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10.1 Introduction

Adolescents in care need to develop or enhance a range of life skills if they are to move toward competent adulthood. “Life skills” are those competencies needed to act effectively in social roles and environments. These skills are not unique to young people in substitute care. The needs, problems and tasks faced by these adolescents are typical of those encountered by young people in the general population as well. (Maluccio, Krieger, and Pine, 1990)

The concept of independent living, while having social value and embodying positive ideas such as self-direction and self-sufficiency, also involves negative connotations or consequences. In particular, emphasis on independence for adolescents in substitute care increases the burden of preparation for adulthood squarely on the adolescent. Policy makers, social workers, birth and foster parents and others involved with adolescent wards fail to perceive preparation for independence as a shared responsibility (Maluccio *et al.* 1990). For this reason, caseworkers must understand the concepts of both independent and interdependent living.

The concept of interdependent living is based on the assumption that human beings are interdependent; that is, able to relate to and function with others using community influence and resources in addition to being able to give back to individuals and groups within the community. Being interdependent means being able to carry out daily life tasks while maintaining a high quality of life through positive or appropriate interactions with individuals, groups, organizations and social systems. It means recognizing the values of mutuality as well as self-determination and being able to assume responsibility for individual choices and consequences. In addition, this concept emphasizes that a major goal of child welfare practice is helping adolescents in substitute care develop and maintain the essential connectedness required to meet their common needs. (Maluccio, et al, 1990)

As Polowy *et al.* [1986] indicate, interdependent living involves a range of “essential connectedness” between specific human needs and the ways people seek to fulfill these needs; that is, a reciprocal network between the youth in substitute care and diverse components such as family, community, history and values. When people have positive relationships, they tend to live more stable, satisfying lives. When people are disconnected, even from one essential component of their network, their well being may be negatively affected. (Maluccio, et al. 1990)

Adolescents in the substitute care system are at great risk for lacking a sense of “essential connectedness” (Polowy et al 1986). Both Polowy and Maluccio *et al* (1986, 1990) identify relationships and connectedness as necessary for stable, satisfying lives. Several factors impede the adolescent’s progress in developing interdependent skills:

- The initial placement disrupts any relationships to family, school, community and sense of self;
- Multiple placements further disrupt formation of strong attachments and role modeling of relationships;
- Disconnection from culture and/or native language as a result of multiple placements, lack of cultural opportunities, poor identity formation or lack of involvement of the birth family;
- Caseworker turnover impacts on the adolescent’s ability to form trusting relationships;
- A lack of understanding of adolescent development and dynamics may hinder the caseworker’s ability to facilitate the youth’s transition to adulthood.

To be effective with youth in care, administrators, caseworkers and caregivers must understand that the adolescent’s transition to adulthood can be a turbulent process. In our capacity as substitute parents, child welfare staff and caregivers must view themselves as shared owners of this process.

Working with adolescents in care requires the following:

- **Relationship:** In order for any youth to successfully prepare for adulthood, there must be a minimum of one person who establishes a positive relationship with the youth.
- **Independence:** Provide varied opportunities to prepare for and practice independence: life skill classes, work or volunteer experiences, babysitting, camp, educational opportunities, etc.
- **Strengths:** Assess and build on the youth’s strengths. Set them up to win. Help them to have a “can do” attitude and to being to see they, too, can have a dream.

- **Knowledge:** Knowledge is power. Empower them to see the “big picture.” Help them to learn what their opportunities may be and how to access them. Teach them how to “work system”. Show them how to list the advantages and disadvantages of an action or decision.

Movement through adolescence to independence is not linear. The adolescent may move forward, fall back and then need to move forward again. The caseworker and others involved with youth need to find ways to encourage and facilitate movement towards independence and provide support whenever needed.

10.2 Definition and Principles

In order to successfully prepare youth in care for eventual emancipation, all members of the Child and Family Team must be actively involved in assisting the youth in life skill development and preparation for adulthood. The team’s activities include assessing the youth’s level of life skill development, developing transition plans for adult living and actively assisting the youth in developing or enhancing their skills. Caseworkers and caregivers must provide life skills for all youth 14 and older, regardless of their permanency goals. The best practice approach will be to shift the emphasis from independence to interdependence as defined above by Maluccio, *et al.* (1990).

A youth can be described as “independent” when he or she can be primarily self-supporting and able to make life decisions. However, the successful youth is interdependent in that he or she is able to network and interact with the greater community/society as a self-sufficient and productive member of society. In reality, all of us, as members of society, are interdependent on a variety of systems for survival.

This chapter on Independence describes:

- Ways to help youth master essential skills;
- Moving youth toward interdependent living through distinct phases, beginning with initial placement and ending with the youth successfully leaving care;
- Practice implications of each phase; and
- The roles of foster parents, birth parents, social workers and other service providers in helping the youth achieve successful adult living.

10.2.1 Principles of Preparation for Adult Living and Self-Sufficiency

All efforts at preparing youth for adult living are based on the following principles:

- Preparation for adulthood is a life-long process beginning at birth.
- Planning and decision-making is best achieved through a Child and Family Team approach.
- The choices youth make as adolescents will dramatically affect the rest of their lives.
- Development of the skills necessary to lead self-sufficient adult lives is best accomplished naturally in day-to-day activities under the guidance of the birth parents and substitute caregivers.
- Key components for a successful transition to adult life and self-sufficiency include education, career planning and development of both employment and life skills.
- Transition planning for self-sufficiency should be a strength-based, planful, step-by-step process.
- All youth will need the opportunity to practice their life skills with support from caregivers, caseworkers and significant others. This can best be achieved when the youth's unique culture and language is ensured.
- Transition planning for self-sufficiency is important for all youth in substitute care, regardless of the permanency goal.
- Transitional planning should include re-examination of the "optimal level of connectedness" (Maluccio, Pine and Warsh, 1998) with the youth's birth family.
- A youth's progress toward self-sufficiency is a dynamic process based on the adolescent's changing maturity, qualities and needs. Targeted discharge planning involving the shared planning and decisions of the Child and Family Team should also be a dynamic process.

10.2.2 Independence vs. Independent Living

A distinction needs to be made among three similar-sounding terms: independence, independent living and transition services.

