

THE CONTINUUM OF CARE: USING AN INDEPENDENT LIVING PROGRAM AS AN
INTERVENTION FOR A BETTER QUALITY OF LIFE AMONG FOSTER YOUTH AGING
OUT OF ALTERNATIVE CARE

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ABSTRACT

THE CONTINUUM OF CARE: USING AN INDEPENDENT LIVING PROGRAM AS AN INTERVENTION FOR A BETTER QUALITY OF LIFE AMONG FOSTER YOUTH AGING OUT OF ALTERNATIVE CARE

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With thousands of foster youth being emancipated from the child welfare system each year, attention to how to better the overall quality of life in these individuals is greatly needed. Individuals who age out of alternative care are often emancipated with little to no education, no job skills, little to no money, nowhere to live, and no independent living skills. They can quickly become subjected to a number of negative life events across many domains. Extended care and training is needed to help these individuals better prepare for independent life. Through the Foster Care Independence Act, many states have been implementing independent living programs to better serve individuals who are entering adulthood. The current study examined how the use of an independent living program through a children's home in Western North Carolina aided in helping former foster youth achieve better outcomes in life. Factors examined include, education, life satisfaction, and stress coping abilities. The current study also examined the individuals' attitudes and motivations towards the program. A self-designed Aftercare Survey was used to assess educational outcomes. Compared to national foster care statistics, it was found that individuals who enroll in the Independent Living Program are far more likely to graduate from high school and enroll in college. However, these individuals were no more likely to graduate from college. Individuals who were currently in the program were hopeful to graduate from college and live a successful life. They were also very motivated by the home and felt like the Independent Living Program was the best option for their transition into adulthood. The Satisfaction with Life Scale and the Connor-Davidson Resilience Scale were used to assess life satisfaction and stress coping abilities. Current residents were found to have life satisfaction and stress coping abilities that were comparable to the general population. This study shows the need for further research on Independent Living Programs and the need to enact more programs similar to the one at the Black Mountain Home for Children.

CHAPTER ONE: INTRODUCTION

According to the Children's Bureau (2016), as of September of 2015, there were an estimated 427,910 children and youth in foster care, with 269,509 entering care and 243,060 exiting care. Ages of these children and youth range from less than one year to 20 years old. The majority of these children (45%) had been placed in a non-relative foster home. The others had been placed in settings such as: pre-adoptive homes, kinship foster homes, group homes, institutions, supervised independent living, and trial home visits. One percent of these children had run away from the setting in which they were placed. As of 2015, the average time in care was 20.4 months; however, there are many children (13,546) who stay much longer with the goal of long-term foster care (Children's Bureau, 2015). These long-term foster case youth are placed in at least one of the many types of foster care. Many of these youth may also be subjected to several different placements, as placement stability is hard to achieve for many of these individuals (Blakey, et al., 2011).

A large number of these children will eventually be emancipated from foster care, meaning that when they are 18 years old, they are free from legal control of the government and they are no longer wards of the state. They are officially on their own and expected to join the outside world as fully functioning adults. Previous research suggests that being emancipated or, as it is more commonly known as, "aging out" of alternative care is associated with many negative outcomes. Former foster youth who enter adulthood directly out of foster care often face difficulties with education. Only half of youth in alternative care will complete high school (National Working Group on Foster Care and Education, 2014). Many of these individuals are subsequently unemployed and living below poverty level (Hook & Courtney, 2011; Pecora et al.,

2006). Many of them will become homeless or fail to secure enough money to pay their bills (Courtney & Dworsky, 2006). Some will become involved in several different types of crimes (Ryan, Perron, & Huang, 2016) and become parents at a young age (Oshima, Narendorf, & McMillen, 2013). These individuals will also be at a greater risk for mental health distress and diagnosis (Courtney & Dworsky, 2006; Harpin, Kenyon, Kools, Bearinger, & Ireland, 2013; Scozzaro & Janikowski, 2014). Clearly, there are several negative outcomes, across many domains that are associated with aging out of alternative care.

Although there are many negative outcomes, there is hope for those individuals who are in the process of aging out of alternative care. The Foster Care Independence Act (Okpych, 2015) has allowed for the continuum of care for individuals between the ages of 18 and 21 who are in the process of exiting the child welfare system. Although little research has been done to examine the efficacy of these programs in comparison to the general population, it is clear, through the comparison to other foster youth who have not gone through an independent living program, that these programs can promote resiliency after alternative care. The continuum of care benefits foster alumni in the realms of education, employment, parenthood, involvement with the law, and mental health (Courtney & Hook, 2017).

This current study seeks to examine how participation in an independent living program at a children's home in Western North Carolina aided in helping former foster youth achieve better outcomes in life. Education, satisfaction with life, and stress coping abilities were examined and compared to the national foster care statistics. This study also sought to gain insight on life satisfaction and psychological well-being for these individuals, as well as how attitudes and motivations towards the program impact an individual's success with the independent living program.

CHAPTER TWO: LITERATURE REVIEW

Youth who Need Alternative Care

Children and youth enter the foster care system for a variety of reasons. Of the 269,509 that entered the system in 2015, 161,791 (61%) were placed in out-of-home care due to neglect by their primary caregiver. Other reasons for out-of-home placement include parental drug abuse (32%), caretaker's inability to cope (14%), physical abuse (13%), child behavioral problems (11%), inadequate housing (10%), parental incarceration (8%), parental alcohol abuse (6%), abandonment (5%), sexual abuse (4%), child drug abuse (2%), child disability (2%), relinquishment (1%), parental death (1%), and child alcohol abuse (less than 1%). These categories are not mutually exclusive, thus the percentages add up to more than 100 percent. (Children's Bureau, 2016). As can be seen from data from the Children's Bureau, children can enter the foster care system for many reasons, though most enter due to some type of abuse or neglect.

The entrance into alternative care begins when the court deems a child's current home as unsafe. The child is placed into alternative care until these unsafe circumstances can be fixed. As noted above, these children may be exposed to physical, emotional, or sexual abuse; neglect; abandonment; or failure to provide adequate shelter, clothing, nutrition, health care, love, or attention. Most foster children are subjected to neglect; however, many will experience a combination of these unsafe circumstances (Lee & Whiting, 2008). The maltreatment that these children and youth are subjected to is cause for out-of-home placement in one of the many types of alternative care available in the United States.

Types of Alternative Care

The type of placement that a foster youth is placed in is very important. When the child welfare system assumes custody, this youth then becomes their responsibility, and it is up to the child welfare system to ensure that they strive for the most positive outcomes for that individual. Not every individual that enters the child welfare system is the same, therefore it is important to place the individual into the least restrictive setting as possible while maintaining their health and safety. Most states have policies that give preferences to kinship placements; however, when this is not available, other options must be considered (Kids Count, 2011).

