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Assessing life skills of adolescents in out-of-home care

Summary

Recent federal legislation in the United States requires that the life skills competencies for all youths aged 16 to 19 in out-of-home care be assessed. The philosophy behind this initiative is that life skills deficiencies will be identified and remedied before emancipation from care. Unfortunately, many youths who leave care at that time are unprepared for successful independent living and run a greater risk of homelessness, unemployment and becoming dependent on public assistance than their peers in the general population. This article discusses the need for and development of the Ansell-Casey Life Skills Assessment (ACLSA). The ACLSA, completed by both youths and their primary caregivers, is designed to assess life skills thought to be necessary for living successfully in the community upon emancipation from out-of-home care. The results of a field test involving over 200 youths and their caregivers in the United States are presented. The ACLSA was found to be useful for assessing child and adolescent life skills.

Introduction

Nationally, the foster care system in the United States serves over 710,000 youths per year, of whom about a third are adolescents (Tatara, 1997). The Independent Living Initiative of 1986 (PL 99-272) requires that life skills competencies are assessed for all youths between the ages of 16 and 19 in out-of-home care. The legislation aims 'to identify and remedy life skills deficiencies' before emancipation (usually at age 18, depending on state policy). Nevertheless, many youths who emancipate from care are unprepared for successful independent living and run a greater risk of homelessness, unemployment and becoming dependent on public assistance than their peers in the general population (e.g. McDonald, Allen, Westerfelt & Piliavin, 1996; Nollan & Pecora, 1994).

This article discusses the need for and introduces the Ansell-Casey Life Skills Assessment (ACLSA). The ACLSA, completed by both youths and primary caregivers, is designed to assess life skills thought to be necessary for living successfully in the community upon emancipation from out-of-home care. The development of the ACLSA and initial findings from a field test are presented.

Self-sufficiency skills of youths in foster care: a brief review

Many adolescents placed in foster care will not be reunited with their families (Cook, 1991). They will experience multiple out-of-home placements, with the number of placements rising as the length of time in care increases (Cook, 1989; Fanshel & Shinn, 1978). Several outcome studies have found that youths placed in foster care do less well than their peers in the general population in several areas. For more extensive literature reviews see McDonald, Allen, Westerfelt, and Piliavin (1996) and Pecora, Kingery, Nollan, and Downs, (1996).

Youths in foster care were behind in reading and math skills (Fanshel, Finch & Grundy, 1990; Fanshel & Shinn, 1978; Fox & Arcuri, 1980; Jones & Moses, 1984; North, Mallabar & Desrochers, 1988). Along the same lines, many researchers (Barth, 1990; Cook, 1991; Cook, 1989; Festinger, 1983; Jones & Moses, 1984; Wedeven, Pecora, Hurwitz, Howell & Newell, 1994; Zimmerman, 1982) documented high school completion rates as low as 28% for youths in foster care, varying by study and the age of the sample youths. Similarly, the number of years of college education seems to be lower for youths previously in foster care (Festinger, 1983; Jones & Moses, 1984; Zimmerman, 1982).

Fewer youths placed in foster care were regularly employed after leaving care (Cook, 1989; Triseliotis & Russell, 1984). Unemployment estimates ranged from 35% (Cook, McLean & Ansell, 1989) to around 75% (Barth, 1990). Festinger (1983) found that black males and white females showed the highest level of unemployment compared with other youths in foster care, and with their respective counterparts in the general population.

Foster care alumni were also more likely to receive public aid (Jones & Moses, 1984; Zimmerman, 1982). For example, 30% of participants in a recent study with foster care alumni reported receiving public assistance of some kind (AFDC, food stamps, Medicaid, or General Assistance) (Cook, 1991). Other researchers (Barth, 1990; Jones & Moses, 1984) reported AFDC or General Assistance use to be nearly 50% among youths formerly in foster care. Given the lower economic levels, it is not surprising that Susser and his colleagues (1991) found a higher rate of homelessness among youths formerly in foster care (15% of the homeless sample experienced foster care) as compared with a 'never homeless sample' (2% of whom also experienced foster care). Likewise, Cook (1991) found 25% of youths formerly in foster care in her study to have been homeless for at least one night. Finally, Courtney and Barth (1996, p. 141) found that about 25% of their sample experienced 'unsuccessful outcomes' (e.g. runaway, refusal of continuing services, incarceration) upon exiting foster care. These findings point toward the need for early and more comprehensive approaches to help youths develop the skills required for living independently as adults.