- **Independence** is the permanency goal itself (see next paragraph).
- **Independent living** is the living arrangement in which the youth resides, which is designed to facilitate learning independent living skills (see next section).
- **Transition services** are support services designed to support the adolescent in his/her preparation for adulthood, regardless of their living arrangement (see below).

The preferred goal for adolescents remains return home. If reunification is not possible, adoption and subsidized guardianship should be explored. Only when these goals have been ruled out should independence be selected as a permanency goal. Even with an independence goal, the caseworker and Child and Family Team must consider at every family meeting, and address in every service plan, whether changing circumstances might allow return home, adoption or subsidized guardianship to become the preferred goal.

In all cases, regardless of the goal, the caseworker must promote connectedness with birth parents, family members and appropriate others who the youth defines as significant (keeping safety considerations in mind). Connectedness with others builds the support system that promotes future success.

As stated earlier, while all youth need preparation for adult living, not all youth will have a permanency goal of independence. All children need to have learning experiences from an early age that will prepare them for eventual independence and adult living. However, Department policy specifies *“all youth fourteen and older, regardless of their permanency goal, will have included in their service plan objectives and tasks designed to prepare them for self-sufficiency. This part of the plan is commonly referred to as a ‘transition plan.’”* (Rule 302, Appendix M, Transition Planning for Adolescent Wards)

Independent living refers to various living arrangements and placements that include:

- Transitional Living Placements (TLP)
- DCFS Youth in Transition

- DCFS Scholarship

10.3 Characteristics of Adolescent Development

To successfully work with youth, caseworkers and providers of services for adolescents must understand adolescent development, and stay abreast of those things that an adolescent needs to learn and know, as they move through adolescence and into adulthood.

Consolidating one's identity, learning to establish intimate and meaningful relationships, learning to deal with emotions, overcoming doubts about cultural and sexual identity and adjusting to physical and hormonal changes are just part of what an adolescent is struggling with on a daily basis. Developmental theory suggests that an individual cannot progress to the next developmental stage until the previous stage is completed. For some adolescents who have been traumatized, growth and development may be delayed or severely impacted.

10.3.1 Addressing the Youth's Developmental Issues

Meeting the youth's developmental needs and addressing developmental delays involves caregivers assisting the youth in working toward an adult identity, helping to resolve any cultural or gender issues, learning to establish intimate and meaningful relationships with others and appropriately handling their emotions. In early adolescence (10-13 years), the youth are beginning to distance themselves from parental figures while looking for emotional ties outside of parents or a family arrangement. Emotional conflict occurs because the youth experience a loss of identity with family but have not yet fully developed the emotional ties with a peer group.

During middle adolescence, strong peer group ties have been formed with the youth adopting group values and ideas such as interests in specific clothing and music. Peer pressure impacts behavior. This is often the period when teens have no fear and begin to display risky behaviors. Many also begin to explore adult-like roles such as dating, part-time work and learning various life skills. Caregivers need to be diligent in monitoring and supervising the adolescents in their care during this phase.

Late adolescence is the time when the youth accepts more adult-like responsibilities. Youth begin to think about the future. Normal adjustment problems are to be expected, as youth are ambivalent about fully accepting an adult role.

Youth in substitute care experience the same adolescent developmental stages as do other youth. For youth in care, however, these normal stages may be delayed and exacerbated by the abuse or neglect which brought them into care and their experiences while in the child welfare system; i.e., multiple moves, worker turnover.

10.3.2 Adolescent Sexuality

Physical maturation, increased sex drive and a struggle for identity are hallmarks of adolescent development. As youth explore their sexuality, caseworkers and caregivers must be careful not to label normal behaviors and explorations of sexual orientation as sexually acting out behavior.

The youth's positive acceptance of and adjustment to his or her sexuality is dependent on:

- His or her self-esteem
- The level of support from family and friends
- The youth's knowledge of human sexuality issues and resources
- The level of support and acceptance within the youth's community
- The youth's coping skills and his or her ability to recognize when they need help.

Workers and caregivers can support youth in dealing with sexuality issues by:

- Ensuring all youth receive life skills training which includes specific training on sexuality and health, including topics such as disease prevention, condom use, negotiating skills and family planning. (Information regarding these classes can be obtained through the Department's Division of Education and Transition Services, through the youth's independent living placement or a local public health professional);
- Giving him/her positive support and comments;

- Being non-judgmental.

Gay youth represent a population which have more acute needs in the area of sexuality based in part on the bias and pressures generated by other youth and society in general. Workers and caregivers can support gay youth by:

- Referring him/her to community resources that provide services for the gay population. More information about local community resources can be obtained from the Division of Education and Transition Services.
- Ensuring that any providers working with the youth deliver services that do not discriminate on the basis of gender or sexual preference.
- Ensuring youth are knowledgeable about physical and emotional health disorders for which they may be vulnerable as they pursue the personal journey to self-acceptance.
- Being aware that gay youth are at risk for depression and suicide

10.4 Key Casework Practices with Adolescents

Adolescents must be provided with essential services to help them develop the skills for a successful and competent adulthood. The caseworker, birth parent, foster parent and service providers are most effective in providing the required services and programs when there is a team. It is critical, as with all cases, for the worker to engage the Child and Family Team to assist with planning, resource development and decision-making. The adolescent should be an active participant on the team. **All critical decisions regarding the youth's future must be made with the Child and Family Team and in consultation with the supervisor.**

The worker's relationship with the youth is pivotal to the successful and meaningful strategic planning for the youth's future. The caseworker may assume multiple roles in relation to the adolescent. These roles may include coach, mentor, mediator, advocate and role model. Which role the worker assumes and at which time are dependent on the needs of the youth at any given point in time.

Practice has proven that the following continuum of preparation services and supports are

the most beneficial to adolescent in substitute care:

- **Informal life skill development that naturally occurs in day-to-day-activities.** Most youth will learn the majority of these skills from their caregivers. Caregivers are expected to take advantage of trainable moments in the home to teach youth various skills related to housekeeping, budgeting, shopping, personal hygiene and other skills that naturally occur in the home setting.
- **Life skills classes that provide formal structured training.** Curricula often include speakers or experiential activities. The classes also provide an opportunity for youth to learn in a peer environment. Caseworkers must refer all youth who demonstrate the need to learn life skills to a life skills class. Information about life skills classes can be obtained by contacting the Division of Education and Transition Services.
- **Practice opportunities** provided by caregivers, caseworkers and significant others who should assist the youth in practicing what they have learned informally and in life skill classes.
- **Ensuring and/or developing community and cultural support systems** and encouraging youth to maintain his/her native language to maintain the youth's self-identity.
- **Development of a support system** consisting of birth and/or foster parents, relatives and appropriate others who can be long-term, ongoing resources to the adolescent after his/her case is closed.
- **Aftercare planning** which must occur prior to discharge. Caseworkers must ensure that youth have a means of financial support, established housing, knowledge of health care resources and a solid community support system. Caseworkers and caregivers should also be available to provide the youth support and advice as needed.