There are several types of alternative care within the United States. Although the term “foster care” is often used interchangeably with “alternative care” and “out-of-home care”, when discussing types of care, it is considered just one of several forms of alternative care. There are many types of alternative care, but only the four broad types will be described in detail below. These types of care include: foster care, adoption, group homes, and supervised independent living.

Foster Care

Various types of foster care exist in the United States. This section will discuss non-relative, kinship, and therapeutic foster care. As of 2015, 45% of children and youth in alternative care were placed in non-relative homes and 30% were placed in kinship foster homes (Children’s Bureau, 2016). Children and youth in therapeutic foster homes are typically placed with non-relatives (Curtis, Alexander, & Lunghofer, 2001).

When most people think of alternative care, they most often refer to non-relative foster care. Non-relative foster care is precisely what it sounds like. A child that is removed from their

home is placed in the care of a family that is in no way biologically related to them. These foster parents are licensed prior to bringing the child into their home (Swanke, Yampolskaya, Strozier, & Armstrong, 2016). This licensure often provides financial benefits for the foster parents in order to adequately provide for the child who has been placed in their care (Bratteli, Bjelde, & Pigatti, 2008).

Foster care can also be given by relatives or close family friends. This type of care is called kinship foster care. Kinship foster care can offer an increased likelihood of being placed with siblings, continued contact with the biological parents, and greater family, culture, and community continuity (Swanke et al., 2016). These are all things that non-relative foster care can rarely offer. However, kinship foster care comes with some challenges. These foster parents are often stepping into this role in the midst of a crisis. They have little time to prepare, and they often lack the training that a non-relative foster parent requires. There are no federal guidelines for becoming a kinship foster parent, and, therefore, there is no financial support from the government (Swanke et al., 2016).

Therapeutic foster care can occur in either a non-relative or kinship foster home; however, due to the amount of training, it most commonly occurs in a non-relative home. Therapeutic foster care is for children and youth with significant behavioral, emotional, and mental health problems (Curtis et al., 2001). Therapeutic foster parents not only provide parental nurturing and basic needs for the child, they also provide treatment interventions for the youth in their care. Parents are specifically trained to provide therapeutic services on a 24/7 basis (Southerland, Mustillo, Farmer, Stambaugh, & Murray, 2009). This type of foster care allows for children and youth with behavioral, emotional, and mental health problems to be treated in a less restricted setting rather than in a psychiatric institution.

Adoption

Of the 427,910 children and youth in the foster care system, the child welfare system gives 25% of them the goal to get adopted. Four percent of these children and youth were in pre-adoptive homes. Of the 243,060 children and youth that left the foster care system in 2015, 22% were adopted. Adoption is the legal and permanent inclusion of a child into a new family (Conn, 2013). In terms of the foster care system, adoption occurs after a child is removed from their biological home and parental rights have been eradicated. Some children may have many stops within the system before reaching adoption; many placements can occur before this point.

Group Care

Group care began in 19th century America when removing children from their homes was seen as a way to break the cycle of poverty and social dysfunction. The term “group care” is now often used interchangeably with the terms “residential care” and “residential treatment”, and “congregate care” in policy, research, and practice (Lee, 2011). Group care is a very broad term. It encompasses many different types of residentially-based placements and treatment services to children and youth with many different needs. A clear operational distinction does not currently exist in the literature, and group care can differ along many dimensions (James, 2011). Group care can differ in population served, program size, setting and location, program model, educational programs, vocational services, mental health services, family involvement, recreational activities, staffing, system influence, and level of restrictiveness (Lee, 2011).

Models of Group Care. As stated above, group care varies in many different aspects. Most group care homes operate on a specific model or combination of a few different models.

Models to be discussed include, the Teaching Family Model, the Sanctuary Model, the Stop-Gap Model, and the CARE Model.

The Teaching Family Model. This model was first implemented in 1967 and has since become the most described and researched treatment model. It is characterized by clearly defined goals, integrated support systems, and a set of core elements. Some of these elements include carefully selecting teaching parents who are often married couples, comprehensive skill-based training, and 24-hour professional consultation. This model also uses proactive teaching interactions that are focused on positive prevention and youth-skill acquisition. There is an emphasis on family-style living and learning in a normalizing care environment. This model can also be used in home-based services (James, 2011).

The Sanctuary Model. This model is a trauma-informed method for creating or changing an organizational culture to provide a context within which psychological healing can be addressed. It focuses on nonviolence, emotional intelligence, inquiry and social learning, shared governance, open communication, social responsibility, and growth and change. Using the acronym “SELF”, this model assumes that there are four stages of recovery: safety, emotional management, loss, and future. This framework is used along with cognitive behavioral strategies to teach youths the ability to adapt and cope with traumatic life experiences. This model is implemented through staff dialogue, self-evaluations of residential units’ structure and functioning, staff training, ongoing technical assistance, twice-daily community meetings, psychoeducation exercises, and weekly psychoeducation groups (James, 2011).

The Stop-Gap Model. This model views group care as a short-term placement that is focused on stabilizing youth sufficiently for discharge to a lower level community-based treatment. It is comprised of a three-tiered approach: environment-based, intensive, and

discharge related. This model is used to interrupt a youth's downward spiral produced by disruptive behavior and prepare them for the post-discharge environment. Individuals enter this model at Tier I, which focuses in the immediate reduction of problem behaviors. Interventions in this tier include, token economy, academic interventions, social skills training, problem solving, and anger management. Tier II is when discharge related interventions commence. During this tier, activities to connect youth to community supports are implemented. Tier III includes function-based behavior support planning. The completion of these three tiers may take anywhere from 90 days to one year to complete (James, 2011).

The Children and Residential Experiences (CARE) Model. The CARE model is a multi-level program that works to deliver quality care to children in alternative care through research-based practices. This model operates on the basis of six guiding principles. The first is that the program is relationship-based, which means it helps youth form healthy relationships. Next is making sure that the staff is trauma-informed and that they are sensitive to the youth's history of trauma. Third, the program is developmentally focused and provides an opportunity for normal developmental experiences. Fourth, it is family-involved; the program will promote active family involvement when necessary and adapt to each individual's cultural norms. Fifth, it is competence-centered and creates opportunities for building self-efficacy and competence. Lastly, the program is ecologically oriented and enriches the physical and social environment to promote a therapeutic setting (Izzo et al., 2016).

