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Schwerpunkt

On the Verge of Leaving the Care System: Assessment of Life Skills and Needs of Adolescents in Care

Rami Benbenishty, Anat Zeira



Rami Benbenishty

Abstract

The present study examines professional workers' perceptions about life skills and the needs of adolescents in (educational) youth villages, (welfare) residential treatment and family foster care in the final two years of their stay in care. The study further examines the extent to which they can expect family support when they leave care. The sample in the study included 178 adolescents in foster care, 291 in residential care and 1257 in youth villages. Structured questionnaires were completed by staff members working with the adolescents in care. The findings indicate that adolescents in youth villages may expect more familial support when they leave the system compared with youths in other types of placements, whereas the families of adolescents in residential care exert on them many more negative pressures. Workers identified several areas in which adolescents lacked life skills,



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among them education and the ability to complete meaningful (compulsory) military service. Many needs were identified and were especially evident in the areas of future education and employment. The findings imply a clear need to engage in individual assessment and plan for youths while they are still in care. Furthermore, the importance of developing programs to prepare youths while in care is discussed, as well as services for care leavers in the transition period.

Keywords: care leavers; needs; life skills; foster care; residential care; youth villages; Israel

Auf dem Weg aus dem Fürsorgesystem: die Beurteilung der Lebenskompetenzen und der Bedarfe von Jugendlichen in Betreuung

Zusammenfassung

Die vorliegende Studie beschäftigt sich mit der Wahrnehmung der Lebenskompetenzen und der Bedarfe von Jugendlichen während ihrer letzten zwei Jahre in (pädagogisch betreuten) Jugenddörfern, Einrichtungen der stationären Jugendhilfe sowie Pflegefamilien durch Fachkräfte. Es wird zudem danach gefragt, in welchem Ausmaß die Jugendlichen Unterstützung durch ihre Familien erwarten können, wenn sie die Betreuungsmaßnahmen verlassen. Insgesamt wurden 178 Jugendliche in Pflegefamilien, 291 in der stationären Jugendhilfe und 1257 in Jugenddörfern untersucht. Die strukturierten Fragebögen wurden von Fachkräften ausgefüllt, die mit den Jugendlichen zusammenarbeiten. Die Ergebnisse zeigen, dass Jugendliche, die in Jugenddörfern betreut werden, nach dem Ende der Betreuung mehr familiäre Unterstützung erwarten können als Jugendliche in anderen Betreuungsformen. Familien von Jugendlichen in der stationären Jugendhilfe üben erheblich mehr negativen Druck aus. Die Fachkräfte identifizieren zahlreiche Bedarfe, vor allem in Bezug auf Bildung und Beschäftigung sowie die Fähigkeit, ange-

messen den Wehrdienst zu verrichten. Die Ergebnisse verweisen auf die Notwendigkeit einer individuellen Einschätzung und Zukunftsplanung für die Jugendlichen noch während ihrer Betreuung. Weiterhin werden die Bedeutung der Entwicklung von Programmen und der Einrichtung sozialer Dienste diskutiert, die Jugendliche auf die Übergangsphase vorbereiten und sie dabei begleiten.

Schlagworte: Kinder- und Jugendhilfe, Lebenskompetenzen, Pflegefamilien, stationäre Jugendhilfe, Jugenddörfer, Israel

In the past decade there is a growing awareness to young people that emancipated from the out-of-home care system. A growing body of literature reveals a gloomy picture about their status as young adults. Many care leavers face difficulties adjusting to independent living (cf. Courtney/Dworsky 2006; Pecora et al. 2005). It seems that reasons which first brought them into the care system (e.g., negative life experiences such as neglect, poor living conditions and separation from family), coupled along with lack of familial support, later limit their access to basic resources and opportunities (cf. Keller/Cusick/ Courtney 2007). Indeed, previous research has shown that a significant proportion of young people leaving care do not possess the life skills or resources necessary to make successfully the transition from care to independent living (cf. English/Kouidou-Giles/ Plocke 1994; Mech/Ludy-Dobson/Hulseman 1994; Sinclair 2005). These findings are consistent over time and across countries. In fact, a recent review of reports on care leavers in 16 countries demonstrates that they face similar challenges (cf. Stein/Munro 2008). For example, they are not prepared for higher education; they lack vocational capacities and they are not familiar with procedures necessary for independent dwelling (cf. Buehler et al. 2000; Courtney et al. 2001; McMillen/Tucker 1999).

The purpose of this study is to examine how professional workers assess the life skills and needs of adolescents in different out-of-home settings in Israel: educational – youth villages, and welfare – residential treatment and family foster care, in the final two years of their stay in care. The study further seeks to examine the extent to which workers think adolescents can expect family support when they leave care.

