS/SUPPORT SYSTEM

Those youth exiting the foster care system without a place to live often must choose between particularly complicated and hazardous housing alternatives. About one in three youth participants went back to live with their birth parents after DHS discharge, but upon returning home found these relationships and living arrangements tenuous at best; this resulted in few long-term reunifications. Female youth participants spoke of their "ability to put up with anything to avoid the streets or shelters," which often included staying with

older boyfriends, many of whom were emotionally and physically abusive. For many, the street or a homeless shelter was their last, and only, option. Compounding the negative effects of these options, few youth reported stable, long-term supportive relationships with caring adults. Friendships with peers were also uncommon for the vast majority of these youth.

## Problem Area 5 Recommendations

### YOUTH STATUS AT TIME OF DHS DISCHARGE

- Adopt the *Court Protocol for Youth 16 and Older* as prepared by the Juvenile Law Center for the Philadelphia Family Court in the document *Dependent Youth Aging Out of Foster Care in Pennsylvania: A Judicial Guide*.
- Develop policies and procedures that disallow youth to be discharged without meeting basic self-sufficiency goals.
- Provide opportunities to teach life skills in real situations, such as taking public transportation (critically important for youth returning from out-of-state or out-of-Philadelphia placements), going to laundromats, and opening bank accounts.

### UNAWARENESS OF DISCHARGE DATE/ABSENCE AT FINAL COURT HEARING

- Mandate that caseworkers notify youth of their discharge or emancipation hearing date in person and secure transportation to ensure 100% attendance. If for some reason the youth is not present at this hearing, grant an automatic 30-day extension and reschedule the hearing.

### "SELF-DISCHARGE" FROM DHS

- Institute a "trial discharge" period which would leave the case open for at least six months post-DHS discharge and would provide a mechanism for re-entry without significant paperwork, penalty or judgment.

### POST-DISCHARGE LIVING ARRANGEMENTS/SUPPORT SYSTEM

- Develop a Program Revision Request (PRR) for the state 2008-09 fiscal year budget that would supplement with state funds CFCIA funding for room and board for former foster care youth ages 16 to 24.
- Develop a continuum of staff-supervised housing with step-up and step-down levels of supervision for the aging-out population.
- Have youth identify who they see as a likely support after DHS care. Youth-identified support persons should then be involved in the transition/discharge process to facilitate the building of healthy and helpful relationships.

## Problem Area 6: Barriers to Self-Sufficiency

*“My DHS caseworker was not a very active listener. Whenever I would try to express anything or to advocate for myself, I was always asked if I was taking my medicine. It made me feel powerless...as if I had no control over my situation and as if no one really cared.”*

— Youth Participant

### QUALITY OF LIFE ISSUES

Homeless youth who have aged out of DHS care face significant barriers to living independently and live a poor quality of life. Most lack the resources, social support or education needed to be fully independent.

#### Striking Data

- 42% of youth reported consistent difficulty finding a place to sleep.
- 50% did not have money to purchase clothes or pay for public transportation.
- 27% did not have enough money to buy food.
- 68% of youth reported having not enough money in general.
- 32% were afraid of being a victim of a crime.
- 42% youth reported feeling sad, down, “bummed out” and lonely.

### BEHAVIORAL HEALTH ISSUES

Approximately 70% of foster care youth have serious emotional disturbances. Almost every youth participant in this project reported behavioral or mental health problems and had been prescribed an array of psychotropic medications at some point in their time in DHS care. However, the majority of these youth either never started taking their prescribed medication or discontinued use within a few weeks. A number of key informants stated that youth are medicated “too quickly and heavily.” Most youth also reported underage drinking, and almost all youth verbally acknowledged marijuana use. Participants also discussed a reluctance to seek substance abuse treatment, describing a zero tolerance environment and fear of being “kicked out” of programs or placements.

### FINANCIAL OBSTACLES

According to The Self-Sufficiency Standard for Pennsylvania 2006, an individual must earn \$8.48 per hour and work 40 hours per week in order to live independently. Of the 48% of youth who were employed at the time of the survey, only 18% earned such an income. Overall, this means 4 out of 5 youth were earning less than the minimum income necessary to live independently, pointing to challenges in both finding employment at all and in finding employment that requires and/or teaches transferable skill sets. Citing their lack of opportunities to make a living wage, almost one in four youth reported supplementing their income through illegal means.