10.4.1 Assessment and Planning

All youth in care, 14 years of age and over, regardless of the placement type or permanency goal, must be provided services designed to prepare him/her for adulthood. At a minimum, each youth must have a life skills assessment in order to establish a baseline. The assessment must be administered at the following strategic intervals:

- within 30 days after the youth's 14th birthday;
- within 30 days after the youth's 16th birthday and
- within 6 months prior to a planned termination from DCFS and legal guardianship.
- If a youth enters care after the age of 14, the assessment should be completed within 30 days after the youth's entry but no later than 60 days after entry into the system.

The adolescent's caseworker is responsible for administering the life skills assessment with both the youth and caregiver participating in the assessment process. The life skill assessment does not replace other specialty assessments (such as psychological assessments, SACY, etc), used to identify other conditions or issues that may require services.

The administration of the assessment at the intervals specified above provides a vehicle for ongoing re-assessment of life skills development. For ongoing use of the assessment, (prior to each case review) the caseworker must:

- Schedule a meeting with the youth's Child and Family Team to review the youth's progress prior to the scheduled administrative case review;
- Review with the caregiver and youth which strategies for the youth's service plan have been implemented and accomplished;
- Confirm the youth's knowledge of the skills by using the questions from the life skills assessment tool; and
- Set objectives for the youth's achievement of new skills within certain timeframes.

10.4.2 Transition Planning and Services

Transition planning and services are intended to prepare a youth for self-sufficiency when discharged from the guardianship of DCFS. The youth's caseworker shall incorporate transition-related objectives and tasks into the youth's portion of the CFS 497, Client Service Plan within 30 days following the youth's 14th birthday. For new placements, a transition-related tasks must be developed within 30 days of placement.

Before transition tasks are finalized, a family meeting must be scheduled. Participants should include the caseworker, his/her supervisor, the youth, the caregiver and the youth's birth parent(s) and/or relative(s) when feasible and if the youth chooses to invite them. Other interested persons such as teachers, counselors/therapists may be invited at the youth's discretion and consent. At this meeting, the youth's occupational and/or post-high school educational interests shall be discussed, including options for college education or vocational programs. The youth's need to develop skills and/or knowledge to enable him/her to live independently shall be reviewed.

The caseworker will base the transition tasks on a thorough assessment. Tasks must be developed based on the input from the family meeting and in collaboration with the youth. The transition-related service plan must contain the interventions and services that are to be provided, specific time frames for completion and who will be responsible for specific tasks leading to the successful completion of a service or intervention.

The transition-related service plan should also specify:

- The anticipated length of time support services will be needed until the ward is fully independent.
- The frequency of casework contacts.
- The person(s) responsible for monitoring the ward's progress.
- How and which support services will be offered in the following areas:
 - Counseling
 - Education training
 - Life skills training
 - Education with regard to human sexuality
 - Vocational/technical training
 - Employment
 - Health
 - Housing
 - Legal services

- Socialization, cultural, religious and recreational activities
- Support groups; and
- Aftercare
- The financial responsibility of the youth and the Department

Concurrent planning continues to be a critical aspect of successful service planning for adolescents. Workers should be cognizant of alternative means to accomplish the independence goal in the event that the youth is unwilling or unable to accomplish the established objects and tasks. The caseworker will monitor the youth's progress in accomplishing transition tasks specified in the youth's 497 Service Plan Part II and will frequently discuss that progress with the youth.

“Services work best when a set of particular services are targeted to meet specific goals. The provision of any services, or even a number of services, that are not targeted to specific outcomes was not shown to be effective in providing the desired results” (Westat, Inc.,1987). Therefore, a transitional living plan that focuses on the independent living preparation services to meet a youth's particular needs is a critical step in ensuring a youths' successful transition to independence.

Education is a primary requirement of a successful plan for independence. The caseworker must ensure that all youth are given the opportunity and assistance to complete their high school education. The education plan shall be included in the transition-related service plan. Use of the Graduate Equivalency Degree (GED) may be considered only when completion of high school is not feasible or practical. Completion of high school is an important milestone in the transition to independence. The decision to drop out of school should be discouraged. The plan should identify the efforts made by the caseworker and caregiver to assist a youth to remain in high school. The reasons for the youth dropping out must be documented in the record in addition to a plan to provide for the youth's educational needs. Each region has an Educational Advisor located in the regional offices that can provide technical assistance and consultation to caseworkers on educational issues and specific educational systems.

10.4.3 Use of Lifebooks with Adolescents

Each youth is entitled to documents necessary for self-sufficiency as an adult and to enhanced self-identity through understanding his/her own past. A Lifebook is an account of the life of a child conveyed in words and pictures that can enhance that understanding.

Lifebooks afford children an opportunity to explore their past and to question, understand and accept their own life histories. The caseworker should develop the Lifebook as soon as a child comes into care. The caseworker must ensure that the Lifebook is updated throughout the child's foster care stay.

Use of Lifebooks may also enhance the youth's strengths and help improve his sense of control over his life. The caseworker must assist the youth in obtaining or compiling a Lifebook and other documents necessary for the youth to function as an independent adult. Lifebooks can be made from spiral notebooks, 3-ring binders, scrapbooks or an accordion folder. The Lifebook is an ongoing project for the youth, caseworker and substitute care provider throughout the youth's life in substitute care.