A critical period in preparation for self-sufficiency seems to be ages 16 to 22 (Mech & Leonard, 1988). During this transition to independence, youths often experience some form of separation anxiety. The anxiety can be especially pronounced among youths in out-of-home care if they lack secure attachments, and are still dealing with trauma associated with loss (Mauzerall, 1983).

The disruptions and traumas often suffered by youths in out-of-home care may delay or interrupt development of life skills needed for successful transition to independent living. Pro-

gramming and services designed to fill the gaps and needs created by these delays are essential for successful emancipation and social integration of youths in out-of-home care. The youth and the agency must take responsibility early in the placement process for developing an overall self-sufficiency plan by identifying the required attitudes, skills and behaviors (Mech, 1994; North et al., 1988). A vital part of this process is assessing youths' readiness to live on their own: 'We must have some form of structured assessment for the youths to start a process that will then drive service delivery. This cannot be a discharge plan that starts at discharge, it has to be a discharge plan that starts at intake' (Lyman et al., 1996, p. 48).

Measures to assess life skills

Current life skills assessments used in out-of-home care are untested across settings (e.g. foster care, residential treatment), and their psychometric properties are generally unknown. Agency staff members, caregivers, educational personnel and mental health workers often have no more than anecdotal evidence of youths' acquisition of life skills. Most professionals must interpolate self-sufficiency levels from measures which identify the lack of positive life skills and the presence of problems (e.g. Achenbach Child Behavior Checklist scores). For instance, lower delinquency, somatic complaints and aggression scores are frequently taken as tangential evidence that youths are developing positive life skills.

Although there are several standardized tools available for assessing youths' acquisition of life skills (e.g. The Scales of Independent Behavior or SIB, Bruininks, Woodcock, Weatherman & Hill, 1984): most of these instruments have not been standardized for specific groups, such as youths in out-of-home care. While the psychometric properties are adequate for some of these instruments, they are customarily used for diagnosis and/or goal setting with developmentally delayed youths and may not therefore be entirely applicable to youths in the general population or in out-of-home care. Moreover, some of these instruments are not amenable to self-administration because special training is required for administration, and thus makes them cost-prohibitive.

A variety of other instruments designed by agencies to measure life skills include the Life Skills Inventory (Ansell & The Independent Living Skills Center South Bronx Human Development Organization, 1987), Independent Living Skills Assessment Tool (ILSAT) (Blostein & Eldridge, 1988), and the Daniel Memorial Independent Living Skills System (Daniel Memorial Institute for Independent Living, 1994). These instruments have been developed for clinical and quality assurance needs without attention to psychometric evaluation or standardization. In addition, these assessments are geared only to youths ages 16 and older. To prepare youths for self-sufficiency, especially those in long-term care, close attention must also be paid to the developmental sequences and precursors of life skills (Mech & Rycraft, 1996), for example, the ability to listen to others as a precursor to holding a conversation. Thus, assessment needs to begin earlier than age 16.

Finally, the life skills measures mentioned above do not permit both the youth and the caregiver to complete the same or similar measures independently. Most of these instruments do not directly capture the youths opinion regarding skill level, yet a youth and her or his care-

giver(s) may hold divergent views on this topic. This difference of opinion could provide important and useful information to caregivers and social services personnel on life skills areas in which a youth might need further preparation or areas in which a youth has strengths that previously went unrecognized.

Due to the limitations of current instruments, The Casey Family Program (Casey) developed an assessment to measure youths progression toward self-sufficiency. Casey, established in 1966, primarily provides long-term foster care, though some youths are adopted or reunified with birth families. Casey developed and field-tested an assessment for gathering life skills information at certain developmental points as youths move toward self-sufficiency. The remainder of this paper will present the methodology and initial findings from the field testing of one version of the ACLSA.

Method

Research design and sample for casey study

The research design uses a form of a longitudinal 'time series' design. Assessments with Casey youths are conducted every three years and after the implementation of targeted self-sufficiency programming. Quantitative data were collected by mailing the ACLSA to selected participants, followed-up by phone calls and reminder letters.

Three main goals guided this research project. The foremost goal was to assess current levels of youths' life skills knowledge and use. The information gathered was used for both individual case planning and for program-wide self-sufficiency initiatives. A second goal was to involve consumers and agency personnel in the research process in order to create a more valid and practical assessment tool. The final goal was to gather data that could be used as a baseline for longitudinal follow-up.