1 Readiness to leave care

Readiness to leave care pertains to the adolescent's ability to provide independently for basic needs, as well as to feel comfortable with her/himself and to have satisfying relationships with significant others in the family, community and the society at large (cf. *Maluccio/Krieger/Pine* 1990). This and other similar definitions have served care providers in developing interventions aimed at increasing life skills and abilities required for effective social roles (cf. *Whittaker/Schinke/Gilchrist* 1986).

Care leavers need two types of life skills to become competent adults in civic society (cf. Westat Inc 1986). They need tangible (or concrete) skills, like finding a job and managing money, as well as intangible (or felt) skills, such as communication and developing relationships (cf. Maluccio/Krieger/Pine 1990). Such skills are required of all adolescents in order to make a successful transition to adulthood and the assumption is that birth families naturally prepare children to adulthood. However, the unique circumstances and past experiences of care leavers (e.g., family problems; separation from biological parents; place-

The importance of exploring readiness to leave care stems from its impact on both the individual and on the care system. At the individual level, an assessment of readiness in multiple areas of life is needed to tailor the preparation efforts to the specific needs of each adolescent. At the system level, a comprehensive need assessment of adolescents who approach independent living could serve as the much needed evidence that supports policy decisions and resource allocation for interventions aimed at preparing for life in the community after leaving care. Such descriptive information is even more essential in light of the difficulties to conduct randomized controlled trials that will determine the effectiveness of independent living programs (cf. Montgomery/Donkoh/Underhill 2006).

Finally, readiness for independent living can be viewed from two different perspectives. One is the subjective perspective of the adolescent and the other is of the professional worker who may be more objective. Each perspective has its own unique contribution to unraveling the complexity of the phenomenon (cf. *De Poy/Gilson* 2003). This study is based on the perspective of the professional staff on the readiness of adolescents that are about to emancipate from youth villages. Social workers and social pedagogues have a close contact with the adolescents and therefore familiar with and sensitive to the youngsters abilities and needs. Careful examination of their perception of readiness is an important contribution to the development of adequate preparation programs for young people towards their emancipation from youth villages.

2 Care leavers in Israel

There are two systems of out-of-home placement in Israel: one is supervised by the Ministry of Welfare and Social Services, and the other is overseen by the Ministry of Education. Due to historical and social processes the vast majority of placements are to residential settings (cf. *Dolev/Ben-Rabi/Zemach-Marom* 2009; *Zeira* 2004). Welfare placements are based on professional discretion and/or court decision and are considered more 'treatment'-oriented. Only about 20% of these placements are to family foster care. Placement in educational settings is voluntary with high proportion of children from immigrant families, in particular from two cultural groups: the former Union of Soviet Socialist Republics (USSR) and Ethiopia (cf. *Zeira/Benbenishty* 2011). Placements in educational settings are much more prevalent than in the welfare system (19,000 vs. 7,000 children annually; cf. *National Council for the Child* 2011).

With regard to care leavers from these settings, an important aspect of the Israeli context is that young Israelis have the unique social responsibility of a compulsory military service at the age of 18 (three years for men and two for women). Excluded from this duty are Arabs and Ultra Orthodox Jews. For them as well as for those who due to certain conditions cannot serve in the military, there is an option of National Service. Military service is considered a measure of normative functioning and successful service opens the door to many opportunities later in life (cf. *Flum* 1995).

Positioned at a critical developmental stage of emerging adulthood, serving in the military also allows young people to gradually become responsible adults (cf. Seginer 1988). It involves several aspects of becoming independent (cf. Mayseless/Hai 1998). For adolescents who grow up with birth families, it is the first time to leave home for an extended period. Further, military service entails accepting major responsibilities, learning new skills, and making critical decisions. Because the service is a stressful period in the life of these young people, they need multiple forms of support. For example, respite from stressful times, advice as well as concrete help when needed. At the same time, peers, from within or outside the military become a new and meaningful social network for the youngster. Hence, the transition from high school to the military is a critical point in the life of young Israelis that requires preparation and support.

3 Research questions

The purpose of this exploratory study is to increase our understanding about the needs and readiness of adolescents in three types of care facilities, on the verge of leaving the system. Specifically this paper aims to: (1) describe the readiness of the adolescents in several life domains necessary for independent living; (2) explore differences in readiness between groups from different settings; (3) examine the relationships between individual and familial characteristics and readiness to leave care.

4 Methods

4.1 Population and sample

The study's population includes all adolescents in the 11th and the 12th grade at the time of the survey and about to emancipate the care system in three types of facilities: educational youth villages, welfare residential care and family foster care. The sample includes all adolescents for which practitioners had completed the questionnaires: 1257 from youth villages, 291 from welfare residential care, and 178 from family foster care. We were unable to obtain the accurate figure of the size of the total target population and therefore we cannot compute the response rate.