This model was developed in 2005 by the South Carolina Association of Children's Homes and Family Services, the South Carolina Department of Social Services, and Cornell University. Since 2006, data gathered on the CARE model has been positive. Participants in

alternative residential homes have been satisfied with the CARE curriculum (Cornell University College of Human Ecology).

Independent Living Programs

In 1986, the Independent Living Program was established under the Social Security Act. This allowed for the continuity of care past the age of eighteen. In 1999, the Foster Care Independence Act established the Chafee Foster Care Independence Program. This allowed for more funding to independent living services and gave flexibility to states in defining the eligibility criteria (Okpych, 2015). All of this was enacted to assist foster care youth in preparing for independent adult life. These programs work towards allowing individuals from ages 16 to 21 years old to learn the necessary skills to find adequate housing and employment, achieve positive relationships, perform daily living activities, and live independent of public support (Office of Inspector General, 1994). Although the Independent Living Program was enacted in 1986, many states are still in the process of developing their own programs. Some states, including North Carolina have just started enacting this type of program within foster care facilities.

The transition into adulthood can be difficult for any young adult, but it is especially difficult for those who have spent at least the latter part of their lives in the foster care system. Many of these individuals will age out of care with nowhere to go and no one to turn to for help. They often start off with limited support, unstable or nonexistent living and employment opportunities, and an incomplete high school education (Office of Inspector General, 1994). Independent living programs allow these individuals the chance to finish high school and possibly go onto college or vocational training. It also teaches them daily living skills such as budgeting, career planning, and how to search for housing.

Placement Stability

Of these children and youth, many live in constant transition. They have essentially lost their family and have yet to find another where stability is guaranteed. Carnochan (2006), wrote, “To be a foster child means to be taken in, but not fully claimed” (p.23). The transition from a child’s home to foster care is not simple. Foster care is intended to be a temporary placement, though more and more often it is being used as a more permanent placement. Children are increasingly spending more time in the foster care system in many different placements (Children’s Bureau, 2016). Approximately 22-70% of foster care placements disrupt each year (Blakey et al., 2011). There are many factors that play into these disruptions including child and family characteristics, placement characteristics, timing of the placement, and system factors.

The age of a child has an impact on placement stability. Webster, Barth, and Needell (2000) found that older children are at greater risk of having more disrupted placements. Age of entry also has a significant effect on placement. Infants who enter the child welfare system are more likely to exit care through adoption. Each year that they spend in foster care decreases their likelihood of adoption by 22%, causing them to stay in foster care for a longer period of time and leading towards more placement changes (UC Davis Extension Center for Human Services, 2008).

A child’s mental and behavioral health also impact placement stability; they are among the strongest predictors of placement change. Often foster parents will request removal of a child from their care because of significant behavioral problems (UC Davis Extension Center for Human Services, 2008). Leathers (2006) found that a child’s caseworker’s report of externalizing behavior problems during early adolescence was a strong predictor of placement disruption.

According to Eggertsen (2008), delinquency and mental health diagnoses are also strong predictors of placement instability.

Mental and behavioral health problems are not only predictors, they are also consequences of placement instability. Frequent placement changes can result in more internalizing and externalizing symptoms in foster youth (Newton, Litrownik, & Landsverk, 2000). Unsurprisingly, multiple placements increased the probability of high mental health service use (Rubin et al., 2004). Placement instability is both a cause and consequence of mental and behavioral health problems.

The type of placement can also have an impact on placement stability. Effective matching between foster families and foster children in terms of child temperament, parent temperament, and parental expectations is linked to greater placement stability (Carnochan, Moore, & Austin, 2013). Foster youth who are placed in kinship foster homes are also more likely to experience greater placement stability (Webster et al., 2000).

Placement instability is also related to system factors. One study found that 70% of placement moves were the result of system and policy mandates, which include moves to short or long-term facilities, relative or sibling placements, or funding issues (James, 2004). These multiple placements not only increase mental and behavioral health problems, they also increase academic-related problems. Pecora et al. (2006) estimates a 17.8% decrease in negative education outcomes when placement history and experience is optimized. Foster youth have a better chance of greater outcomes across many domains if they experience greater placement stability.

Frequent movements often come with great feelings of loss. Unrau, Seita, and Putney (2007) examined foster youth's perceptions of placement changes. Common themes of loss arose, including loss of power of their own destiny, friends and connection with school, personal belongings, siblings, self-esteem, and normalcy. Consequently, many of these youth became socially withdrawn from other people and had a harder time being optimistic about their next placement; they also struggled with trust issues. These feelings of loss and mistrust could possibly be related to many of the outcomes that come with aging out of foster care. By spending their time in foster care with their guard up, they will refuse help and fall behind.

Outcomes Associated with “Aging Out” of Alternative Care

Childhood experiences and alternative care may lead to many negative psychosocial and economic outcomes. Individuals who age out of alternative care are often emancipated with little to no education, no job skills, little to no money, nowhere to live, and no independent living skills. They can quickly become subjected to several negative life events in the realms of education, employment, housing, involvement with the law, parenthood, and mental health.

Education

In 2012, the likelihood of a 17 to 18 year old foster youth being suspended from school was two times more likely than other students. The likelihood that they would be expelled from school was three times more likely. The average reading level of these youth was a seventh grade level and they were 2.5-3.5 times more likely to receive special education. Only 50 percent of these youth will finish high school by the age of 18. When asked about college, 84% expressed an interest in a college education; however, only 20% who graduate from high school will attend

college, and only two to nine percent of these individuals will actually attain a bachelor's degree (National Working Group on Foster Care and Education, 2014).

Academic achievement for foster youth is often affected by frequent moves and placements. Often times, when these individuals move from one foster home to another, they are required to change schools. In a study of 159 foster youth, there was an average of 7.35 placement changes and 8.26 school transfers during their average of 6.6 years in the child welfare system (Sullivan, Jones, & Mathiesen, 2010). This change comes with a new curriculum, teachers, friends, and expectations. In addition, the school staff are often unaware that a child is in the child welfare system and are unaware of educational implications of foster care placement (Zetlin, Weinberg, & Kimm, 2004). Many children come in to new schools with low academic achievement, and they rarely have anyone to advocate for them when it comes to special education programs (Vacca, 2007). Zetlin, Weinberg, and Shea (2006) state that whether a child comes into the child welfare system with special needs or whether they develop educational needs due to frequent moves, lack of learning supports, or unmet emotional needs, they tend to struggle academically and socially.