### LGBTQ (LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUESTIONING) YOUTH

Approximately 36% of youth survey participants identified as LGBTQ. LGBTQ youth in foster care often experience challenges in placements with families that do not accept their orientation, and some youth reported negative attitudes on the part of caseworkers and placement staff. Most also reported a dearth of “gay-friendly” resources.

## Problem Area 6 Recommendations

### QUALITY OF LIFE ISSUES

- Make behavioral health services available to youth regardless of their diagnostic status.

### BEHAVIORAL HEALTH ISSUES

- Increase the number of Treatment Foster Care (TFC) homes and provide continued training and support for TFC foster parents.
- Work with the Department of Behavioral Health to ensure that youth aging out of foster care are a priority population during its system reform efforts.

### FINANCIAL OBSTACLES

- Provide tax incentives to, and subsequently develop apprenticeships with, Philadelphia businesses who employ and train youth who have aged out of DHS.
- Strengthen DHS’s partnership with, and increase youth access to, the Philadelphia Youth Network and the Philadelphia Workforce Development Corporation, both of which provide an array of job readiness, internship, shadowing and volunteer programs.

### LGBTQ (LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUESTIONING) YOUTH

- Develop foster care placements that are “gay friendly,” so that youth do not end up in group homes or RTFs as a result of community-based placement families being uncomfortable with their sexual orientation.
- Address homophobia through a culturally-sensitive development program for caseworkers, private provider staff and foster care parents.

## Problem Area 7: Overall System Limitations

*“I know I was lucky because my last caseworker was great. She cared about me; I wasn’t just a job. I was always afraid that she would leave and I would end up with another bad one.”* — Youth Participant

### STAFF TRAINING/WORKFORCE DEVELOPMENT

Quality service delivery is contingent upon a highly-skilled and trained staff. As noted previously, many youth reported DHS caseworkers, SDP teachers and other system staff did not impart the information they needed to make informed choices. Youth often felt these staff did not understand nor care for them.

### DATA, EVALUATION AND MONITORING

Most key informants agreed there is a need for better automated data systems for the facilitation of case-planning, decision-making, case coordination and accountability monitoring. However, despite positive consensus and the current availability of some cross-system data-sharing tools, cross-system utilization and data coordination is not happening with any notable frequency. Regardless of affiliation, key informants discussed the advantages of a readily-accessible data-sharing system with enhanced capabilities to collect, track, and monitor key data fields.



## Problem Area 7 Recommendations

### STAFF TRAINING/WORKFORCE DEVELOPMENT

- Develop competency-based training such that caseworkers are required to pass competency tests on specific content within pre-determined time intervals.
- Reduce caseworker workload to meet the Child Welfare League of America caseload recommendation of 17 active families per caseworker and no more than one new case for every six open cases.
- Create a training curriculum for SDP personnel regarding the social and emotional issues facing children in foster care and the specific needs this population may have in meeting educational objectives.

### DATA, EVALUATION AND MONITORING

- The Chafee Foster Care Independence Act (CFCIA) of 1999 mandates states to report information on services and outcomes for aging-out youth for inclusion in the National Youth in Transition Database (NYTD). Collecting data for the NYTD should be a priority for Philadelphia, and data should be analyzed at regular intervals to provide DHS with regular feedback on these youth.
- Use the DSS CARES Service Coordination Dashboard to create a system of accountability whereby caseworker and provider performance is monitored and evaluated.
- Provide a data collection mechanism whereby youth who have left DHS care are able to provide follow-up status information through web-based assessment forms.

## A Note on Other Sub-Populations of Aging-Out Youth

### YOUTH PREGNANCY AND PARENTHOOD

Research indicates that girls who have a history of foster care placement are more likely to become pregnant and become parents in their teen years. In a recent study of teen pregnancy and foster care experiences, nearly half of the young adult females with foster care histories had been pregnant by age 19, a rate nearly two and a half times higher than that found among 19-year-old women with no foster care background. As stated in the Participant Characteristics, 27% of the participants in this project had at least one child, and 11% were expecting a child. Of those with children, 37% had two or more. Fourteen of the 19 youth with children were female. Young parents in this study reported a dearth of mother/baby programs, teen father programs and housing programs that accept children. A number of the young mothers discussed their interest in the Job Corps program, which provides residential and career training services, but stated that there were not many slots for young women with children. These challenges indicate the need to provide ongoing sexual health services to teens in foster care and for additional studies on a more expansive sample of teen parents who have aged out of foster care.