Participants in the field test were a random sample of 295 of the 365 youths in family foster care with Casey who were between the ages of 12 and 15 in January, 1995, 75 of whom were selected to participate in the test-retest phase of the study. This age group was selected for several reasons: (1) Casey is encouraging early case planning as part of its practice guidelines; (2) Federal law in the United States, Public Law 99-272 requires an assessment of Independent Living competencies to occur at or near age 16; and (3) assessing youths between ages 12 and 15 facilitates planning for the future, allowing for more time to strengthen skills areas before emancipation.

There were 219 youths for whom both youth and caregiver assessments were completed: 133 females (60.7%) and 86 males (39.3%). The average age of the youths was 13.96 years (SD = 0.92). Youths in the sample were ethnically diverse: African-American (N = 61, 27.9%), Asian (N = 5, 2.3%), White (Non-Hispanic) (N = 91, 41.6%), Hispanic/Latino (N = 27, 12.3%), Middle Eastern (N = 5, 2.3%), Native American (N = 23, 10.5%), and Polynesian (N = 7, 3.2%). Some youths (N = 59, 26.9%) reported multi-ethnic identifications. Most youths (N = 149, 68%) lived in non-relative placements, while 71 (32%) youths lived in relative placements. Youths in family sanctioned care with non-blood relatives (N = 5) were

included with youths in relative placements for purposes of analysis, as Casey recognizes family sanctioned care as being similar to relative care. (For more information, see Nollan, 1996).

Instrument design

The ACLSA is a paper and pencil measure of the capabilities and behaviors that are generally viewed as important life skills for youths ages 8 to 19. There are three versions of the ACLSA, which are used across three age groups: ACLSA-I is for use with youths ages 8–11; ACLSA-II for youths ages 12–15; and ACLSA-III for youths ages 16–19. Some items are the same across the three versions, while others are adjusted to reflect age-specific skill. Each version includes a form for both the youth and his or her caregiver.

The ACLSA was intended to:

- produce data useful for practice;
- produce data rigorous enough for outcomes research;
- be as free as possible from gender, ethnic and cultural biases;
- have sound psychometric properties;
- be appropriate for completion by youths between the ages of 8 and 19 and by their primary caregivers;
- be appropriate for youths regardless of their living circumstances (e.g. with birth or adoptive families, in long or short-term foster care, in residential treatment);
- be user-friendly;
- emphasize skill strengths and mastery rather than skill deficiencies;
- be affordable.

Initial sets of items for the ACLSA were generated by an Independent Living Committee at The Casey Family Program, with feedback from experts in the area of self-sufficiency. Focus groups to discuss item selection and instrument format were held with child welfare staff, caregivers and youths. Consultants helped ensure that items were developmentally appropriate and sensitive to gender, culture and ethnicity. Pilot testing was then conducted with caregivers and youths in urban and rural locations, which helped refine the field test version of the ACLSA.

The Field Test Version of the ACLSA-II (for ages 12-15) contained 130 life skills items covering a range of skills such as Money Management, Decision-Making and Communication, as well as ten 'status items' (e.g. has a social security card, has a birth certificate). Items reflected knowledge or use of life skills. The ACLSA-II Field Test Version contained knowledge items answered on a 3-point scale (Can Do This, Don't Know, Can't Do This) and behavior items answered on a 5 point scale (Does this Most of the Time, Sometimes, Once in a While, Can but Doesn't, Hasn't Learned This Yet). Subsequent ACLSA-II editions use only a 5-point scale. The life skill items addressed in the ACLSA-II field test version are listed within their sub-scales in Table 1.