Following is a list of documents to be included in the youth's Lifebook:

- Identification card
- Social Security number and card
- Driver's license or state identification card
- Medical records and immunization history
- Original copy of birth certificate
- Documents and information on client's religious background
- Documentation of immigration, citizenship or naturalization, if applicable
- Death certificate(s) if parent(s) deceased
- Medicaid card or other health eligibility documentation
- A compilation of personal history and photographs
- List of known relatives, with relationships, addresses and telephone numbers, with the permission of the involved parties
- List of schools attended, previous placements, clinics used and educational records, such as high school diploma or general equivalency diploma, as applicable

- In addition to the items listed above, the caseworker must assist each youth with obtaining basic job information and community resources to include the following:
 - Information on available and affordable health care and counseling;
 - Job resume;
 - Information on use of community resources;
 - Reference letters;
- A summary of the transition-related service plan that includes options, a list of emergency and contact persons and how to contact support resources if the plan or portions of it fail.

The Lifebook should be updated throughout the child's foster care stay and should be discussed with the youth during worker visits.

10.4.4 Behavioral Health

Adolescents or children who have serious mental health issues are commonly referred to as SED. They may have been admitted to a psychiatric hospital at least once and have a psychiatric diagnosis. Their serious emotional disturbance can be incipient to a mental illness that will evolve as they approach adulthood. They are placed in all placement types from foster care to residential programs. These youth may need to be transitioned to the adult mental health system depending on the severity of the mental illness and the youth's ability to care for him/herself. For those youth who demonstrate the ability to live independently, they need to be given the opportunity to learn life skills and practice those skills in a supportive setting. The Division of Education and Transition Services should be contacted for assistance with adolescents who are transitioning to adult services.

Mental Health

Many adolescents will need to be involved in individual and/or group counseling to deal with their feelings and apprehensions and to help prepare them for living in a self-sufficient manner. Adolescence is typically a time of turbulent feelings, conflictual relationships and distorted self-image. For youth in the substitute care system, these developmental crises become exacerbated due to their already low self-esteem and poor

self-images. For these young people, the transition to independence can be an abrupt and fearful experience. Adolescents in substitute care often have a weakened and diffused sense of identity, and may therefore have less resiliency with which to face independence. It is imperative that adolescents address unresolved developmental, identity and familial issues. Caseworkers must continually assess the youth's mental health and make appropriate referrals to mental health providers.

Depression and Suicide

Depression is common and treatable. Many teens hide their feelings and others don't know that they are suffering from depression. Some act out their distress through anger, aggression, running away or delinquency. Some teens numb themselves with drugs and alcohol. Both of these drugs mask depressive symptoms. It is critical that youth with symptoms of depression or suicidal ideation see a professional for proper treatment and care. **If imminent danger is present, an immediate referral to SASS has to be made by the caseworker and signed by the supervisor.**

Indicators of Potential Suicide Risk

- Previous suicide attempts (review case file, ask family members)
- Statements about feeling hopeless, helpless or worthless
- Statements about being a burden to others
- Threats of suicide (direct or indirect)
- Loss of interest in activities
- Behaviors or statements that indicate "goodbyes"
- Talking about death
- Listening to songs about death, or drawing or writing about death
- Using alcohol/drugs, driving too fast or doing other risky things
- Giving away valued possessions

Suicide is a scary subject; however, if a youth on your caseload is hinting about suicide, discuss it with him. Talking about suicide can help a suicidal person think of other

options. Assume that the youth is serious and take immediate action to get a SASS assessment and therapeutic assistance. It is important to find a trained professional who understands teen depression. In addition to the above indicators of suicide, see the Appendix A for indicators of depression and other mental illness. A caseworker should do the following if the above symptoms persist for more than a week with a youth on their caseload:

- Discuss with their supervisor, as a critical decision will have to be made.
- Make a SASS referral and follow recommendations
- Get psychological help for the youth

(Adopted from *When Nothing Matters Anymore: A Survival Guide for Depressed Teens*, Bev Cobain, R.N.)

Substance Abuse

Substance abuse is a serious problem affecting many teens and needs to be addressed immediately after it is identified. It is more likely to impact on the foster care population because a large majority of their families also have substance abuse as an identified issue. See the Appendix A for indicators of substance abuse.

Developmental Disabilities

Developmentally delayed youth may be more dependent upon the agency and the community. Services should be directed toward supporting the youth and his/her placement and preparing him/her for eventual discharge from foster care to another appropriate adult program or living situation. Caseworkers must collaborate with other public agencies to provide services for these adolescents (Griffin, 1987).

The Department of Children and Family Services, the Department of Human Services (DHS) and the Guardianship and Advocacy Commission (GAC) have an Interagency Agreement that mandates joint planning among the three agencies to ensure that agencies effectively work together to provide for the smooth transition of DCFS children with developmental disabilities to adult living. Joint planning should begin when the youth is 17-1/2 years old and is commenced when a worker makes a referral to the independent service coordination agency (commonly known in the field as the “PASS” or “PASSAR” agency). The Division of Education and Transition Services should be contacted for

assistance in this process.

Note that the Daniel Memorial Life Skills Assessment should not be administered to the developmentally disabled population.

Sexually aggressive youth

The Department and the Illinois Coalition Against Sexual Assault (ICASA) developed standards to guide intervention with sexually aggressive youth. The standards, which were adopted in July of 1996, outline procedures for DCFS and private agency service providers responding to sexually problematic and aggressive youth. The intent of the standards is to ensure that all persons are protected from sexually problematic or aggressive behavior of youth in the care of DCFS and to ensure that a youth in care who is engaging in aggressive sexual behavior receives appropriate intervention. In addition, the standards ensure that youth/children who engage in sexual behavior that is developmentally expected will not be identified as sexually problematic or aggressive.

Sexually aggressive behavior involves actual coercive touching of another child to include penetration, fondling, etc. These behaviors are not initiated for affection, but rather for the purpose of power or control or for sexual pleasures. Children who are the instigator or initiator of these behaviors may deny their involvement or implicate the other child(ren) as the initiators.

(The preceding material was adopted from Chapter 1 of the Sexually Aggressive Children and Youth Procedures and Standards, adopted July 1996).

10.4.5 Physical/Medical

Health/Medical

Adolescents will need regular health screenings to assure continued normal physical development. All wards receive the public aid medical card that covers physical and dental health services. In addition, other special health needs may be covered such as eye care, orthodontic work, gynecological exams, etc. Pregnant youth may receive prenatal care, delivery and post-delivery services. The youth will need to apply for a medical card from Public Aid for her baby.