### DEVELOPMENTAL DELAYS

It has been reported that 50% of children in foster care experience some kind of developmental delay, an incidence that is four to five times greater than that in the overall population. Foster care youth with developmental delays and disabilities are at high risk for a variety of problems impacting their independence. The nonappearance of this sub-group in the project sample highlights the need to ascertain the prevalence of developmental delays in aging-out youth who become homeless.

## What is the Bottom Line?



### MULTIPLE ISSUES REQUIRE MULTIPLE AND CREATIVE SOLUTIONS

- No one system or agency is responsible for causing – or solving – this set of issues facing the aging-out population of young people.

### NEEDS OF THESE YOUTH DEFY BOUNDARIES OF ANY ONE SERVICE CATEGORY

- Human beings have complex, interconnected issues that require a collaborative cross-systems approach.

### MANY YOUTH HAVE SPECIAL NEEDS THAT CANNOT BE ADDRESSED WITH TRADITIONAL METHODS

- Innovative and best-practice-based services must be developed and implemented for this population.

### THESE ARE COMPLEX ISSUES, BUT THEY ARE NOT INSURMOUNTABLE

- A comprehensive set of strategies, as outlined in this report, provides a jumping-off point for real systems reform.

### “PERMANENCY” SHOULD REMAIN A GOAL FOR EACH YOUTH, REGARDLESS OF AGE

- All adolescents growing into adulthood require “permanency,” which provides needed stability and support during this crucial transition.

### ALL YOUTH ARE VALUABLE COMMODITIES, AND WORTHWHILE INVESTMENTS

- This aging-out population must not be overlooked; as with all youth, they are valuable members of our society and precious human commodities.

## Current Promising Approaches

Despite the many challenges discussed, there is movement toward improvement in Philadelphia. DSS CARES, the Older Youth Initiative, and the Achieving Independence Center and its mobile unit have been designed to address systemic barriers to appropriate intervention. While outcome data are unavailable at this time, the innovations they represent should be supported and evaluated.

### **DSS CARES**

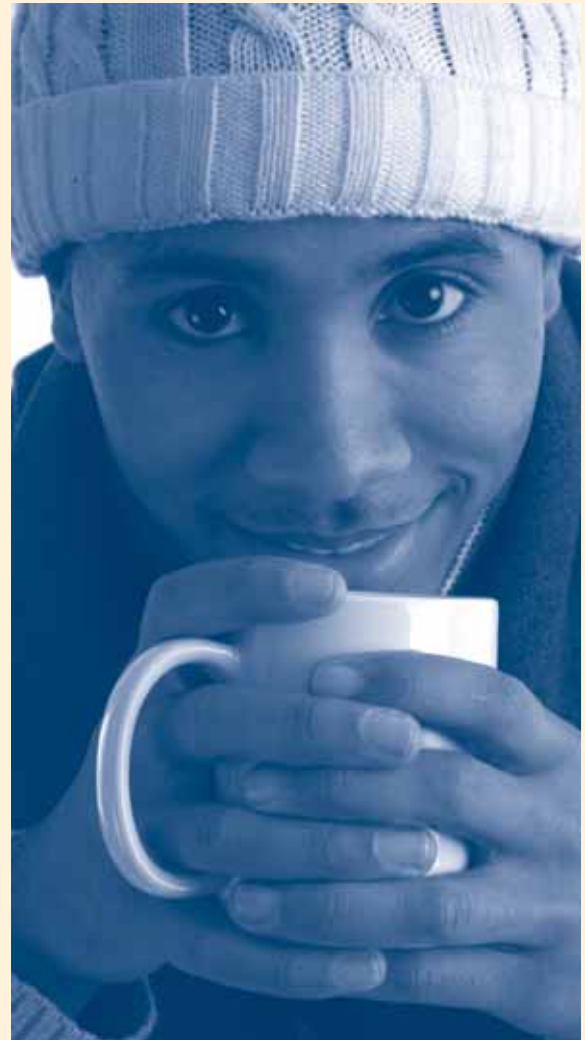
DSS CARES is a unique technology that organizes individual and aggregate data. The technology is built on a set of practice principles that emphasize collaboration and client-centered approaches. Case managers, as well as senior managers and commissioners, use the tool to support an integrated approach and improve client outcomes. Its primary function is to enhance the efficiency, effectiveness and practicality of the city's human service system, especially in serving those who are involved with multiple departments.