The mean age of adolescents range from 16.7 (SD=0.87) years in family foster care to 17.26 years (SD=0.92) in youth villages. The overall length of stay in out-of-home placements range from a few month to 18 years with a mean of 5.5 (SD=3.73) and a median of 4.5 years. In the current setting the mean length of stay was 3.95 (SD=2.55) years and the median was 3.5 years. Figure 1 shows the sample background characteristics for the different types of care.

4.2 Instruments

Background Information. This part contains questions on the background of the adolescents (e.g., gender, placement history) and their families (e.g., number of siblings in

placement, where the parents are). Cultural group is determined by the birth country of the father.

Family Support and Pressure. We asked the worker to indicate the degree to which the parent is a source or support or stress for the adolescent (e.g., offers normative housing; poses a danger). Six items were used with the scale from 0= not at all to 4 = a lot. Factor analysis with a Varimax rotation yielded two factors: positive support and negative pressure. We summed the scores of the two parents for two separate indices on a scale of 0-24, with higher scores indicating parents are either a source for support or pressure for the adolescent.

Readiness Scale. This scale is based on Benbenishty/Schiff (2009). The scale pertains to several tasks in 10 life domains (e.g., education; military service; employment). For each item workers were asked to assess to what extent they were certain the adolescent could perform the task upon leaving care. The scale for the responses was: 1= I am certain s/he will be able to; 2= I think s/he will be able to; 3=I do not think s/he will be able to; 4= I am certain s/he will not be able to. For each domain a summative score was calculated as the mean percentage of the combined positive responses to all items in a single domain. Hence, 100 indicate that a worker is certain or thinks that a youngster is able to carry out all tasks in the specific domain. The internal consistency was very good and Cronbach Alpha for the different domains range from .841 to .933.

Needs. The adolescents' needs were assessed in five life domains: education, work, military service, dwelling, and psycho-social support. In each of the domains there were several items on which the professional was asked to assess the need level on a three-point scale: 0= no need, 1= need, 2=essential need.

4.3 Procedure

The structured questionnaire was mailed to all the facilities. We asked that the survey be anonymously completed by a staff member who is familiar and working closely with the adolescent. Among the professionals were social workers, social pedagogues and others (such as their dormitory supervisor). Follow up requests for reports were made when responses were not received. The study was conducted according to the ethical guidelines of the Hebrew University and the procedures were approved also by the Ministry of Education.

5 Findings

5.1 Adolescents' and Parents' Background

Figure 1 presents the characteristics of the adolescents assessed in this study by the type of care system in which they reside.

Fig. 1. Adolescents' characteristics by type of care system

	Family Foster Care (N= 178) %	Welfare Residential Setting (N = 291) %	Youth Villages (N= 1257) %
Gender			
Male	45.8	55.9	60.1
Female	54.2	44.1	39.9
Religion			
Jewish	85.1	81.8	87.4
Muslim	7.4	9.8	2.1
Christian	4.0	3.3	6.4
Father's origin			
Israel	51.4	51.8	24.7
Former Soviet Union	22.9	25.5	35.9
Ethiopia	6.4	10.0	26.4
Other	19.3	12.7	13.0
Mother's origin			
Israel	60.3	49.2	25.4
FSU	22.7	26.7	37.2
Ethiopia	6.4	9.3	26.1
Other	10.6	14.7	11.4

The figure indicates that the majority of adolescents are Jewish males. Whereas half of the parents of youth in welfare settings were born in Israel, about three quarters of the parents of youth in educational residential care are new immigrants. A review of background information on parents reveals that in foster care there are relatively many adolescents whose mother is deceased (30.9%). The rate of families in which parents are married to each other is highest in youth villages (about 57%) and lowest in foster care (about 13%).

In order to understand the potential role of parents in supporting the care leavers we asked to workers to report on problems in functioning of the parents (e.g., delinquency, financial difficulties, unemployment).

	Youth Villages (N= 1257)		Residential Care (N = 291)			r Care 178)			
	Mother	Father	Mother	Father	Mother	Father			
			%						
Financial difficulties	41.7	27.9	55.1	44.4	26.8	22.0			
Delinquency	0.1	2.4	1.4	9.6	5.9	10.7			
Drugs/Alcohol	1.3	5.1	9.1	14.9	17.0	22.6			
In jail	0.0	1.4	0.7	6.7	2.6	6.3			
Health problems / Disabilities	11.2	9.7	24.6	12.2	22.9	12.6			
No problem	43.5	38.6	13.8	14.1	7.2	7.6			

Figure 2 demonstrates the differences between the various placement types in parents' functioning. While for 43.5% of the mothers and 38.6% of the fathers of adolescents in youth villages were seen as not having any functioning problems, the percentages of parents in residential care (13.8%, 14.1%) and in foster care (7.2% and 7.6%) are much lower. The most significant problems noted are financial difficulties (e.g., 44.4% of the fathers of adolescents in residential care). Health and disability problems were also quite extensive, especially among mothers of adolescents in welfare out of home placement (e.g., almost a quarter in residential care. Alcohol and drug abuse were more prevalent among biological parents of adolescents in foster family (e.g., 22.6% among fathers).