Table 1. *ACLSA-II field test domains sub-scale items*

<p>Personal care and appearance</p> <p>Keeps body and hair clean</p> <p>Brushes and flosses teeth</p> <p>Picks out his/her clothes to buy</p> <p>Picks out and wears appropriate clothes</p> <p>Uses washer and dryer</p> <p>Fixes own clothes, like sewing on a button</p> <p>Health and safety concerns</p> <p>Can name own medicines</p> <p>Can explain why he/she takes medicines</p> <p>Can explain side effects of own medicines</p> <p>Can explain how to reach own doctor or clinic</p> <p>Can call 911 or '0' in an emergency</p> <p>Can explain physical effects of tobacco use</p> <p>Can explain physical effects of alcohol use</p> <p>Can explain physical effects of illegal drug use</p> <p>Cares for own minor injuries</p> <p>Cares for own minor illnesses</p> <p>Food and nutrition</p> <p>Can explain what foods are nutritious</p> <p>Fixes breakfast, lunch, or dinner</p> <p>Can describe and write down 2+ goals</p> <p>Can describe steps needed to reach goals</p> <p>Can explain pros and cons of choices</p> <p>Considers multiple options</p> <p>Ask friends or family for ideas about choices</p> <p>Study skills</p> <p>Finishes homework</p> <p>Uses reference books</p> <p>Uses computers to help with school work</p> <p>Adds, subtracts, multiplies, divides</p> <p>Looks over written work for mistakes</p> <p>Work habits</p> <p>Works well by him/herself</p> <p>Works well with others</p> <p>Gets work done on time</p> <p>Gets to school on time</p> <p>Follows instructions from teacher or employer</p>	<p>Emotional well-being and self-awareness</p> <p>Can explain how he/she is feeling</p> <p>Can get help if feelings bother him/her</p> <p>Can name 2+ things he/she likes about self</p> <p>Can name 2+ things he/she is proud of</p> <p>Can name 2+ areas he/she wants to improve self</p> <p>Can explain own ethnic background</p> <p>Can tell about own family history</p> <p>Can explain own religious or spiritual beliefs</p> <p>Accepts praise without feeling embarrassed</p> <p>Accepts criticism without anger/defensiveness</p> <p>Deals with anger/upsets without violence</p> <p>Social relationships</p> <p>Can name an adult he/she feels close to</p> <p>Can name 1 male and 1 female friend</p> <p>Can explain a hurtful/dangerous relationship</p> <p>Can explain how to avoid hurtful relationships</p> <p>Gets along with 1+ person in foster family</p> <p>Gets along with 1+ person in birth family</p> <p>Talks about his/her day with family member</p> <p>Talks over problems with a friend</p> <p>Shares things with trusted friends</p> <p>Is polite to adults</p> <p>Has good manners when eating with others</p> <p>Communication skills</p> <p>Can start and maintain conversation</p> <p>Can explain non-verbal communication</p> <p>Can write letters and thank you notes</p> <p>Calls stores or businesses to get information</p> <p>Takes phone messages</p> <p>Introduces self to new people</p> <p>Listens to others and asks them questions</p> <p>Asks for help when needed</p> <p>Sexuality and intimacy</p> <p>Gives helpful advice when asked</p> <p>Can explain physical changes as girls mature</p> <p>Can explain physical changes as boys mature</p> <p>Can describe qualities wanted in long-term relationship</p> <p>Can explain why unwanted sexual touch is not OK</p>
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Table 1. *ACLSA-II field test domains sub-scale items (continued)*

Career planning and employment

Can state 2 career options that interested him/her
 Can explain education/training for career options
 Can name 2 ways to find out about job openings
 Can explain importance of good job references
 Can tell about family members job
 Can explain how girls can prevent pregnancy
 Can name 5 kinds of jobs adults have
 Can name 3+ local industries/businesses

Pregnancy and parenting awareness (contd)

Can explain physical needs of pregnant girls
 Can explain effects of cigarette smoking on fetus
 Can explain effects of drinking alcohol on fetus
 Can explain effects of using illegal drugs on fetus
 Can explain responsibilities of being a parent
 Can explain care for a baby/young child
 Can tell what to do if a baby/young child is upset

Leisure time

Entertains self when alone
 During free time, doesn't get into trouble
 Uses free time for other than TV/video games
 Reads during free time

Money management

Can explain pros and cons of buying on credit
 Can list 2 ways to save money on purchases
 Budgets money to cover personal expenses
 Saves money to buy special things
 Saves some money in a safe place
 Buys things at the store on his/her own
 Compares prices on different brands

Household maintenance

Can show location/explain use of fire extinguisher
 Can explain basic fire prevention and safety rules
 Can reset circuit breakers and replace fuses
 Does chores
 Performs routine household maintenance
 Locks/unlocks doors and windows of residence
 Helps maintain yard and outside of residence
 Prevents/ minimizes roaches, ants, mildew, etc.