### **DHS'S OLDER YOUTH INITIATIVE**

DHS is currently piloting an intensive discharge planning process for youth placed in group homes called the Older Youth Initiative. Twenty providers, who together serve approximately 300 youth, are being required to enhance programming that will increase stability and permanence for youth who will soon age out and who are currently placed in group homes. In addition to requiring providers to conduct Ansell Casey assessments, the Older Youth Initiative mandates that providers follow a discharge planning checklist for all aging-out youth. During the fall of 2006, DHS held multiple training sessions for providers to ensure compliance with these protocols.

### **ACHIEVING INDEPENDENCE CENTER (AIC)**

Since it began in December 2002, the AIC has served over 17,000 youth aged 16 and older. Over time, the AIC has adopted a more holistic approach to serving older youth in substitute care than it had upon its inception. Its philosophy is to provide the same supports a youth would get from her/his family to best prepare her/him for independence. Youth are required to complete two core curricula (Life Skills Training and Parenting Classes) and can choose from a host of additional elective services. These services include sessions with an on-site DHS social worker, mentoring, education classes, employment training and housing assistance. On-site HIV, sexually transmitted disease and



pregnancy testing have recently been added to better respond to sexual health needs. Planned additions include a "mobile unit" that will deliver services to youth outside the Philadelphia area.

The AIC allows all youth aged 16 to 21 who have been foster care to access services, regardless of whether the youth is currently under DHS auspices. Approximately 45% of the youth currently enrolled are youth who have left the foster care system. Participant youth spoke highly of the AIC, recommending that all youth and individuals involved with their care be "mandated" to attend. They recommended that eligibility be extended to younger and older youth.

## What's Ahead?

While this study was not able to capture the universe of aging-out homeless youth, the 77 youth who voiced their thoughts and shared their opinions provided invaluable information on the plight of being discharged from care with few resources and inadequate/unstable housing options. The results beg the question: what does all this mean for the population of youth who are still in the child welfare system and facing imminent discharge?

### A SNAPSHOT OF YOUTH RECENTLY “ON DECK” FOR AGING OUT

In 2005, there were 523 17-year-olds in DHS care. Assuming they remained in care, they would age out of the system at some point in 2006. July 1, 2006 data indicated that close to one in four of them were discharged at age 18 (22%) and that close to one in three of them (29%) were discharged at age 17. Encouragingly, 49% of them were on board extensions, and hence will remain in DHS care as long as they continue to qualify for board extension status.



With respect to risk status, the 17-year-olds who were in care in 2005 had many risk factors that are associated with the increased likelihood that they will have a homeless experience post-DHS care: they entered placement at an older age (mode age of placement was 16); spent approximately 1.5 years in care on average (with the median time in care totaling just over two years); and experienced three placements on average despite their short time in care. The current 2006 cohort of 17-year-olds (n=448) shared similar risks: they also entered placement at older ages (mode age of placement was 16) and experienced three different placements on average. Fifty percent of these youth (n=226) are living in group homes or institutions (another factor that increases a youth's risk for homelessness and other problems), 13 of them (3%) are in Independent Living placements, and 132 (29%) are in foster homes. If, as with the 2005 group, only half of them apply for and are granted board extensions, then approximately 220 young adults may be leaving care unprepared for living on their own.

While data on 17-year-olds may hint at the numbers of aging-out youth who may struggle with independence, data on 16-year-olds are equally important – especially considering 16-year-olds are the youth who may most benefit from transitional planning and early interventions. As of July 1, 2006, there were 551 16-year-olds in care. Current DHS policy mandates that all 16-year-old youth be referred to the Achieving Independence Center (AIC) to begin to prepare them for post-DHS care. According to AIC data, there were 98 16-year-olds enrolled at this writing, but only 82 of them are on active status. This data seems to indicate that only 82 of the 551 16-year-olds (15%) are receiving AIC services. If a presumed 85% of 16-year-olds in DHS care are not participating in or benefiting from AIC services, there may be large numbers of youth who do not take full advantage of the transition services currently provided by DHS and consequently would be unprepared for independent living post-DHS care.