HIV/AIDS Issues

All teens in care need to receive information regarding STD and safe sexual practices. HIV testing should only be done when there is a strong likelihood that the youth may have been exposed to the HIV virus (for example, where the youth has been on run and engaging in risky behavior.) Information regarding one's HIV status is confidential and can be disclosed only in specific, restricted situations. Refer to the AIDS Confidentiality Act for more information.

Pregnant and Parenting Youth

Adolescent pregnancy is an untimely occurrence for all youth. Adolescents are not prepared to assume a parenting role. Because most youth in care have experienced poor parenting that led to abuse or neglect, it is critical that they receive in-depth assistance in learning how to parent in addition to learning independent living skills. Care should be taken to avoid assuming that these youth are "adults" simply because they are now mothers or fathers.

When the caseworker learns that an adolescent in care is pregnant and/or parenting, s/he must ensure services are tailored to meet the adolescent's parenting role. Caseworkers should not assume that only females should be provided with auxiliary services because of their added responsibilities. Adolescent fathers should also be included for appropriate parenting services.

DCFS has developed and provides services for the pregnant and/or parenting population (refer to Procedures 302, Appendix J). These services are geared to helping parenting adolescents become more effective parents. Even though the infants are not wards of the state, the worker should make every effort to engage the mother and/or father to participate in programs for their child. Workers should never use threats of removal of the child to get adolescent parents to cooperate with services. The child should not be removed from the ward parent unless there is imminent risk of harm to the child and/or children. Services should be delivered in a manner consistent with the adolescent's type of placement.

10.4.6 Education

Middle and high school years can be a difficult period for youth. However, these years are critical in terms of the vocational and career decisions that have to be made at this time. Educational decisions made in high school can affect the course of one's career, choice of college and eventual success in the job market. Many DCFS wards choose not

to go to college. For these youth, sensible decisions regarding job skills need to be encouraged. All too often our youth choose to drop out of high school altogether. It is particularly important that these at-risk youth be identified early so that intervention strategies to keep them in school can be developed. Frequent contact with teachers and guidance counselors, encouragement of caregivers to be involved in the youth's educational program and support for the youth around school work (tutors, special educational programs, gifted programs, etc.) will go far in providing a sound educational foundation for our youth as they prepare for college or full-time work.

DCFS Scholarship

The DCFS Scholarship program provides supplemental services, maintenance payments and tuition waivers to a limited number of adolescents for whom the Department is currently legally responsible. Children previously under the guardianship of the Department prior to adoption or subsidized guardianship are also eligible to apply for a scholarship. Senior high school awardees may participate in the program for four consecutive years without having to reapply each year. Students can now apply in any year following their high school graduation.

Requirements include:

- Youth must complete and submit the CFS 438 scholarship packet materials
- Under legal guardianship with the Department
- Were previously under guardianship of the Department but are now adopted or in subsidized guardianship
- Graduate of an accredited high school or GED recipient
- 16–19 years of age

The scholarship provides tuition and academic fee waivers to all nine Illinois state-supported colleges and universities for up to four consecutive years, a medical card and a monthly stipend that is valued at the regular foster care reimbursement rate.

The DCFS Scholarship Committee makes the scholarship selections on a competitive basis each spring. Youth may attend a private school or one out-of-state and still receive the stipend and medical card. However, schools other than those supported by the State of Illinois are not obligated by law to waive the tuition and academic fees.

All scholarship recipients must have applied in January of their high school senior year for Federal Financial Aid (FFA). The DCFS Scholarship DOES NOT cover dormitory or any room and board expenses.

10.4.7 Housing

In many instances the adolescent is sophisticated enough to advocate for themselves when their health, safety and well-being are in jeopardy. Risks to adolescents in care may go unrecognized by caseworkers. Caseworkers must take into consideration those risk factors related to safety when considering a placement for the adolescent, particularly if the placement is a relative care situation. The caseworker must conduct an assessment of safety prior to placing any youth in a substitute living arrangement. This task becomes a little more complex when the youth will be living in an apartment or boarding situation. The caseworker, however, needs to be involved with the youth in identifying and selecting this type of living arrangement to assess the risk factors of the neighborhood and community for appropriateness. The critical questions the caseworker should be addressing are:

- Is this youth's age and development level sufficient to support this living arrangement?
- If the youth is working, is the location accessible to good transportation?
- Is the neighborhood safe enough for the youth to travel?
- If the youth is attending school, is the location accessible to the school?
- Is the location conducive to visitation with parents and siblings?
- If the youth needs a roommate, who is that person and what is their background?

10.4.8 Employment

Finding jobs is a major challenge that faces all young adults. For those about to leave foster care, sound preparation to make employment decisions is even more critical. Preparing youth to work, therefore, must be a primary treatment concern for foster care programs serving older adolescents. (North, Mallabart and Desrochers, 1988).

The components of employability are best described as:

- Basic educational skills (reading, writing, computation and speaking ability);
- Pre-employment skills (job finding, application and interview techniques);

- Work maturity (sound work habits and knowledge of workplace behavior); and
- Marketable skills (computer skills, trade knowledge, etc.)

DCFS has mandated that all youth 14 years and over must have work or volunteer experience incorporated into their service plans. One of the best ways to independence is through work. Many youth are capable of and will find their own jobs or volunteer placements. Developmentally disabled youth can be referred to the State of Illinois Department of Human Services, which provides job training and job coaching services for this population. While there are some youth who may resist development of pre-employment skills or maintaining a job, it is incumbent upon the Child and Family Team (especially caregivers) to expect and support development of this self-sufficiency skill. Resistant youth may require more support until they develop good work habits. There are many resources and job programs available to assist the caseworker and caregiver. Employment and training opportunities for Department youth are provided through collaboration with the Illinois Department of Employment Security and Department of Commerce and Community Affairs. Youth enrolled in the programs receive meaningful work experience, job skills training and in some cases, an opportunity to earn extra school credit. The Department employs a youth employment coordinator who facilitates interagency communication and ensures that workers and youth are made aware of job opportunities.

In addition, the Department has contractual relationships with private providers to secure job placement services for eligible youth. The Division of Education and Transition Services has more information on how to access job placement services. In addition, job skills assessment and preparation, job placement, job fairs and training for staff regarding how to best utilize these supports are available. The focus is developing job opportunities that pay more than minimum wage, have career possibilities and have benefits, which are all critical for youth emancipating out of care.