Sullivan et al. (2010) reported that 50% of their sample ($n = 159$) were behind their expected grade in school. McMillen, Auslander, White, and Thompson (2003) found a relationship between youth characteristics among foster children and repeating a grade. Childhood abuse, physical neglect, and emotional abuse were all associated with repeating a grade. Additionally, youth who experienced more emotional abuse and who had more school behavior problems were more likely to fail a class. School behavior problems were also associated with negative peer influences and having lived on the street, in a correctional facility, or in a group home at some time. Attar-Schwartz (2009) examined school functioning of children

in residential care. They found that most of the children had at least one problem related to school functioning. The most vulnerable children for these school-related problems were boys, children who were taken from parental homes by court decree, children with communication problems with their biological parents, and children who stayed in care for shorter periods of time. Clearly, many factors can put a foster child at risk for poor academic performance and school-related behavioral problems.

Employment

Given that many individuals who leave the foster care system have limited resources to transition into adulthood, it is not surprising that many find themselves struggling to find a foothold in employment. Many are unemployed, uneducated, and living below poverty level (Hook & Courtney, 2011; Pecora et al., 2006; Stewart, Kum, Barth, & Duncan, 2014; Wade & Dixon, 2006). In a follow-up study of 106 foster youth 12-15 months after aging out of foster care, it was discovered that over 44% of them were unemployed (Wade & Dixon, 2006). Wade and Dixon (2006) also found that these individuals' economic pathways were marked by a great deal of fluidity. More than two-fifths of their sample changed their career status as they moved in and out of education, training, or work over this 12-15 month period.

Pecora et al. (2006) found that the employment rate among 659 foster care alumni (aged 20-34) years old in the Northwest United States who were eligible for employment was 80.1 percent. This percentage is substantially lower than the national average of 95 percent. These individuals also experienced difficulty finding jobs that paid living wages. Nearly one-third of these individuals lived in households that were at or below poverty level. Consequently, Pecora et al. (2006) found that 16.8% of these foster care alumni were currently on public assistance at

the time of the study and 51.7% had received public assistance at some point after the age of eighteen.

In Illinois, Wisconsin, and Iowa, only half of foster alumni aged 24 years old were employed, with 22% earning wages that would not lift them out of poverty (Hook & Courtney, 2011). Stewart, Kum, Barth, and Duncan (2014) also showed low rates of employment, low wages, and less stable employment in foster care alumni aged 24 and 30 years old. One reason behind these employment related issues is that many foster alumni lack the necessary education to find and hold a steady job. Hook and Courtney (2011) stated that one-third of their sample who were not looking for work and one-fourth of the sample that were actively looking for work did not have a high school diploma or its equivalent. Additionally, only one-tenth of the youth in this sample, that worked full time, did not have a diploma or a GED. Most youth that were able to secure employment had at least some education. Education is an important factor that is related to the employment success of a former foster youth.

Becoming a parent at a young age, as many foster youth do, is also associated with lower employment stability and lower wages. Dworsky and Gitlow (2017) found that out of 1,943 foster alumni who were young parents, only half were employed at any point during the first four quarters after the quarter that they were released from care. Of these individuals who were employed, most were not consistently employed. Their wages were also considerably lower than the poverty threshold for a single parent with one child.

Resiliency through an Independent Living Program

Aging out of foster care can come with many negative outcomes. It is hard for any 18 year old to start a life for themselves on their own, let alone someone who has been in foster care

and has no support after aging out. Extended care and training is needed to help these individuals better prepare for independent life. Fortunately, the Chafee Foster Care Independence Program exists to provide these individuals with the extended care and support that they need until the age of 21 years old. Research has found that this extended care allows for much more positive outcomes related to education, employment, housing stability, involvement with the law, and parenthood. Citations?

Only 50% of individuals in the foster care system will graduate from high school at the age of 18; this is compared to 70% of the general population. However, there is some evidence that suggests that several of these individuals will have been in an Independent Living Program (ILP). Several studies have highlighted educational attainment in relation to an Independent Living Program. Lindsey and Ahmed (1999) found that 58% of ILP participants had completed high school, obtained a GED, or completed a technical/vocational program; this was compared to 18% of non-ILP participants who were also foster alumni. Scannapieco, Schagrin, and Scannapieco (1995) mimicked similar results with 50% of ILP participants graduating high school compared to only 13% of non-ILP participants.

Little to no research has been done to determine how individuals who go through an Independent Living Program compare to the general population in terms of education. However, several studies have found that extending care after the age of 18 years old increases the likelihood of obtaining at least a high school education (Courtney & Dworsky, 2006; Courtney & Hook, 2017; Jones, 2014). Additionally, Courtney and Hook (2017) found that for each additional year in care, the estimated odds of a youth reaching the next higher category of education are 46% greater.

The continuum of care also benefits foster alumni in the realms of employment, housing stability, parenthood, involvement with the law, and mental health (Courtney & Dworsky, 2006; Courtney & Hook, 2017; Jones, 2014). This may be due to the fact that their educational attainment leads to higher quality of life across many domains or that Independent Living Programs aid in teaching the necessary independent living skills to obtain better employment and housing, as well as teaching skills that relate to sexual education and health care. Jones (2014) argues that individuals should not be allowed to leave the foster care system until a court of jurisdiction confirms that they have achieved the necessary skills to function in an adult environment. In order to better their chances of becoming a successful adult, these individuals need more time in care.

Theory behind Independent Living Program Success

Recently, there has been a shift to a more extended transition to adulthood. There are now delays in marriage, parenting, and education. Arnett (2015) describes the transition from adolescence into adulthood as “emerging adulthood.” For many individuals, this is an opportunity for exploration while being supported financially and emotionally by their family. This prepares these individuals for greater stability as they establish independence. However, individuals who have aged out of foster care do not have this luxury. They are often emancipated from the foster care system with little education and little to no money, job skills, or basic independent life skills.

Many individuals who are emancipated from foster care at the age of 18 years old will face significant challenges. Without a connection to a supportive network, their chances at a successful adulthood weaken. By allowing for the continuum of care, individuals who would have traditionally aged out of foster care at 18 years old can now be supported until the age of 21

years old. During this time, they will have the opportunity to further their education and gain the skills necessary to function in the adult world on their own. Independent Living programs also allow for social and emotional support to help these individuals gradually emerge from the foster care system.

Furthermore, at the age of only 18 years, these foster youth are not developmentally ready for independent adult life. Arnett and Taber (1994) describe three developmental domains in which the transition into adulthood takes place. First, the cognitive domain, which is characterized by the development of adult reasoning. Next, the emotional domain, which is characterized by autonomy from one's parents and the ability to establish intimacy in adult relationships. Lastly, the behavioral domain, which is characterized by the establishment of impulse control and complying with social conventions. This suggests that foster youth are not ready for complete independence; they need time to emerge into adulthood. Their reasoning, emotional skills, and impulse control are not yet fully developed. This could place an impact on employment, parenthood, and involvement with the law. Individuals in emerging adulthood often have difficulty maintaining balanced cognitive-emotional representations, especially when emotions are strongly activated (Arnett & Tanner, 2006).