Pregnancy and parenting awareness

Can turn down an unwanted sexual advance
 Can explain 2 ways to prevent STDs
 Can explain how girls get pregnant
 Can explain the signs of pregnancy
 Can explain how boys can prevent pregnancy
 Can name 2+ people to talk to if she/partner became pregnant

Transportation and mobility

Can give directions to residence
 Can show residence on city or county map
 Can explain how to get a drivers license
 Can explain consequences of DUI/DWI
 Fastens seat belt
 Uses buses/public transportation

Community resources

Can name 2+ places to get help or be safe
 Can name local mental health/social service center
 Can name local resources for sex/pregnancy information
 Uses library to get books, videos, etc.
 Gets information from newspaper, computer, etc.

Moral values and legal rights

Can explain own beliefs and values
 Can explain what is 'fair' and 'not fair'
 Can name 2+ basic civil rights

Helps others

Talks to friends about how they feel
 Respects other peoples things/rights
 Respects other peoples lifestyles/attitudes
 Refuses illegal, dangerous, or hurtful activities

Supplemental checklist

Has a library card
 Has a Social Security card
 Has photo ID
 Has a calendar
 Has an alarm clock
 Gets an allowance
 Has done paid work
 Has done volunteer work
 Has favorite hobbies, sports, etc.
 Belongs to an organized club or group

Internal reliability of the ACLSA-II was assessed by calculating Cronbach alphas. Because there was question as to whether the response scales were behaving as interval level scales and two different kinds of response scales existed on this field test version, consultation with statisticians led to item responses being recoded to dichotomous variables in order to combine the items into one sub-scale (Nunnally, 1978; R. Young, personal communication, November 3, 1995; R. Abbott, personal communication, November 14, 1995; R. Millsap, personal communication, November 28, 1995). Items were considered to have been mastered by a youth if they received a rating of 'Does this Most of the Time ('5')' on the 5-point response scale or 'Can Do This ('3')' on the 3-point response scale. More specifically, during this process, for the 3-point response scale, an item rated as a '1', was re-coded as a '0'; an item rated as a '2' was re-coded into a '0' and an item rated as a '3' was re-coded into a '1'. For the 5-point response scale, 1, was re-coded as a '0'; an item rated as a '2' was re-coded into a '0', an item rated as a '3' was re-coded into a '0', an item rated as a '4' was re-coded into a '0' and an item rated as a '5' was re-coded into a '1'. This dichotomy seemed to reflect responses that showed youths either demonstrating the behavior or knowledge or not demonstrating them (mastered vs. non-mastered).

The reliabilities calculated on the recoded items to reflect mastery and non-mastery for the sub-scales ranged from 0.41 to 0.85 for the youth sample and 0.45 to 0.87 for the caregivers (see Table 2). The lower reliabilities for this pilot version of the ACLSA compared with other samples (Nollan, Downs, Pecora, Ansell, Wolf, Lamont, Horn & Martine, 1997) were considered to be due to the homogeneous nature and small size of the sample.

Test-retest analyses for the ACLSA-II were calculated on a portion of the youths and their caregivers in the Casey ACLSA-II field test sample ($N = 51$). The average time between the first and second administrations was 28.5 days for youths and 27.7 days for caregivers. The findings indicated moderate (0.4) to high (0.8) correlations between administrations for all but one of the sub-scales (Food & Nutrition). The difference in percentage of mastery from first and second administrations varied from 0.0% to 10.0%. In most cases, this difference was not statistically significant.

ACLSA field test results

The following results from the ACLSA-II field test highlight youth and caregiver responses, as well as differences between youths and their caregivers regarding mastery of life skills. Sub-scale scores reflect a percentage of the items a youth mastered within a sub-scale. Percentage of mastery was calculated by counting all the items in a sub-scale, rated 'Can Do This' or 'Does This Most of the Time'. This total is divided by the number of items in the sub-scale. For example, on the Money Management sub-scale, if a youth responded with either 'Can Do This' or 'Does This Most or All of the Time' to 5 of the 7 items, the percentage of mastery for this sub-scale would be 71.4% (5 divided by 7, and multiplied by 100).