These 16 and 17-year-old cohorts cannot go unnoticed. If true systems reform is to occur, all systems should be aware of the expected volume of youth at increased risk for aging out without adequate independent living preparation.

## Glossary of Key Terms and Acronyms

**Aging-out:** Aging-out is an adjective used to describe youth who are in the process of or are about to be discharged from the care of the child welfare system.

**Ansell-Casey Assessment:** The Ansell-Casey Life Skills Assessment (ACLSA) is an evaluation of youth independent living skills. It consists of statements about life skills that the youth and his/her caregivers complete. For more information, visit [www.caseylifeskills.org](http://www.caseylifeskills.org).

**CFCIA/CFCIP:** Established in December 1999 when the Foster Care Independence Act passed into law, the Chafee Foster Care Independence Program: emphasizes securing permanent families for youth in care; increases funding for independent living activities; increases assistance for youth transitioning from foster care; expands Medicaid opportunities for transitioning youth; and increases state accountability for transitioning youth. The program was named after John H. Chafee as a tribute to the late Rhode Island senator's longstanding commitment to child welfare. For more information, visit [www.casey.org/Resources/Publications/ChafeeFAQ.htm](http://www.casey.org/Resources/Publications/ChafeeFAQ.htm).

**DBH/MRS:** DBH is the City of Philadelphia's Department of Behavioral Health and Mental Retardation Services. For more information, visit [www.phila.gov/dbhmrs](http://www.phila.gov/dbhmrs).

**DHS:** DHS is the City of Philadelphia's Department of Human Services, which is responsible for overseeing and implementing the city's child welfare services. For more information, visit [www.phila.gov/dhs](http://www.phila.gov/dhs).

**DSS:** DSS is the City of Philadelphia's Division of Social Services. For more information, visit [www.phila.gov/dss](http://www.phila.gov/dss).

**DSS CARES:** DSS CARES is an electronic tool that consists of a data warehouse, a Service Coordination Dashboard, and a multi-dimensional data mart. In combining the records of multiple social service agencies in Philadelphia, DSS CARES aims to avoid duplication of efforts while improving outcomes for children and youth by encouraging more informed decision-making and service planning. CARES stands for Cross Agency Response for Effective Services.

**GPUAC:** GPUAC is the Greater Philadelphia Urban Affairs Coalition, a non-profit organization that unites government, business, neighborhoods, and individual initiative to improve the quality of life in the region, build wealth in urban communities, and solve emerging issues. For more information, visit [www.gpuac.org](http://www.gpuac.org).

**Juvenile Law Center/JLC:** Founded in 1975 as a non-profit legal service, Juvenile Law Center (JLC) ensures that the child welfare, juvenile justice and other public systems provide vulnerable children with the protection and services they need to become happy, healthy and productive adults. For more information, visit [www.jlc.org](http://www.jlc.org).

**Kinship Care:** Kinship care is a living arrangement in which a grandparent, other close relative or someone else who is emotionally close to a child takes primary responsibility for the care of that child. This arrangement is either established via the child welfare system (kinship foster care) or informally as an agreement amongst the parties involved.

**Mode:** A statistical term that describes an average found by determining the most frequent value in a group of values.