In terms of brain development, at the age of 18 years old, the brain is still not fully developed. The dorsolateral prefrontal cortex, which is important for controlling impulses, is one of the last brain regions to mature (Avery & Freundlich, 2009). The changes that this region undergoes during emerging adulthood has an impact on various aspects of executive functioning, including long-term planning, metacognition, self-evaluation, self-regulation, coordination of affect and cognition, and response to risks and rewards (Steinberg, 2005). These individuals simply do not have the developmental maturity for successful entry into adulthood, especially

those who have emotional, psychological, educational, and behavioral deficits from early childhood experiences with abuse and neglect (Avery & Freundlich, 2009). It is unreasonable to expect foster youth that are aging out of care at age 18 to plan their future and live independently when these skills do not develop until their late twenties.

The Present Study

The purpose of this study is to investigate the continuum of care after age 18 for individuals who were in foster care and/or residential care prior to the age of 18. We looked at outcomes related to the Independent Living Program at the Black Mountain Home for Children. Since a better education often leads to better outcomes related to a number of realms, the two main factors that were examined were educational trajectories and quality of life. Quality of life is defined in terms of life satisfaction and stress coping abilities. This study examined both individuals who have already been through the program and are now living independently, and those who are currently in the program. The motivations and attitudes towards the program were also assessed to see how the individuals were/are using the program.

The Black Mountain Home for Children operates under the CARE model. This model aids in the success of the Independent Living Program. The CARE model focuses on building healthy relationships which are designed to aid these individuals in creating relationships with individuals that will help guide and advise them during their academic career. It also aids them in building relationships within the workplace, thus maintaining a stable job. Higher education and stable employment should lead to better outcomes related to housing stability and involvement with the law. Having healthy relationships also lead to better life satisfaction and resiliency. The CARE model provides youth an opportunity for normal developmental experiences. The Independent Living Program allows individuals in emerging

adulthood to experience life as many non-foster youth do, that is, it allows them a family system to lean on while they figure out how to navigate adulthood.

Hypotheses

Hypothesis 1

Based off the success of the CARE model used by the Black Mountain Home for Children and the success of individuals who have since moved on from the program, we hypothesized residents of the Independent Living Program will be more likely to succeed academically, compared to the national foster care statistics. Specific subsections of this hypothesis to be measured include:

Hypothesis 1a: In comparison to national foster care statistics, individuals who use the Independent Living Program will have better outcomes associated to education. More specifically, matriculation rates from high school will be higher than the general foster care population.

Hypothesis 1b: Individuals who enter this program will be more likely to attend and complete a college education or vocational training, in comparison to the general foster care population.

Hypothesis 2

Because the Black Mountain Home for Children makes a point to aid individuals that are in the Independent Living Program in gaining important life skills, as well as give them emotional and mental health support, we hypothesized that individuals who are currently in the

program will report a quality of life, stress coping skills, and resiliency pattern that is comparable to the general population. Specific subsections of this hypothesis to be measured include:

Hypothesis 2a: Because the individuals in this program are continuously supported and have access to several resources, individuals who are currently in the Independent Living Program will have a level of life satisfaction that is comparable to the general population, as measured by the Satisfaction with Life Scale.

Hypothesis 2b: Because the ILP teaches valuable independent living skills and provides adequate support for their participants, individuals who are currently in this program will have resilience and stress coping abilities that are comparable to the general population.

CHAPTER THREE: METHODOLOGY

Participants

The present study included 96 individuals who have participated in the Independent Living Program at the Black Mountain Home for Children. This sample consisted of both males (n=50) and females (n=46) above the age of 18 years old who have been emancipated from the child welfare system. The majority of these individuals were residents of the Black Mountain Home for Children prior to entering the program. Some were referred from an outside source, such as a school system. For the first part of this study, participants were those who were currently enrolled in the Independent Living Program (n=6). The second half of the study focused on those who have since left the program (n=90).

The Black Mountain Home for Children

The Black Mountain Home for Children is a residential alternative care home in Black Mountain, North Carolina that operates under the CARE Model. Data previously collected by Cornell University regarding the CARE model suggests that residents of the BMHC feel accepted by the staff and as if they are part of a group. They also felt that the staff was sufficient in listening and understanding, showing investment, engagement, inclusion, respecting autonomy, and emphasizing rules and consequences (Cornell University, 2017). The BMHC houses approximately 57 children and adolescents on its main campus. The independent living campus has the capability to serve up to 32 individuals, however it currently houses approximately 18 adolescents. For the purpose of this study, only the Independent Living Program will be discussed. Currently, individuals who are on their way to aging out of

alternative care have the option to live in a separate part of Black Mountain Home for Children's campus. These individuals are given an apartment-like room to share with other individuals in the program. This program allows them to continue their education, whether that education be a high school diploma, a GED, college, or vocational school. The Black Mountain Home for Children helps support these individuals while they transition into adulthood. They work on teaching them independent living skills such as, how to pay bills and how to look for jobs or housing. While in this program, individuals also have the opportunity to earn a car through various tasks. This program allows individuals to stay as long or as short as needed. Some individuals will leave within a few months, while others will stay much longer. The Black Mountain Home also operates on the assumption that not all individuals will enter this program at the age of 18 years old. Individuals who leave the Black Mountain Home for Children at the age of 18, have the opportunity to come back. The Home also helps support individuals who have since left the program and are in need of either financial or emotional support even after the age of 21 years old.

Measures

Aftercare Survey

The aftercare survey is a self-designed survey made in collaboration with the Black Mountain Home for Children. It consists of 81 questions. Types of questions include open-ended, Likert scale, and yes or no questions. The first questions ask for demographics. The next 17 questions are related to the individuals' experience with the Black Mountain Home for Children before entering the Independent Living Program. These questions assessed attitudes and motivations towards the Home as a whole. The next 24 questions are related to the individuals' experience with the Independent Living Program. These questions assessed attitudes and

motivations toward only the Independent Living Program. It also asked for the age of entry, how the program helped them gain independent living skills, and what they learned during their time in the program. Data provided from the BMHC were collected using a different version of this survey; however, those surveys were not be available for viewing, as we only received aggregated data.