Table 2. *Results of reliability analysis*

ACLSA-II sub-scale	Casey coefficient alpha caregiver (N = 219)^a	Casey coefficient alpha youth (N = 219)^b
Personal Care & Appearance	0.570	0.550
Health & Medical	0.728	0.618
Food & Nutrition	0.574	0.610
Decision-Making Skills	0.687	0.413
Study Skills	0.656	0.591
Work Habits	0.736	0.541
Career Planning & Employment	0.775	0.676
Emotional Well-Being	0.629	0.561
Social Relationships	0.781	0.667
Communication Skills	0.775	0.709
Sexuality & Intimacy	0.711	0.775
Pregnancy & Parenting	0.872	0.851
Leisure Time	0.542	0.449
Money Management	0.742	0.675
Household Maintenance	0.700	0.688
Transportation & Mobility	0.448	0.468
Community Resources	0.588	0.520

a The total sample size for the Casey caregiver sample for the ACLSA reliability analysis varied from 189 to 219 due to missing data. There were two questions added after beginning the study in the sub-scales of Social Relationships, further limiting the sample size.

b The total sample size for the Casey youths sample for the ACLSA reliability analysis varied from 188 to 219 due to missing data. Two questions were added after beginning the study in the sub-scale of Social Relationships, further limiting the sample size.

Areas of strength

Overall, results indicated moderate to high levels (53% to 86%) of self-reported percentages of mastery across life skills sub-scales (see Table 3). Youths reported the greatest mastery in the following sub-scale areas: Sexuality & Intimacy, Pregnancy & Parenting, Career Planning & Employment, and Social Relationships. Caregivers reported the greatest youth mastery in the following areas: Emotional Well-Being, Social Relationships, Sexuality & Intimacy, Pregnancy & Parenting, and Career Planning & Employment. Specific items on which youths were rated particularly high by themselves and their caregivers were basic math skills; getting to school on time; naming two or more areas of pride; naming two areas for self-improvement; naming an adult he/she feels close to; and naming one male and one female friend.

Table 3. *ACLSA sub-scale mean percentages of mastery, standard deviations and correlation for caregivers and youths*

ACLSA-II Sub-Scale	Caregiver report of mean percentage of mastery (<i>N</i> = 219) ^a	Youth report of mean percentage of mastery (<i>N</i> = 219) ^a	Correlation between caregiver and youth reports (<i>N</i> = 219) ^b
Personal Care & Appearance	60%	66%	0.510***
Health & Medical	76%	82%	0.307***
Food & Nutrition	47%	61%	0.343***
Decision-Making Skills	52%	73% ***	0.265***
Study Skills	45%	57% ***	0.435***
Work Habits	56%	63% ***	0.421***
Career Planning & Employment	64%	78% ***	0.396***
Emotional Well-Being	69%	70%	0.324***
Social Relationships	69%	77% ***	0.330***
Communication Skills	58%	66% ***	0.363***
Sexuality & Intimacy	66%	86% ***	0.329***
Pregnancy & Parenting	66%	84% ***	0.390***
Leisure Time	54%	55%	0.309***
Money Management	37%	53% ***	0.374***
Household Maintenance	55%	60% **	0.347***
Transportation & Mobility	63%	71% ***	0.419***
Community Resources	52%	65% ***	0.422***

^a The sample size varied from 217 to 219 for both caregiver and youth responses, due to missing data.

^b The sample size ranged from 216 to 219 for correlation between mean percentages of caregiver and youth sub-scales, due to missing data.

** $p \leq .01$ or greater.

*** $p \leq .001$ or greater

Areas for improvement

The life skills sub-scales where youths and caregivers rated youths generally lower (37% to 57%) were Money Management, Household Maintenance, Study Skills and Leisure Time. Specific items on which youths scored lower included accepting criticism without anger/defensiveness; getting information by phone; reading during free time; budgeting for personal expenses; saving money in a safe place; resetting circuit breakers and replacing fuses; preventing/minimizing roaches; and using buses or public transportation. In other areas, such as Work Habits, Decision-Making Skills and Communication Skills, youths were rated neither low nor high.

Caregiver and youth differences

Significant differences using paired sample t-tests ($p \leq .01$), between youth and caregiver ratings were found across all sub-scale scores except two (Emotional Well-Being and Leisure Time) (see Table 3). Overall, youths were more likely to report greater percentages of mastery for themselves than their caregivers reported of them. In addition, youth and caregiver responses were moderately, but significantly, correlated between sub-scale scores in the same area ($p < .001$), indicating moderate agreement between youth and caregiver responses (range of $r_2 = 0.27$ to 0.44). Youths consistently rated themselves as having mastered more items compared with caregiver ratings of youths. However, youths and caregivers generally were in agreement as to the areas of strength and those needing improvement.