5.2 Parents as Source of Support and Pressure

We examined the degree to which the parents of adolescents on the verge of leaving care are assessed as a source of support or of stress and pressure. Figure 3 presents the detailed distribution. We further computed two indices for each adolescent: the mean of parental support (Cronbach Alpha= .80) and parental pressure (Cronbach Alpha= .87).

A review of the figure indicates that youth in foster care, experience much more pressure (mean 7.40, SD 6.20) than support (mean 2.14, SD 3.33). For instance, less than 3% of their mothers are judged to be to a large extent a source of instrumental support, whereas 32.5% are viewed as a source of stress and emotional difficulties. In contrast, adolescents in youth villages are more supported (mean 11.58, SD 6.86) than pressured (mean 3.78, SD 4.21). For instance, 57.6% of them are seen as offering normative accommodations to a large extent whereas only 14.9% are seen as a source of stress and emotional difficulties and 6.3% as a source of instrumental problems.

Fig. 3. Biological Parents as Sources of Support and Pressure

	You	th Villa	ages	Resid	dential	Care	Foster Care		
	To a large extent	A little	Not at all	To a large extent	A little %	Not at all	To a large extent	A little	Not at all
Biological Father is									
A source of positive support	36.2	27.7	36.1	16.0	32.7	51.4	5.1	25.3	68.0
A source of instrumental support	34.8	27.7	37.5	19.8	31.7	48.6	3.3	14.7	79.2
Offers normative accommodations	42.1	20.3	37.6	16.0	28.8	55.2	2.3	11.8	84.3
A source of stress, emotional difficulties	16.9	34.2	48.9	35.1	32.9	31.9	26.4	26.4	45.5
A source of instrumental problems	4.0	17.4	78.5	8.5	19.1	72.3	3.9	14.1	78.7
Endangers normative development	7.4	21.6	71.0	25.3	31.8	42.9	16.9	27.0	36.0
Biological Mother is									
A source of positive support	54.1	26.3	19.5	25.5	38.2	36.4	5.6	26.5	65.2
A source of instrumental support	46.8	31.0	22.0	24.4	41.4	34.3	2.8	15.2	77.5
Offers normative accommodations	57.6	22.6	19.7	21.5	45.2	33.2	1.2	10.6	84.3
A source of stress, emotional difficulties	14.9	39.9	45.2	43.2	35.8	21.1	32.5	22.5	42.1
A source of instrumental problems	6.3	22.3	71.3	14.4	31.4	54.2	8.4	15.1	72.5
Endangers normative development	5.7	24.0	70.3	27.1	36.8	36.1	15.8	26.9	29.8

5.3 Readiness for Future Independent Living

We asked the workers to assess the extent to which the adolescents in care possessed a series for skills required for their future after leaving care in several areas. We present below figures for each of the areas. The original scale included 4 points – sure yes (the adolescent has the skill/ability), think yes, think not, sure not (adolescent does not have the skill, ability, to deal with this task). For the purposes of presentation we focus on Sure that the adolescent has the skill/ability and Think so.

Fig. 4. Assessment of Independent Living Skills in Education

	Youth Villages		Residen	Residential Care		r Care			
Able to:	Think	Sure	Think	Sure	Think	Sure			
			9	6					
Complete high school	21.6	71.0	30.2	58.8	32.0	52.2			
Complete matriculation	28.6	35.2	19.6	16.5	21.3	27.5			
Study in higher education	31.0	25.5	21.3	7.9	27.5	17.4			
Engage in formal vocational training	44.8	29.0	46.7	15.8	47.8	23.6			

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With regard to 71.0% of adolescents in youth villages and 52.2% in foster care the workers think that they are able to complete 12 years of schooling. However, their assessments of how many are able to obtain a matriculation diploma or study in higher education are much lower. For instance, workers were sure that only 16.5% of adolescents in residential care would obtain a matriculation diploma and only 7.9% would study in higher education.

Fig. 5. Assessment of Independent Living Skills in Military or National Service

Able to:	Youth \ Think	/illages Sure	Residen Think	tial Care Sure	Foster Think	r Care Sure
			9	6		
Try and join the military or national service	32.1	42.6	28.5	31.6	38.8	27.5
Withstand the demands of national service	30.5	32.9	30.9	19.2	30.3	16.9
Withstand the demands and complete military service	34.0	37.7	22.3	7.9	31.5	23.0
Complete a meaningful military service	32.7	29.6	16.5	13.7	25.8	16.3

Overall, about two thirds of adolescents in care are assessed as able to try and join the military. This is quite similar to the overall rate in the population. Still, despite this assessment, workers saw only a small proportion of them as having the skills and abilities required to withstand the demands of military service (21% in residential care, 23% in foster care and 37.7% among adolescents in youth villages). Even fewer were judged to have the skills of completing a meaningful service, such as reaching a command position or acquiring technological vacation.