Satisfaction with Life Scale

The Satisfaction with Life Scale (SWLS) is a 5-item survey used to measure global cognitive judgements of one's satisfaction with life. These five questions are measured on a scale from one to seven, with 1 being strongly disagree and 7 being strongly agree. It assesses the positive aspects of an individual's life rather than negative emotions. Individuals with a score of 20 or above are considered to be satisfied with their lives, with a score of 20 indicating a neutral satisfaction, 21 to 25 indicating a slight satisfaction, 26 to 30 indicating satisfaction, and 31 to 35 indicating that the individual is extremely satisfied with their life. Scores of 19 and below show life dissatisfaction, with scores of 5 to 9 indicating extreme dissatisfaction, 10 to 14 indicating dissatisfaction, and 15 to 19 indicating that an individual has a slight dissatisfaction with their life (Pavot and Diener, 1993). Studies on the general population using this scale have yielded an average of 24.1 (SD=6.9) to 24.9 (SD=6.0), indicating that most individuals in the general population are satisfied with their current life (Gannon & Ranzjin, 2005; Hayes and Joseph, 2003). Research on this scale suggests that there is a coherence to life satisfaction and that life satisfaction seems to have a moderate temporal stability (Pavot & Diener, 1993). Diener, Emmons, Larsen, and Griffin (1985) found that this scale has favorable psychometric properties. It has a high internal consistency (Cronbach's $\alpha=0.87$) and a high temporal reliability (Cronbach, 1951)

Connor-Davidson Resiliency Scale

The Connor-Davidson Resilience Scale (CD-RISC) is a 25-item scale used to measure resiliency. This scale views resiliency as a measure of stress coping ability. Each item on this scale is rated on a five point scale: (0) not true at all, (1) rarely true, (2) sometimes true, (3) often true, and (4) true nearly all the time. Total scores range from 0-100, with higher scores reflecting greater resiliency. Connor and Davidson (2003) found that the average score for the U.S. general population is 80.4, indicating that the general population has high stress coping abilities. Research suggests that this scale has high psychometric properties ($\alpha=0.89$), as well as good internal consistency and test-retest reliability (Connor & Davidson, 2003).

Procedure

Data was collected through the use of the Aftercare Survey, the Satisfaction with Life Scale, and the CD-RISC. For the individuals who are currently in the program, the Aftercare Surveys were given in an interview form. The Satisfaction with Life Scale and CD-RISC were handed to the participants to complete on their own. The current residents who were interviewed were chosen by BMHC. These individuals were chosen based on their availability. During the interview process, consent was gained, then the Aftercare Survey was given. Next, the Satisfaction with Life Scale and CD-RISC were explained and given to the participant to fill out and hand back.

Individuals who have since left the program have already completed the Aftercare Survey. The BMHC provided this data and these individuals did not take the Satisfaction with Life Scale or the CD-RISC. Upon return of these surveys, each Aftercare Survey was analyzed,

and compared to national foster care statistics. Each Satisfaction with Life Scale and CD-RISC was scored and compared to average scores from the general population.

Analyses

Hypotheses 1a and 1b were analyzed using Chi-squared goodness of fit tests. Hypotheses 1a and 1b were compared to national foster care statistics. Hypothesis 1c and 1d did not have a large enough sample size to run any parametric tests; therefore, they were only compared to the general population average. The qualitative data from the Aftercare Surveys was used to look for common themes.

CHAPTER 4: RESULTS

Current Residents

Participants for this portion of the study consisted of five males and one female. These individuals ranged in age from 19 to 22, with an average age of 20 years. Participants entered the program sometime between the age of 18 and 21, with an average entrance age of 19 years. Five of the six participants were residents of the Black Mountain Home for Children before entering the ILP. The other was in and out of care, and was living with his older sibling before entering the program. They planned to stay in the ILP for one to four years. All participants described themselves as single. Five participants had graduated from high school, and one was on his way to graduate in June of 2018. Three participants were currently enrolled in college at the time of the interview and were on track to graduate, two were enrolled to start college in the fall 2018 semester, and one was planning to enroll in a certificate program to do some type of work with animals. All participants were employed and were living in the apartments provided by the Black Mountain Home for Children.

Data for this portion of the survey was all qualitative and was collected through face-to-face interviews conducted at the BMHC. Questions were analyzed to find common themes. Participants noted several forms of assistance they had utilized during their stay in the program, including apartments, cars, help with school, scholarships, and on-campus jobs. They stated that the program had helped them achieve their degrees, grow in their religious faith, be more motivated, and learn several independent living skills. The participants credited the ILP with helping them achieve these goals through being given a free place to live, motivating them to

stay in school, informing them on how to achieve their goals, and helping them emotionally and mentally deal with issues from their pasts. The program prepares these individuals for life after foster care through helping them learn skills like cooking, budgeting, relationship building, and social interactions. One participant stated that the program was, “like a trial run of what life is going to be like when you’re on your own.” Participants also mentioned that the program is helpful in putting them back on track when they stray off-course and continuously pushes them out of their comfort zones. The staff show that they care and are always available to give support. All of the participants aspire to attain some type of higher education and work full-time. They all want to be able to function as independent adults and enjoy the life they are living. When asked about what changes they would make to the home, most participants said that it was perfect the way it is, while the others mentioned small things such as the Wi-Fi and adding more staff. The final question asked was in regards to what other people should know about the home. Answers included:

“The people genuinely care and they want to see you do well and they’re willing to help.”

“It’s a good place, it’s not necessarily perfect, but it’s a good investment.”

“It’s a good place to get yourself together, if you want to focus on school this is the perfect place to come to.”

“It’s actually a good place, they’re tough on you, but they care about you.”

“They are really helpful, their main goal is to help children succeed and prosper with a Christian mindset and that’s important because a lot of people don’t see the effects a childhood can play. They help you believe in yourself and grow and be a responsible adult.”

Through the Aftercare Survey, current residents were also asked a series of questions assessing their experiences with the ILP. These questions were scored on a 5-point scale with 5 being strongly agree, and 1 being strongly disagree. All participants agreed that the ILP was the

best option for them as they aged out of care and felt that it was helping them transition into adulthood. They all agreed that they felt supported and that the staff cared about them and what happens in their lives. All of them felt like they could come back after leaving if they ever needed help or support. They all agreed that they were using everything that the program had to offer and that they knew what was expected of them during their time in the program. All agreed that the program is helping them reach their full potential and all but one contributed part of their success to the ILP. It should be noted that the one who disagreed had just separated from the Army and has only been living in the ILP for a couple of months. All participants were optimistic about their future and would recommend this program to others aging out of care.