Youth age 14-21 may be referred to the Job Training Partnership Act (JTPA) summer employment program throughout the state. The goal of the Summer JTPA is enrichment, school drop out prevention and job experience.

In Cook County only, youth who are 14–20 years of age may participate in the Mayor’s Employment Training (MET) program. The purpose of MET is similar in scope to the JTPA programs. Other options for employment are Job Corps and the Lincoln Challenge Program. Contact the Division of Education and Transition Services for more information.

In the world of work for the first time, foster youth must relate to an adult who is totally foreign to them. Caseworkers have a dual role in helping the youth develop employment skills. Caseworkers should ensure that caregivers are providing the support necessary for a specific youth. If the caregiver is unable or unwilling, the caseworker must identify services to assist the youth directly.

The foster parents or caregivers play a vital role in their foster youth's search for employment by assisting the youth with:

- locating potential jobs
- learning how to look for a job
- learning how to complete a job application
- preparing a resume
- preparing for a job interview

After the youth has obtained a job, the foster parent or caregiver plays a very important role in helping the youth become successful in the job. The caregiver should know:

- the youth's work schedule
- if there is enough time for leisure
- if there is enough time for eight hours of sleep
- if the youth is saving at least 50% of the net earnings

Other ways in which the foster parent/caregiver can assist the foster youth include making sure he/she has an alarm clock or other reliable mechanisms for waking in order to be on time for work; supplying appropriate clothing, personal hygiene items and necessary spending money for transportation and lunch; scheduling treatment for health problems and eyeglasses so that absences from work are limited; and adjusting home chores to the youth's work and school schedules.

The foster parent should work with the youth on money management and encourage the youth to make deposits into the youth's savings account. The youth's caseworker also plays a very important role in assisting the youth identify and acquire employment. The worker can make referrals to youth employment services and help the youth prepare for the interview.

10.4.9 Youth in Residential and Department of Corrections

Youth in Out-of-State Placement

Youth placed out-of-state, to the extent that it is feasible, must also receive independent living preparation services. The Department has amended all substitute care contracts to include preparation for independent living services.

Youth in the Department of Corrections

DCFS youth who are in the custody of the Department of Corrections (DOC) will receive appropriate independent living preparation prior to their parole or discharge date if it is indicated in their discharge plan, or they must be placed in a post-discharge setting that will provide independent living preparation services.

10.5 Services and Resources

The caseworker must plan for and provide or arrange for services that enable the youth to prepare for a successful transition to independence. The services provided must address the youth's need for:

- Life skills training
- Education and career planning
- Vocational and technical training
- Housing needs during transition and after discharge
- Sexuality issues
- Cultural and gender issues
- Legal services
- Arrangements for support services
- Socialization, cultural, spiritual and recreational activities

- Aftercare services as appropriate to the youth's individual needs

Case planning decisions must be made in conjunction with the youth's Child and Family Team. This team consists of the youth, the foster parents, other service providers and birth parents, if available. This team must be called on for all decisions regarding service planning for the youth.

Adolescents learn the skills needed to successfully function as adults in a variety of ways. The life skills considered to be essential to healthy adult functioning include:

Money management	Anger management/problem solving
Food/nutrition management	Decision-making
Employment/career planning	Socialization/communication skills
Locating and maintaining appropriate housing	Locating and maintaining proper health care
Home management	Appropriate consumer buying
Personal hygiene	Locating and maintaining legal services
Locating and maintaining recreational activities	Locating and maintaining mental heal resources

For adolescents in the child welfare system, various resources exist to help them master these skills, ranging from informal "teaching moments" in the youth's placement to more formal classes and programs.

10.5.1 Informal life skills training

Informal basic independent living skills help the youth become more independent and active in a household and/or in society. A significant portion of the youth's experiential independent living training will naturally take place in the care-giving environment. Teachable opportunities must be incorporated into the daily routines. The caregiver must learn how to involve the youth in decision-making, problem-solving and in taking responsibility for his or her own actions. The caregiver must assist the youth in practicing the theory learned in life skills classes and document the youth's achievement for the caseworker.

10.5.2 Formal life skills training

Formal skills development is structured with specific goals in mind. Usually a trainer or

teacher will provide the formal instruction in a structured class setting. Life skills classes are enhanced by experiential opportunities for youth. When a formal class is not available to a youth, the caseworker will be expected to supplement the caregiver efforts and provide the opportunities for the youth to learn the skills.

10.5.3 Youth empowerment programs

As youth progress through normal adolescent development they should begin the process of becoming more independent, detaching from parents/caregivers and becoming more peer oriented. Positive youth empowerment programs can be a valuable resource for filling idle hours and developing life skills.

Supervised adolescent groups provide an opportunity for youth to meet other youth in similar situations – an important factor for youth involved in the child welfare system. Intellectually, youth in care understand they are not the only youth with family problems. Emotionally, they are often relieved or develop a sense of perspective when they interact with other youth facing similar problems. Many youth find living under the care of the state to be a frustrating and unwieldy experience. Youth groups provide an opportunity for youth to network with each other, to learn of options available to them and to learn how to work within the system.

Following is a listing of the Department's youth empowerment programs. Youth must be a ward and a minimum of 16 years old to participate in the youth development programs. Youth may be referred through the local LAN liaison.

- **Rites of Passage**: This program is designed to support young African American males' development of a positive self-identity and self-esteem. This program is based upon the seven principles of Nguzo Saba. Youth learn about their African heritage and values, and how these principles can be applied to their daily lives.
- **Youth Advisory Boards**: Statewide and regional groups consisting of adolescent wards have been developed. These youth provide input to the Director and other Department staff involved in youth programming. Youth receive leadership training and other pertinent training to assist them in their capacity as youth representatives.
- **Youth in Care Network**: This program is a peer support organization for youth run by youth with adult and agency support. Youth meet on a regular basis to discuss and support each other on common concerns, leadership skill development, and positive recreational opportunities.

Other youth empowerment opportunities available to Department wards of varying ages include organized community groups available to wards are school clubs, Girl Scouts, Boy Scouts, church youth groups, organized park programs, self-help groups such as Al-a-Teen, and Adult Children of Alcoholics.

10.5.4 Advocacy/Mentoring

All teens need a caring, mature adult to assist them in making a successful transition to independent living. Mentors are excellent resources to assist teens in obtaining many of the services normally provided by the teen's social worker. Mentors may serve as a visiting resource for youth and may assist the youth's transition to adulthood by providing information and emotional support when deemed appropriate by the youth, caseworker and caregiver.