Fig. 6. Assessment of Independent Living Skills in Employment

	Youth \	/illages	Residen	tial Care	Foste	Care
Able to:	Think	Sure	Think	Sure	Think	Sure
			9/	o o		
Enter vocational training	48.0	37.0	52.9	29.9	59.6	25.8
Consistent effort to have stable work	46.4	39.9	48.5	30.9	51.1	27.0
Search employment effectively	43.8	33.0	33.3	22.3	40.4	21.9
Succeed in employment interview	45.0	30.9	39.2	20.6	47.2	16.9
Maintain a job that will allow independent living	48.4	32.4	42.3	23.0	44.9	24.7

Overall, workers had positive assessments of the adolescents' skills in this area. Workers were sure, or thought, that about 80% of adolescents in the various placement types were able to get into employment frameworks or engage in formal vocational training. Still, it should be noted that the assessments of the ability to maintain a job that will allow independent living or skills such as job search and success in employment interview were assessed lower.

Fig. 7. Assessment of Work-Related Skills

	Youth \	Youth Villages		Residential Care		r Care
Has	Think	Sure	Think	Sure	Think	Sure
				%		
Responsibility	43.4	39.9	46.7	29.2	51.1	25.8
Willingness/Ability to put effort in work	45.6	39.1	49.5	30.6	51.1	27.5
Acceptance of authority and discipline	44.6	38.6	47.4	30.2	54.5	20.8
Ability to work in a team	49.5	35.3	48.8	24.1	59.0	21.3
Ability to work with clients	44.0	31.6	41.6	19.9	50.0	17.4

Most of the assessments in this area are quite high. Interestingly, the lowest assessments related to the ability to work with clients.

Fig. 8. Assessment of Independent Living Skills Related to Accommodations

	Youth V	'illages	Residential Care		Foster Care	
Able to:	Think	Sure	Think	Sure	Think	Sure
			%			
Search effectively for an apartment	44.1	24.9	28.0	9.2	38.0	9.6
Understand a rental contract	39.5	21.6	27.7	8.1	36.9	11.3
Assess realistically apartment-related expenses	43.3	21.6	27.6	8.8	31.3	8.4
Order phone, cables and similar services	48.1	38.9	47.2	15.9	53.5	15.3
Call professionals for maintenance and fixes	47.8	39.0	50.4	14.4	59.2	16.0

There are relatively few adolescents in care with regard to whom workers are sure that they have skills in dealing with independent accommodations. For instance, in less than 9% of the cases workers were sure that adolescents in care would be able to assess realistically the expenses related to renting an apartment and maintaining it, and in less than 10% they were sure they would know how to search for an apartment effectively. They were surer that adolescents in care would know how to order phone and cables and call professionals for maintenance and fixes in their apartment.

Fig. 9. Assessment of House Maintenance Skills

	Youth Villages		Residen	tial Care	Foste	r Care		
Able to:	Think	Sure	Think	Sure	Think	Sure		
			9	6				
Pay bills on time	43.9	28.2	38.5	10.0	38.2	10.7		
Effective and responsible shopping	44.9	27.6	39.5	11.3	41.6	12.4		
Responsible budgeting	42.8	22.0	31.6	9.3	36.5	5.6		
Prepare meals, cooking	45.3	32.5	48.1	22.3	47.8	19.7		
Do laundry and cleaning	44.2	37.2	44.0	29.2	43.3	19.7		
Live with partners	52.5	36.2	54.6	24.1	51.1	16.9		
Live peacefully with neighbors	51.4	38.8	53.3	28.9	64.0	26.4		

Overall, the assessments of adolescents in residential care are much more positive than in residential care and in foster care. In general, the workers' assessments of skills related to maintaining a house independently were relatively high. Assessments were especially high with regard to perceived ability to live well with partners and with neighbors. The lowest assessments related to perceived ability of adolescents to budget their houserelated expenses responsibly.

Fig. 10. Assessment of Money-Management Skills

	Youth V	'illages	Residential Care		Foster Care	
Able to:	Think	Sure	Think	Sure	Think	Sure
			%			
Manage a bank account independently	48.7	27.0	36.4	15.1	39.9	12.4
Use responsibly a credit card	42.6	24.4	32.3	11.3	39.3	5.6
Plan a realistic budget and follow it	41.1	20.9	28.9	9.6	34.8	4.5
Avoid impulsive shopping and debts	45.4	21.6	36.4	10.0	45.5	9.0
Compare prices and look for sales	46.2	23.6	34.4	13.7	46.1	10.1

Overall, workers think or are sure that fewer than half the adolescents in welfare foster and residential care have good skills of money management. Assessments are especially low with regard to realistic budgeting and a responsible use of credit card. Workers assessed more positively the ability of adolescents to manage independently their bank account.