Current residents also completed the Satisfaction with Life Scale (SWLS) and the CD-RISC). Scores for the SWLS ranged from 8 to 28 and yielded an average score of 19.5. The average score for the general population is between 24.1 and 24.9 (Gannon & Ranzjin, 2005; Hayes and Joseph, 2003). Although the BMHC current resident average is slightly below the general population's average, it is important to note that five out of six participants within this study were within one standard deviation of the general population's average. One participant with a score of eight was an outlier.

Results for the CD-RISC were also compared to the general population. Connor and Davidson (2003) found that the average score for the U.S. general population is 80.4, indicating that the general population has high stress coping abilities. Scores for this measure ranged from 48 to 100, with an average of 77.2, indicating that most of these individuals have stress coping abilities that are comparable to the general population. So, again one participant in the research was an outlier?

Past Residents

Participants in this portion of the survey consisted of 45 females (50%) and 45 males (50%). The data for this portion was all archival data provided by the Black Mountain Home for Children, therefore, the ages of these individuals were unknown. It is known, however, that they were all above the age of 18 years old. Relationship status is also unknown.

A total of 99 individuals have gone through the ILP. Nine of these individuals have an unconfirmed status; however, and they were subsequently omitted from this study. Of the 90 individuals, 84 (93.3%) have obtained a high school diploma. The national foster care average for high school graduation, as of 2014, is at 50 percent. To determine whether the difference between these two averages was significant enough to conclude that the ILP is aiding foster care alumni in attaining a better education, a Chi-squared goodness of fit test was conducted. Results found that there was a statistically significant difference between the two averages, in favor of the ILP ($\chi^2=67.6$, $p=.000$).

Table 1: Results of Chi-squared Test for high school graduation rates

	Did Graduate	Didn't Graduate	χ^2
OBSERVED	84	6	67.6
EXPECTED	45	45	3.84

Of these 90 individuals, 43 (47.8%) have pursued higher education. Ten are currently enrolled in a bachelor's degree program, six are enrolled in an associate degree program, two are enrolled in a certificate program, two are receiving further education in the military, and fifteen

attended some college. Further, four have earned certificates for various trades (e.g. CNA, law enforcement, etc.), two have earned an associate degree, one has earned a bachelor’s degree, and one has earned a master’s degree. For the purpose of this study, we will only be examining those who are enrolled in/have completed either an associate, a bachelor’s, and/or a master’s degree. Of these 43 individuals, 35 have pursued higher education in the form of a college degree. This represents approximately 38.9% of the total 90 participants that have completed this program. The national foster care average for college enrollment, as of 2014, is at 20 percent. To determine if this difference was significant, another Chi-squared goodness of fit test was conducted. Results showed that there was a statistically significant difference between the two averages, in favor of the ILP ($\chi^2=20.069$, $p=.000$).

Table 2: Results of Chi-squared Test for college enrollment rates

	Enrolled	Didn’t Enroll	χ^2
OBSERVED	35	55	20.069
EXPECTED	18	72	3.84

As mentioned above, only four (4.4%) of the 90 individuals have graduated from college. Two have an associate degree, one has a bachelor’s degree, and one has a master’s degree. The national foster care average for college graduation, as of 2014, is at 2-9 percent. For the purpose of this study, calculations will be run using 3%, as this is what most foster care websites use as their college graduation statistic. To determine if this difference was significant, another Chi-squared goodness of fit test was conducted. Results showed that there was not a statistically significant difference between the two averages ($\chi^2=0.65$, $p=.422$).

Table 3: Results of Chi-squared Test for college graduation rates

	Graduated College	Didn't Graduate	χ^2
OBSERVED	4	96	0.65
EXPECTED	2.7	87.3	3.84

CHAPTER 5: DISCUSSION

For current residents, it is clear that the ILP is aiding these individuals in furthering their education and helping them achieve their goals. The program is providing them with support and motivating them to succeed. Most of these individuals are working towards a college degree and have aspirations to work full time and live a happy and fulfilling life. They all agree that the program is helping them transition into adulthood. Additionally, these individuals had a satisfaction with life and stress coping abilities that were comparable to the general population.

For past residents, our observed values for high school matriculation and college enrollment rate greatly exceeded what we would expect to see, based on national foster care statistics. Individuals who utilize the Independent Living Program at BMHC are far more likely to graduate from high school and enroll in a degree-seeking college program. However, individuals from this program are no more likely to complete their college degree than those who age out of care at the age of 18 years old.

Hypothesis 1a stated that individuals who use the Independent Living Program will have better outcomes associated with education. More specifically, matriculation rates from high school will be higher than the general foster care population. The data collected from past residents supports the notion that individuals who go through an ILP will have higher matriculation rates from high school than the general foster care population. Hypothesis 1b stated that individuals who enter this program will be more likely to attend and complete a college education, in comparison to the general foster care population. The data collected from the past residents supports the notion that individuals who go through an ILP will have a higher

likelihood of enrolling in college than the national foster care population, but they are no more likely to graduate from college than the national foster care average. However, data collected from the current residents gives an optimistic outlook on the college graduation rate. Five out of six of these participants were motivated to work towards the goal of a college degree. It is likely that as years progress and the value of a college degree increases, we will see a much higher college graduation rate among these individuals. Aside from the rate of college graduation, the data supports the first overarching hypothesis that residents of the Independent Living Program will be more likely to succeed academically, compared to the national foster care statistics.

It should also be noted that while many individuals from this program do not go to college, they often pursue some form of trade or vocational schooling. Commonly pursued training includes CNA, law enforcement, and military training. Although these individuals elect not to pursue college, they can still be viewed as successfully implementing the valuable skills learned from the ILP.

Hypothesis two predicted that individuals who are currently in the program will have a quality of life, stress coping skills, and a resiliency pattern that is comparable to the general population. There were not enough participants to run any parametric tests, therefore, no assumptions can be made from the data collected from the current residents. However, in terms of life satisfaction, five of the six participants had a Satisfaction with Life Score that was comparable to the general population (within one standard deviation of the general population mean). Only one participant could be classified as having extreme dissatisfaction with his/her life. Additionally, four of the six participants had a CD-RISC score that was comparable to or higher than the general population. These results somewhat support hypothesis 2; however, more

participants, preferably ones who have completed the ILP, will be needed in future research to fully support this hypothesis.

The Independent Living Program at the BMHC not only aids in furthering these individuals' educations and satisfaction with life, they also provide valuable independent living skills. As noted by the current residents, the ILP serves as a support system as they figure out adulthood. It teaches skills that they would otherwise never learn, such as budgeting, cooking, maintaining a household, and self-care. As seen in the qualitative results, this program serves as a community for these individuals. The staff make it known that they care about each participant and support them in their transition into adulthood. They motivate participants and push them to achieve their academic and career goals. The attitudes towards this program are more than positive, suggesting a need for more programs like this in settings across the nation.