Mentoring connects older youth with an adult volunteer to provide a support system for the youth while he/she is in foster care and after the youth is discharged from care. Many youth have good relationships with their foster parents or group home staff that will continue after the youth is discharged from care. For these youth, the caregiver may assume a mentoring role. However, other foster youth who do not have a close adult relationship will need assistance identifying a person to assume this role.

A family member, teacher, employer, pastor or youth leader from the youth's church may serve as the youth's mentor. In some cases, the youth can identify someone to mentor them; in other cases the caseworker will need to assist the youth in identifying an appropriate mentor. A potential mentor to youth in the care of the state must have a CANTS/LEADS check done. Mentor activities may be designed to provide services identified in the youth's case plan.

10.6 Youth Development: Preparation and Placement Programs

10.6.1 Transitional Living Programs

Transitional Living Programs (TLP) are POS placement programs primarily designed for mature youth that are unable to live in a family living arrangement but may not be prepared for a less supervised independent living arrangement. These youth may be ready to progress to a less restrictive living arrangement than a group home or residential

setting. In a TLP, there is a high level of supervision and individual hands-on work with the youth. Youth should be at least 16 years of age for referral to this type of program. For continuity of care, upon acceptance into a TLP, the DCFS worker will no longer transfer the youth's case to the private agency worker. A TLP, which provides more "intensive" services, may be used to prepare the youth for more advanced forms of independent living such as SILP or the Department's YTP. Many agencies have both TLP and SILP components. When the youth has demonstrated consistent ability to follow through independently, the youth might then advance on the continuum of care to the SILP component. Youth are generally not expected to emancipate out of care from a TLP.

The focus of a TLP is development and practice of basic life skills, while the youth continues to pursue educational and employment goals. In Illinois, there are a limited number of TLPs and they vary greatly in types of programming and living arrangement. Following are descriptions of some TLPs:

- A youth lives with an adult who is licensed as a foster parent, but functions in more of a mentoring capacity. The youth is expected to function more independently while still following the house rules. This type of placement may be ideal for the youth that is unable to emotionally handle living in a family environment but needs more structure and supervision.
- A group living arrangement of 6–8 youth is another form of TLP. This may be staffed with "house parents" or round-the-clock child care staff. Youth participate in the daily management of the home and are scheduled for specific chores that enhance their life skills. Generally, there are more freedoms and responsibilities than the more typical group home.

TLPs currently fall under the auspices of SILP Rules and Procedures. Workers should read the following section on SILP and refer to Procedures 302, Appendix M.

10.6.2 Supervised Independent Living Programs

Supervised Independent Living Programs (SILP), like TLPs, provide supportive services, an apartment and living maintenance to adolescent youth for whom the Department is legally responsible. The purpose of SILP is to assist youth that have demonstrated the minimum requirements for living independently to progress toward their goal of independence. Youth can emancipate from an SILP or step-down on the continuum of care to the DCFS YTP.

While TLPs and SILPs provide monitoring and supervision, the intensity is dependent upon the agency program plan, the type of referrals the agency typically accepts and the quality of the relationship between the worker and the youth. Workers should research available SILPs in the area needed, to make the best match to meet the needs of a particular youth.

Basic programming for SILPs tends to follow two formats. Youth may initially be placed in a cluster apartment. After demonstrating competency in the cluster apartment, the youth may move to a scattered site apartment. More often SILP's provide a scattered site apartment, which the youth locates with assistance from the agency worker.

Initially, the apartment is leased in the agency's name and the agency pays rent directly to the landlord. If a youth will emancipate from the system while living in the apartment, the agency will make arrangements for the lease to be put in the youth's name. In some instances, there is also a spend-down component during the last 6 months of service prior to emancipation. The youth may pay the rent to the landlord out of funds from his/her job. The rent money the agency would have paid is put in a savings account and is given to the youth upon termination from the program.

Although Rule and Procedure currently allows for youth as young as 16 years old to be referred, it is NOT recommended for youth this age. Apartment living requires the adolescent to be mature, responsible and somewhat self-sufficient. Care should be taken not to "set up" an adolescent for failure by making a placement that is inappropriate to the youth's level of maturity and development.

10.6.3 Youth in Transition Program

YTP is to be considered for those youth who have demonstrated the maturity and readiness for living in these types of independent living programs. Youth must meet the participation criteria and will not be considered for these programs as an alternative to the "last resort".

The YTP consists of two components: the Youth in College (YIC) program and the Youth In Employment (YIE) program. The YTP provides supplemental services and cash maintenance payments to adolescent youth for whom the Department is legally responsible who are either working full-time, attending school full-time, or working part-time while attending school part-time. The purpose of these services and payments is to motivate and enable youth to gain economic independence and social maturity. Eligibility requirements for the YTP are:

- Youth must be seventeen years but not yet 21.
- Department must have court ordered legal responsibility for the adolescent.
- The permanency goal must be independence.
- No other room and board payments are being made for the youth.
- Youth must contribute a minimum of \$100.00 monthly toward his/her own upkeep. This amount can come from earned or unearned income.
- Youth must be a full-time student, working full-time, or working part-time and attending school part-time; and have worked four consecutive weeks prior to being allowed to participate in the program.
- Youth are responsible for providing ongoing documentation of continued eligibility in order to continue participating in this program.

For more information about the Youth In Transition Programs, contact the Division of Education and Transition Services. Failure to follow this procedure will result in a delay or interruption in the youth receiving the monthly stipend. A youth may participate in the employment component for a maximum of 24 months. If a youth is attending college full-time, they may participate until they reach 22 years of age with verification and submission of their grades at the end of each semester. (They must maintain a “C” average.) Please refer to Procedures 302, Subpart C, Appendix H. For youth turning 21, they can be referred to the Youth conversion Program. Although wardship will be vacated, the Department will continue to provide the monthly stipend and medical card.