Fig. 11. Assessment of Health Maintenance Skills

	Youth Villages		Residential Care		Foster Care	
Able to:	Think	Sure	Think	Sure	Think	Sure
	%					
Maintain hygiene, dental health	39.7	52.6	43.3	42.6	42.7	49.4
Go to the doctor when needed	44.9	49.2	49.5	37.8	50.0	34.8
Look for professional help for emotional and mental health difficulties	36.3	21.5	29.2	9.3	27.5	9.0
Know pregnancy prevention measures	47.4	33.7	49.8	17.2	46.1	21.9

Overall, workers assess that most of the adolescents in care have health maintenance skills, such as keep hygiene and dental health and going to a physician when needed. Still, with regard to the skills of looking for professional help for emotional and mental health difficulties, assessments are low, especially for adolescents in foster care. Thus, for instance, workers were sure in less than 10% of the cases that adolescents in foster and residential care would be able to look for professional help. In addition, it should be noted that a fifth of those in residential care and a third of adolescents in welfare out of home placements are seen as lacking the knowledge of prevention measure.

Fig. 12. Assessment of Interpersonal Skills

	Youth Villages		Residential Care		Foster Care	
Able to:	Think	Sure	Think	Sure %	Think	Sure
Create supportive interpersonal relationship	51.0	35.5	54.0	21.0	55.6	25.3
Avoid relationship with friends of bad influence	43.9	25.2	35.7	16.8	45.5	15.7
Willingness to contribute to others and help them	50.5	29.4	55.7	16.2	62.4	21.3
Create positive relationships with an intimate partner	51.2	29.5	45.7	12.4	50.6	16.3
Create stable relationships with an intimate partner	46.4	26.0	35.4	11.0	38.8	14.6
Give and get love from an intimate partner	50.1	28.2	46.0	11.7	44.4	18.0
Maintain 'safe sex'	45.0	27.4	45.7	10.7	39.3	16.9
Create a stable and positive family	44.9	24.1	33.0	8.2	43.8	10.7

Workers' assessments in this area reveal a complex picture. On the one hand, workers assess most of the adolescents as able to create positive relationships with friends and are willing and able to contribute and help them. However, with regard to a third of the adolescents in youth villages and about half in residential care, they think that they will not be able to avoid relationships with friends who may be of bad influence on them. Further, with regard to about half of the adolescents in foster and residential care workers think or are sure that they have the skills to create stable relationships with an intimate partner and to create a stable and positive family.

Fig. 13. Assessment of Skills to Avoid Risk Behaviors

Skill to avoid:	Youth Villages		Residential Care		Foster Care	
	Think	Sure	Think %	Sure	Think	Sure
Violent behavior	42.2	42.7	48.8	30.2	48.3	38.8
Involvement with the police	43.6	39.1	46.7	30.6	48.3	38.2
Use of alcohol	42.5	34.6	44.7	34.0	51.7	34.8
Use of drugs	44.2	37.9	48.1	36.8	50.6	38.2

For most of adolescents in care workers assessed that they have the skills to help them avoid non-normative behaviors such as the use of violet behavior, use of alcohol and drugs. Still, the number of adolescents judged as probably unable to avoid these behaviors is not negligible, and is around 15%-25%.

As a way to summarize the information on readiness for independent living we computed indices for each of the areas we examined. Figure 14 presents the means and standard deviations in each of the areas.

Youth Villages Residential Care Foster Care Mean Mean Mean SD 69.32 Accommodations 35.86 44.19 40.07 52.81 39.11 68.32 37.93 45.64 40.67 Money management 49.44 40.40 Military service 68.02 38.64 45.96 40.51 52.53 41.69 Education 71.64 31.63 54.21 32.59 62.36 35.97 76.50 59.64 Interpersonal 27.22 29.74 64.40 29.31 House Maintenance 78.21 28.27 63.52 33.11 61.96 33.13 Employment 80.55 31.01 67.53 34.44 71.72 35.69 Work-related 82.30 29.84 73.54 32.85 75.28 31.75 Avoid risk behavior 81.68 31.72 79.98 29.52 87.22 27.65

Fig. 14. Means and Standard Deviations of Indices of Skills, by Placement Type

Figure 14 indicates that the areas in which assessments were the lowest related to skills in dealing with accommodations, money management, interpersonal relations and education. Workers had more positive assessments in the area of employment and work-related skills, as well as the ability to avoid risk behaviors. A series of Anova's and Scheffe's post hoc comparisons indicated that in all areas adolescents in youth villages had higher skills than adolescents in foster and residential care who were not significantly different from each other.