Discussion

Overall, it was found that the ACLSA-II provides a rich picture of youth functioning across a variety of life skills domains, is appropriate for youth regardless of gender, culture or living situation and focuses on strengths rather than liabilities. The instrument identifies specific skills that have been mastered and those yet to be learned. The information, particularly when summarized by the ACLSA Individual Report, can be readily used for goal identification and to direct program planning and training around self-sufficiency services.

ACLSA Individual Reports, which summarize responses and provide sub-scale scores, were prepared for each youth and caregiver, and sent to the agency with which the youth/caregiver was affiliated. The reports were used by agency personnel, caregivers and youths to set goals, monitor life skills acquisition and resolve differences in perception of life skills attainment (i.e. resolve discrepancy between the responses given by the youth and responses given by the caregiver).

Data collected thus far indicate that 12 to 15-year-old youths and their caregivers report the greatest youth mastery in the sub-scale areas of Sexuality & Intimacy, Pregnancy & Parenting, Career Planning & Employment and Social Relationships. These strengths can be built upon while the life skill areas in which there is still much to learn are addressed concurrently. Caregivers, in general, report lower levels of mastery than youths across all sub-scales, and it is important to establish whether the patterns in these findings are maintained with youths served by other child welfare agencies.

Furthermore, preliminary feedback indicates the ACLSA can be used for both individual case and group planning. Areas where youths were rated low can be used by an agency to guide planning and goal setting in these areas, building upon identified strengths. It is hoped that by using the ACLSA throughout a youth's development, potential problems and issues which may contribute to the lower outcomes mentioned earlier will be addressed, thus leading to more positive outcomes for young adults emancipating from out-of-home care.

The three ACLSA versions are designed to provide different age groups with an opportunity to master skills in accordance with their developmental levels. Items and areas gradually increase in complexity and knowledge and skill level across ACLSA instruments. Comparable ACLSA version for youths ages 8–11 and 16–19 were recently field-tested and the relevant

data are being analyzed. Focus groups and interviews with youths, caregivers and clinical staff were used to gather feedback about the utility of the ACLSA in preparation for national dissemination and for use with a sample of youths and parents in the general population. Reactions from most users have been positive because of the ease of usage and the strengths-based approach. However, the psychometric properties and the clinical sensitivity of the measure to detect youths' gains will be further developed, and need to be replicated by other studies.

The ACLSA may be a helpful tool for some of the high priority research areas identified by Lyman et al. (1996). For instance, it is hoped the ACLSA will be used (1) in conjunction with outcome measures to determine which skill levels predict higher functioning after leaving care; (2) to help determine realistic benchmarks for what youths should be able to do at different age levels, particularly at age 18; and (3) to assist with prospective research studies which focus on high-risk factors and measure the domains or areas of knowledge and skill that have been identified as critical for independent living, so that youth can help staff and caregivers develop realistic treatment plans (Lyman et al., 1996). Meanwhile, the ACLSA is being used by more than 30 agencies across the United States to support greater use of outcome-oriented and strengths-based case planning in child and family services. While the ACLSA is undergoing further psychometric testing and standardization, initial field test results bode well for its use as both a practice and a research tool.

Author's notes

This research effort built upon a larger Casey project that focused on self-sufficiency programming, co-chaired by Janet Bourque and Glen Paddock. Committee members included Bret Battey, Duncan Bayne, Debra Godfrey, Anne Nicoll, Kim Nollan, Peter Pecora, and Linda Wilson. The Casey Family Program is a privately endowed operating foundation which provides planned, long-term family foster care to over 1,500 children in 23 communities in 13 states.

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ERRATUM

At pag 113 of Volume 2, number 2 of the International Journal of Child & Family Welfare the name of Dorothy Ansell, M.S.W., was unintentionally left out of the author string of the article 'Assessing life skills of adolescents in out-of-home care.

The precise reference of the article should be:

Kimberly A. Nollan, Ph.D., Peter J. Pecora, Ph.D., A. Chris Downs, Ph.D., Merrily Wolf, B.S.W., Michael Horn, M.S.W., Layng Martine, B.A., Elena Lamont & Dorothy Ansell, M.S.W. (1997). Assessing life skills of adolescents in out-of-home care. *International Journal of Child & Family Welfare*, 2, 113-126.