10.7 Documentation of Required Activities

The caseworker will document the following items in the client’s case record:

- the life skills assessment and reassessments
- any referrals for life skills classes
- any skill achievements that the client makes
- any other referrals for transitional services
- client service plan that addresses independent living preparation
- contact with the youth, consistent with the youth’s needs

10.8 Planned Termination of Services

A youth can be considered for successful termination of services when he or she has successfully completed all of the tasks outlined in the objectives of their independent living service plan and when the following conditions are met:

- Youth has completed the education goals and objectives
- Youth has secured substantive employment
- Youth has completed the life skill assessment, 6 months prior to discharge
- Youth has obtained safe and affordable housing
- Youth had a recent (within the last six months) medical, dental and eye examination
- Youth has a contact who can assist them in emergencies and act as a mentor.
- A youth reaches legal discharge age.

10.8.1 Termination of Services/Transition to Adult Services

When contemplated service termination and transition to adult services, caseworkers must perform the following activities:

- Provide the youth with at least six months notice whenever cessation of any benefits may occur at the time of transition to independence or transfer to adult services. The Department will be responsible for preparing for a youth's successful transition by:
 - Arranging for transfer of termination of custody, as applicable.
 - Providing information on services to which adolescents may be entitled or rights which they may have, as a result of disability; providing the medical history.
 - Making every effort to ensure that basic resources are in place, i.e., living arrangement, income, affordable health care and transportation.

- Assisting the youth in identifying at least one adult committed to helping with the transition and access to positive peer support.
- Providing knowledge of the court and welfare systems.
- Providing information on day care services, leisure-time and religious resources.
- Providing supportive linkages for the youth at the Department and through use of community resources and volunteers or other youth that have made a successful transition.
- Assist the youth in obtaining or compiling documents necessary to function as an independent adult, including those items listed under the section regarding ongoing development and maintenance of a Lifebook.
- Ensure the youth leaves care with job information and community resources, including:
 - Resume and reference letter
 - Information on use of community resources
 - Summary of transition plan that includes options, list of emergency and contact persons and how to contact the Department or other resources if having difficulty with their transition or aftercare plan.

10.8.2 Aftercare

Aftercare services are independent living services provided to eligible youth after they have been discharged from substitute placement. Many youth are ready to live independently; however, they may lack one or two skills that would make them self-sufficient. Emphasis should be placed on helping young people to succeed in education, training, employment and personal stability by establishing a series of conditions to be met prior to release from state custody to live on their own.

For youth to be successfully discharged from care, the agency must:

- Ensure that youth are employed and earning a living wage.

- Verify competence in basic living skills and successful completion of a vocational training program. Remedial education must be arranged for those youth who must upgrade their skills to be accepted into a vocational program.
- Ensure that youth have a stable living arrangement that does not include a shelter or “welfare hotel”. The latter requirement is intended to reduce the risk that youth will end up homeless after a discharge plan is made. (Irvine, 1998).

In those instances where the youth demonstrates a need to learn one or more particular life skill, the caseworker will develop a plan to assist the youth with obtaining proficiency. Often, the youth will only need assistance developing or enhancing their money management skills. There is no definite length of time that aftercare services are provided. However, Title IV-E funding may be used to provide aftercare services for up to six months after a youth is discharged from care.

APPENDIX A

MENTAL HEALTH INDICATORS

SIGNIFICANT INDICATORS

1. SSI
2. Enrolled in special education emotionally disturbed or behaviorally disturbed
3. History of residential placement for emotional disturbance
4. History of psychiatric hospitalizations or suicidal attempts
5. Diagnostic history of attachment disorder, anxiety disorder, separation disorder, post traumatic stress disorder, adjustment disorder, personality disorder, depressive disorder, mood disorder, psychotic disorder
6. Psychotropic medication

RELATED INDICATORS

1. Cries for lengthy periods of time
2. Few if any friends,
3. Difficulty sleeping or sleeps too much
4. Tantrums for 30 minutes or more
5. Self-abuse; hits head, picks at skin, cuts self
6. Suicidal gestures
7. Unkempt appearance, hygiene problems
8. Biological history of mental illness
9. Unexpected anger outbursts with little connection for provocation
10. Withdrawn, shy, not talkative, loner
11. Doesn't smile or laugh
12. Fearful of dark, new situations, people and places
13. School difficulty not related to specific disorder or condition
14. Homicidal ideations or threats
15. Eating or feeding problems
16. Has history of loss of parent or significant adult or sibling
17. Head trauma
18. Inability to stay on task
19. Changes in caretakers
20. Placement disruptions and changes
21. Substance abuse or self medication with substances

22. Running away – 24 hours or more
23. Gang involvement and/or delinquent acts
24. Destruction of property – others' and self
25. Inappropriate sexual behavior – masturbation, touching, clingy
26. Screaming, yelling,
27. Sexual promiscuity

ALCOHOL AND OTHER DRUG INDICATORS

SIGNIFICANT INDICATORS

1. Blackouts, if documented or self reported
2. Criminal History – DUI's, license suspension, public intoxication, possession of an illegal substance, forgery, theft
3. Physical indicators includes track marks, smell of alcohol, staggering, glassy eyed, front teeth missing, nasal problems, slurred speech, hand tremors, slurred or rapid speech
4. Physical evidence includes presence of alcohol, empty alcohol containers, drug paraphernalia, inhalants.
5. History of treatment – AA, NA, inpatient hospitalization, detox
6. Birth of a substance effected infant (SEI)
7. Biological child diagnosed as Fetal Alcohol Effects (FAE) or Fetal Alcohol Syndrome (FAS)

RELATED INDICATORS

1. SSI
2. Unemployment, frequent absences from work, excessive use of sick days/absenteeism, history of being fired/quitting
3. Unexplained or vague explanations for physical injuries – broken bones, sprains, bruises
4. Financial difficulty for basics – food, rent, utilities
5. Frequent moves or homeless
6. Emergency room and/or hospitalizations for physical injuries or substance related events
7. Unkempt appearance, hygiene problems
8. Prescription medication usage
9. Unusual sleep patterns
10. Parentified child(ren) – older child takes care of siblings
11. Failure to thrive child(ren)
12. Inability to maintain a relationship – divorce, several partners.
13. Unknown parentage of biological children
14. Isolation from family
15. Family member or friend provides child care and residence for periods of time

16. Transfer of guardianship or custody, loss of custody or informal arrangement with family member, friend for child(ren)
17. Biological history of AOD
18. High level of denial, defensive, argumentative response to substance abuse questions
19. Inappropriate sexual or aggressive behavior during or after alcohol ingestion

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