4.4 Needs Assessment

We asked the workers to assess if adolescents have needs or essential needs in multiple life domains. Figure 15 presents the distribution of their assessments.

Figure 15 indicates that workers identify education and employment as the two most prevalent areas of need. For instance, workers saw need for financial support for higher education for about three quarters of adolescents in care and in almost 80% of the cases a need for educational counseling was identified. Similarly, in 80% of the cases workers identified a need for help in acquiring job search skills, finding a job and supporting vocational training. Overall, fewer needs were identified for youth in youth villages compared with the rest. This was especially true for issues of helping in acquiring skills that will allow them to live in independent accommodations. The essential need for psychosocial support was more prevalent among adolescents in welfare residential care (36.8%) compared with those in foster care (23.6%) and in youth villages (15.8%).

Fig. 15. Needs Assessment

	Youth Village		Residential Care		Foster Care	
	Essential need	Need	Essential need	Need	Essential need	Need
			%	1		
Education						
Prepare for matriculation	32.8	39.7	32.0	23.0	27.5	36.0
Prepare for university entrance exam	37.4	38.9	35.4	14.4	25.8	30.3
Financial support for higher education	42.3	36.4	46.0	18.2	44.9	34.3
Educational career counseling	37.5	44.8	45.7	26.1	37.6	42.7
Work						
Work search skills	21.9	50.7	53.6	32.3	41.6	41.0
Work search	20.1	49.2	50.9	32.0	38.8	43.8
Vocational training	25.3	44.1	59.5	29.9	43.8	38.8
Finding a work place willing to accept	18.2	32.9	49.1	28.9	32.6	32.0
such youth	10.2	02.0	40.1	20.0	02.0	02.0
Military service						
Referral to preparatory programs	16.9	41.4	21.0	26.8	17.4	33.1
Information on service opportunities	18.0	47.7	25.4	34.0	24.7	37.1
Support as a 'lonely soldier'	15.8	17.0	22.0	8.6	40.4	23.0
Accompanying in service processes	17.2	32.2	30.9	25.1	28.1	30.9
Accommodations						
Skills in apartment search	16.7	42.6	36.4	30.6	28.7	36.0
Skills in living in independent accom-	18.7	42.0	40.2	35.7	33.1	36.5
modations	10.7	72.0	₹0.2	00.7	00.1	00.0
Referral to accommodations for such	13.9	24.2	36.4	21.3	14.6	24.2
youth						
Financial support in rental and independent living	24.4	34.4	38.5	30.6	44.4	39.3
Helping the care facility keep the ado-						
lescent temporarily	15.9	20.3	19.2	16.5	39.9	41.0
Psychosocial support						
Information and referrals	15.8	38.7	36.8	46.7	23.6	57.3
Individual and group support	16.9	33.2	39.2	45.0	34.8	42.1
Psychosocial counseling/treatment	16.0	30.7	37.5	45.4	33.1	39.9
Referral to a protected living in the						
community	8.8	12.1	18.6	17.9	7.3	15.7

6 Discussion

This paper examines the situation of adolescents on the verge leaving three types of out of home settings in Israel: Welfare residential and foster care and educational youth villages. The study is based on reports and assessments made by staff in the care facilities. This professional perspective is important as it reflects ongoing observations of professionals. Furthermore, their views may carry a special importance when policy and programmatic recommendations are presented and discussed. Clearly, this is only one perspective with its advantages and limitations. It is important to complement and contrast this information with assessments made by the youth themselves and also by their parents or guardians. Each of these perspectives is important.

Looking into the approaching end of the stay, we studied to what extent these adolescents could expect support from their family as they move into independent living, what are their skills and abilities that are relevant to their readiness to independent living, and what are their needs, as assessed by staff members who know them.

Our findings indicate that overall the situation of adolescents in youth villages, who entered these placements voluntarily as a way for their parents to improve the educational outcomes of their children, is better than the situation of children in welfare placements, whose out of home care reflects their families difficulties in parenting. Thus, staff identified more 'broken' families and many more functioning problems among parents of adolescents in welfare residential and foster care compared with their peers in educational youth villages.

These differences in family background were evident when the parents' ability to provide support vs. the burden and pressure they put on their children were assessed. Our findings indicate that adolescents in welfare out of home settings, and especially in foster care, could not expect much support from their parents. When they leave care they may expect stress due to their parents' situation and little instrumental support, such as accommodations. Clearly, this situation requires policies and interventions designed to supplement the supports for these youth when they face independent living after years in care, with little or no family support.

The findings indicate that plans should be differential. While a relatively high proportion of adolescents who leave youth villages may count on support from their family, very few foster care leavers have a place to which they could return, given that many of them are orphans and many of the other parents suffer serious problems in functioning. For these young persons an important option to explore is support to stay with current foster families. There is mounting evidence that in Israel the relationships between foster children and foster families are good and foster parents consider seriously to continue (and in many occasions actually do) their relationships with the foster children (e.g., Schiff/Benbenishty 2006; Cashmore/Paxman 2006). Hence, policies should be changed so that foster families could receive minimal support after the foster child reaches 18, so that they could continue their parental and supportive relationships with their (former) foster children.