The purpose of this study was to investigate the continuum of foster care. From these results, it is clear that this program is having a significant impact on the lives of the individuals who utilize this program. This study calls for the need for more research within the realm of foster care and independent living programs. It is well known that aging out of foster care is associated with several negative outcomes. Enacting more independent living programs could be the solution to remedy some of these negative outcomes. This research also shows the need for more government financial support, as to allow current programs to expand and flourish, and to build new programs across the nation. These programs will give these individuals more time to build their lives and help them grow into successful adults.

Further research should focus on examining other independent living programs and developing a model of care that could serve as a baseline for new programs. Additionally, more research should be done to compare individuals who complete an ILP and those who do not. This

study compared the ILP individuals to the national foster care statistics, which includes both of these groups. It is possible that the high school and college matriculation rate, and the college enrollment rate would be lower if the average just included those who age out of care at 18 years old.

Future research should also investigate what factors lead to ILP success. The BMHC offers their participants free housing, the opportunity to earn a car, and several other materials to use or earn during their time in the program. These factors may impact the level of education earned since they do not have to worry about paying bills or finding transportation. Further research should be done to identify what materials other independent living programs can use to aid in higher achievements by their participants.

Limitations

There were several limitations to this study. The first is that it only analyzed one independent living program. This program was attached to a residential children's home and operated under a specific model of care. This program also receives outside financial support. Other ILPs may be free-standing, operate under other models of care, and only receive government support. Not all ILPs can offer the forms of assistance that BMHC does (e.g. free housing, scholarships, cars, etc.), because they may lack the financial means. Therefore, this success may not generalize to all independent living programs. The BMHC is also located in a very rural part of Western North Carolina. Educational attainment is already low in this population, and there are few options for an affordable college education. High school and college graduation rates may be higher in a more populated area with more options for higher education.

This study also sought to obtain more data from past residents that would assess employment, housing stability, financial stability, involvement with the law, parenthood, and mental health; however, none of the past residents would complete an additional survey. It is likely that they did not feel the need to complete another survey since they had already completed the Aftercare survey after discharge from the program. The BMHC should adapt their current Aftercare Survey to include questions related to these outcomes to help further evaluate the program. BMHC should also consider including a measure of quality of life. Having an education is fantastic, but it doesn't make much difference if one is substantially unhappy with life. The home should focus more on assessing the mental health of these individuals. More conclusive data may also be obtained if the survey was given multiple times after discharge and if a pre-ILP survey was designed to ensure that these outcomes were persisting over time.

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APPENDICES

Aftercare Survey: Current Residents

Your input as a youth of the Black Mountain Home for Children, Youth & Families (BMH) is valuable to the staff. We would appreciate your honest feedback and would also like an update on you and your accomplishments. This information will be anonymous and will be kept confidential. No identifying information will be linked to your answers.

The following items will pertain to your life after the Independent Living Program. Please answer the questions as they relate to you. Your survey responses will be kept confidential, so please be honest.

1. How old are you?
2. I am in a relationship. Yes. No
3. I have children. Yes. No
 - a. At what age(s) did you have your child(ren)?
4. I have been homeless at some point after leaving the BMHC. Yes. No
 - a. If yes, when? For how long?
5. I am currently employed. Yes. No
 - a. If employed, what is your title and job description.
 - b. If no, have you been employed at any point in time? For how long? What is the reasoning behind the current unemployment? Are you seeking employment?
6. I am attending college. Yes. No
 - a. If yes, where?
 - b. Associate or Bachelor degree
 - c. What year are you?
 - d. What is your major or intended plan of study?
 - e. Expected graduation date
7. I am working towards my GED or high school equivalent. Yes. No
 - a. Expected completion date
8. I am completing a certificate program. Yes. No
 - a. If yes, what will your certificate be in?
 - b. Expected completion date
9. I am serving in the military. Yes. No
 - a. Branch
 - b. How long have you served?
 - c. What is your job description within the military?
 - d. How long do you intend to stay in the military?

Answer the following questions as they relate to your experience with the Independent Living Program (ILP) at BMH.

(Answer choices: strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, strongly disagree)

1. The ILP is the best option for me as I age out of foster care.
2. I feel as if the ILP is helping me transition into adulthood.
3. I feel motivated to work towards my goals while in the ILP.
4. I feel supported during my transition into adulthood/out of foster care.
5. The staff cares about what happens to me while I am in the ILP.
6. The staff will care about what happens to me after leaving the ILP
7. I feel like I am a part of a community in the ILP
8. I trust the staff at BMH
9. I have a relationship with other individuals in the ILP and at BMH
10. When I leave the ILP I feel like I could call someone at BMH if I ever needed anything.
11. I feel like ILP is helping meet my educational needs.
12. I feel like the ILP helping me meet my career goals
13. I am using everything the ILP has to offer.
14. I know what is expected of me while I am a resident in the ILP.
15. The ILP is helping me reach my full potential
16. I contribute part of my success to the ILP.
17. I am optimistic about my future.
18. I would recommend the ILP to other individuals that are aging out of foster care.

What age did you enter the Independent Living Program?

How long did you intend to stay in the Independent Living Program?

What materials from the program have you utilize during your stay (e.g earning a car, living in the apartments, money for school)

What have you achieved while in the Independent Living Program?

What are your educational/career goals?

How is the Independent Living Program helping you achieve your goals?

How is the Independent Living Program preparing you for life after foster care?

What were your grades like before entering the program? How is the Independent Living Program helping improve your education? (e.g. if you made bad grades in high school, how did they support you through college or your vocational program?)

How is the Independent Living Program motivating you to achieve your goals?

What particular skills or information have you learned while in the Independent Living Program at BMH?

What are your plans after leaving the Independent Living Program?

If you could change anything about the Independent Living Program, what would it be?

Any additional comments or suggestions for BMH or the Independent Living Program?

In your own words, what do you think other people need to know about BMH?

The Satisfaction with Life Scale

Below are five statements that you may agree or disagree with. Using the 1-7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item.

7 = Strongly agree 6 = Agree 5 = Slightly agree 4 = Neither agree nor disagree 3 = Slightly disagree 2 = Disagree 1 = Strongly disagree

_____ In most ways, my life is close to my ideal.

_____ The conditions of my life are excellent.

_____ I am completely satisfied with my life.

_____ So far, I have gotten the most important things I want in life.

_____ If I could live my life over, I would change nothing.