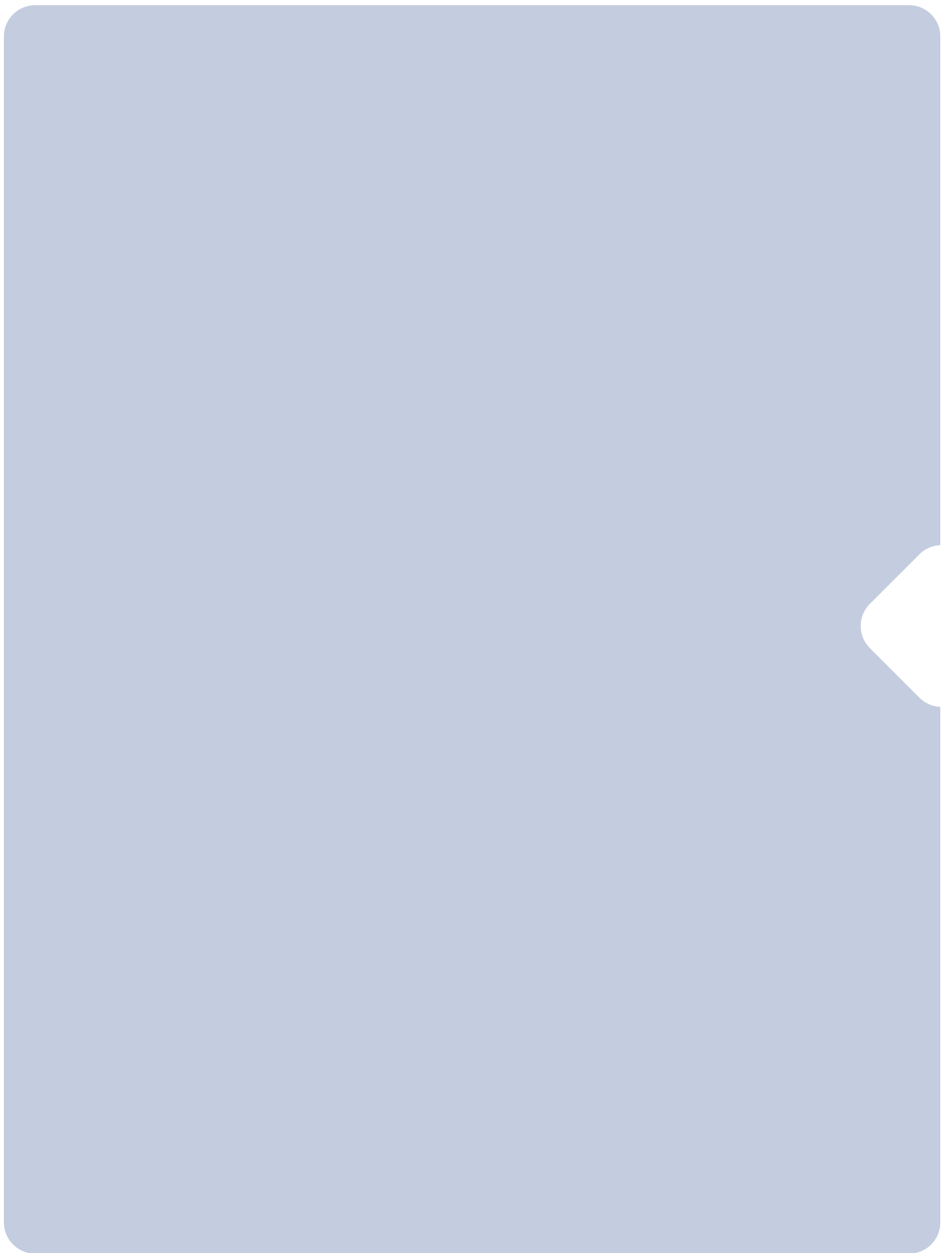
**PSS:** PSS is Philadelphia Safe and Sound, an independent non-profit organization that improves the health, safety, and well-being of children and youth through research, technology, program management, and advocacy. For more information, visit [www.philasafesound.org](http://www.philasafesound.org).

**Treatment Foster Care:** Treatment Foster Care (or TFC, also commonly known as Therapeutic Foster Care) is foster care for children with serious emotional or behavioral health needs. TFC families are specially-trained and, when the child is placed in their home, closely supervised and supported.

**Qualitative:** Qualitative means relating to or involving comparisons based on qualities. In the context of this report, qualitative data was gathered by recording and analyzing the responses of study participants to a set list of questions in the context of an interview or focus group.

**Quantitative:** Quantitative means relating to or involving comparisons based on quantities (or numbers). In the context of this report, quantitative data was gathered through a survey that asked questions and provided a fixed number of responses from which the participant could choose, after which responses were tallied and statistics generated.

**RTF:** A residential treatment facility (or RTF) provides a 24-hour supervised group living arrangement for youth with a history of behavioral health problems. It is commonly employed as an alternative to in-home placement for youth with behavioral health problems in the care of the child welfare system.



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