Leavers of residential care facilities may be in a different situation. Many of them have families that are able to provide them more support than parents of foster children. Many of these families, however, also struggle with their own difficulties. Hence, residential care leavers may need support to maintain relationships with their families, while having their own independent lives.

The present study asked staff to assess the adolescents in care in terms of their skills and abilities that are needed to be ready for independent living. There are many indications that a large proportion of care leavers are not ready to address the challenges of independent adult lives in multiple areas. Several areas are of special importance. Clearly, educational readiness is low for many care leavers who may be able to complete 12 years of school without dropping out, but their chances of completing their matriculation diploma and attending higher education are seen as very low. In fact, a recent study (cf. Shimoni/Benbenishty 2011) analyzed existing records of a whole cohort of Israeli adolescents and found very low levels of educational achievements among welfare residential and foster care leavers. Few had the achievements that would allow them entry to higher education. Achievements were higher among graduates of youth villages, but still lower than their peers not in out of home placements. It is not surprising therefore that staff identified many adolescents as having a number of essential needs in the area of education, including counseling and guidance as well as financial support for continued studies.

Military service is another area of concern. While most of these adolescents are expected to join the mandatory military service and thus join the mainstream, they are also expected to have major difficulties during their service, and most of them are not expected to use the service as a major springboard to integrate into society. This situation requires better preparation before the military service, through activities such as counseling as to the most appropriate units and tracks in military service and preparatory courses that would help them obtain good positions when drafted to military service. Preparation is not enough and there is a clear need to continue and provide material and social support while in service, to compensate, even partially, for lack of family supports that help their peers make the best out of their military service.

Money management emerges as an area that needs special attention. Clearly, these adolescents do not have material resources enjoyed by peers in the community. But their difficulties are exacerbated by lack of money management skills. They seem not to know how to budget themselves responsibly and use credit cards and cell phones in ways that result in major debts. It is important to help these adolescents while in care gain skills that will help them manage their money better. They should have savings in a bank account that they need to manage, possibly getting incentives for responsible and prudent management of their funds.

The assessment of needs, as presented in this study, reflects the overall picture of the adolescents challenging background and support, as well as their lack of skills in multiple areas. The main practical and policy implication of these patterns is the need to strengthen two different but related areas: preparation while in care and support when leaving care. Hence, it is essential to have a clear plan as to how adolescents in care may acquire the skills required to be ready for independent living. Such plans are to be made on a large scale, as well as on the individual level.

For example, on a system-wide scale there is an urgent need to restructure the educational opportunities while in care. The priority given to improving the educational achievements of youth in care should be elevated to a much higher place than today. Resources should be reallocated so that current emphasis on psycho-social and therapeutic supports do not detract from resources designed to give these youth opportunities to have educational achievements that would facilitate their integration into normative society. Further, collaborations and coalitions should be built between out of home placements and schools, such that they work together to change the educational status of youth in care. In addition to such system-wide arrangements, it is necessary to design individual educational plan for each and every child in care. This plan should be monitored and evaluated periodically, so that changes could be made to ensure readiness to leave care.

Similarly, system-wide arrangements should be made to ensure that children in out of home care gradually gain control over managing their own funds. Educational activities on how to manage money responsibly, in conjunction with financial arrangements (such as personal savings for each child in care) could help youth gain experience and confidence in taking care of their financial needs. Alongside system-wide arrangements, individual plans could be designed based in the financial situation of the child's family and the individual preferences and needs of children in care.

Preparing adolescents while in care is important but not enough. Programs that accompany care leavers are also important. The findings here suggest that programs to sup-

port care leavers while in military service are essential. Further, educational and vocational endeavors are also important means to ensure that the transition to independent living does not end in crisis and failure. Another area that needs ongoing attention is of housing. There is a need for more diverse opportunities for care leavers to find appropriate and affordable accommodations in the community.

Finally, we should acknowledge the study limitations. Although we employed the largest sample to date in Israel, we cannot assess its representativeness, due to lack of sufficient information on the population of adolescents in care. We should also emphasize that the present study focuses on assessments made by staff. Although an important perspective, future studies should try and study the same issue from several different perspectives, so that the youth voice could be heard, and also compared with the views of staff and parents. Nevertheless, despite these limitations, the findings here provide many clues as to the appropriate directions for policy and service development. It is important, however, to supplement these system-wide developments with attention to individual and unique variations existing among youth in care. Hence, it is important to conduct similar assessments of readiness and needs both for the system as whole and for each adolescent in care, so that individual plans could be tailored to the unique needs of each individual child in care.

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