

PRACTICE NOTES

For North Carolina's Child Welfare Workers

From the NC Division of Social Services and the Family and Children's Resource Program

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Children's Services Practice Notes is a publication for child welfare workers produced four times a year by the North Carolina Division of Social Services and the Family and Children's Resource Program, part of the Jordan Institute for Families and the School of Social Work at the University of North Carolina at Chapel Hill.

In summarizing recent research, we try to give you new ideas for refining your practice. However, this publication is not intended to replace child welfare training, regular supervision, or peer consultation—only to enhance them.

Let us hear from you!

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UPDATE ON FOSTER CARE IN NC

Foster care is a lifeline that saves thousands of abused and neglected children each year.

At the same time, taking children into state custody is an incredibly invasive governmental intervention into family life. In essence, when it takes custody of a child the government is saying that it can do a better job protecting and caring for this child than the child's parents can (Bass, et al., 2004).

As a result of this bold assertion, the government bears a special responsibility for children in foster care. Everyone working in the child welfare system carries this burden

to some degree. At the very least, every child welfare professional should have a sense of where we are and what's on the horizon when it comes to foster care.

For this reason, this issue gives you an update on foster care. It compares North Carolina foster care statistics to the nation's, suggests ways to enhance visits between social workers and children in foster care, and more. We hope you find it helpful. ♦



Everyone working in child welfare should know the facts about foster care.

NC FOSTER CARE BY THE NUMBERS

To update your knowledge, this article compares North Carolina to the nation in a few key areas related to foster care.

HOW MANY KIDS ARE IN CARE?

In 2005 there were approximately 513,000 children in foster care in the United States. That's roughly 7 out of every 1,000 American children (ChildTrends, 2007).

In 2004 North Carolina had the 16th largest foster care population in the U.S., with the children in care in our state representing 2% of all the kids in foster care nationally. In that same year just four states (California, New York, Florida, and Texas) were responsible for 35.5% of the foster care population—more than one out of every three children in care in the country (Pew, 2005).

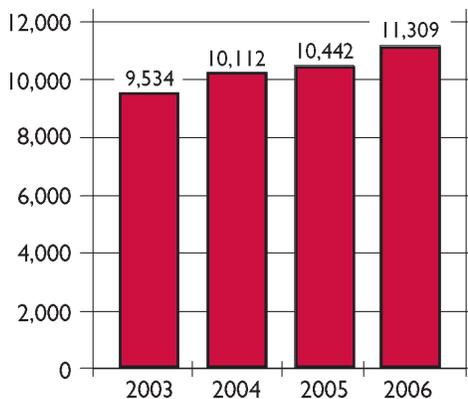
CAUSE FOR CONCERN?

Nationally, the size of the foster care population is decreasing. Although the number of American children in foster care rose steadily through most of the 1990s, it peaked in 1999, at 567,000, and has declined since then (ChildTrends, 2007).

North Carolina does not reflect this trend. As the figure below illustrates, since 2003 the number of children in care in our state has increased each year. In February 2007 there were 11,436 children in North Carolina in foster care (NCDSSa, 2007).

This increase in the number of North Carolina children in foster care is puzzling if you consider that during this *cont. p. 2*

Figure 1
CHILDREN IN FOSTER CARE IN NORTH CAROLINA, 2003-2006



Data from NCDHHS, 2007; AFCARS, 2006a

NC FOSTER CARE BY THE NUMBERS

from p. 1

same period the number of children receiving involuntary child welfare services in our state actually decreased. As Figure 2 illustrates, the combined number of maltreatment substantiations and findings of “services needed” has declined since state fiscal year (SFY) 2002-2003.

Because the decision to place children in foster care is made on a case-by-case basis, it would not be accurate to assume that a decline in mandatory services would necessarily result in a decline in the number of children placed in foster care. However, the fact that North Carolina’s numbers are going up while overall U.S. numbers are going down does raise some questions. Are families in North Carolina struggling with more severe issues than other families nationwide? Has something changed in our child welfare system that would affect foster care placement?

At present we do not have a comprehensive explanation, but it is something the Division of Social Services is working to understand. We encourage readers and their agencies to reflect on this issue as well, and to ask questions such as: How do your agency’s foster care placement rates compare with the state’s? If they follow the same general upward trend, why do you think that is?

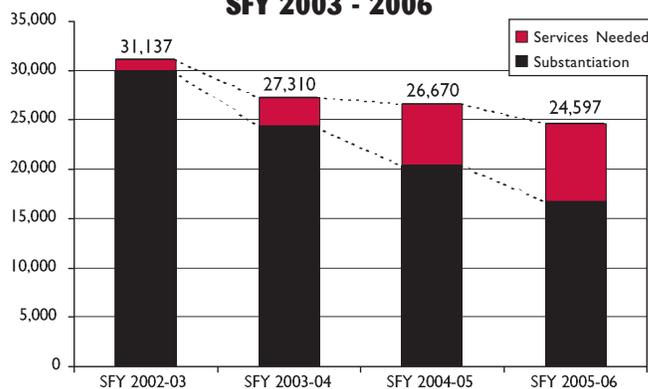
We believe that foster care placement is a necessary and helpful intervention for many families. But we also know that if it is unwarranted this intervention can cause harm. We owe it to families to monitor our numbers to make sure that our agencies act appropriately to achieve positive outcomes.

WHERE ARE KIDS PLACED?

Preliminary estimates tell us that across the U.S. in 2005,

Figure 2

TOTAL NC CHILDREN SUBSTANTIATED OR SERVICES NEEDED (UNDUPLICATED) SFY 2003 - 2006



Source: NCDSS, 2007b

nearly half (46%) of all foster children lived in foster family homes with non-relatives. Nearly a quarter (24%) lived in family foster homes with relatives—often known as kinship care. Eighteen percent of foster children lived in group homes or institutions, 4% lived in pre-adoptive families, and the rest lived in other types of facilities [ChildTrends, 2007].

North Carolina resembles the nation when it comes to where children are placed. For example, of the 6,074 children who entered foster care in SFY 2005-06, 46% were initially placed in non-relative foster family homes and 26% entered kinship care. Figure 3 provides more detail (NCDSS, 2007d).

HOW LONG DO KIDS STAY?

North Carolina does as well or better than the nation when it comes to the length of time children spend in foster care. Nationally in 2003, the median length of time children spent in foster care was 17.6 months (AFCARS, 2006). By comparison, the median length of stay in foster care in our state that year was 14.0 months (USDHHS, 2006).

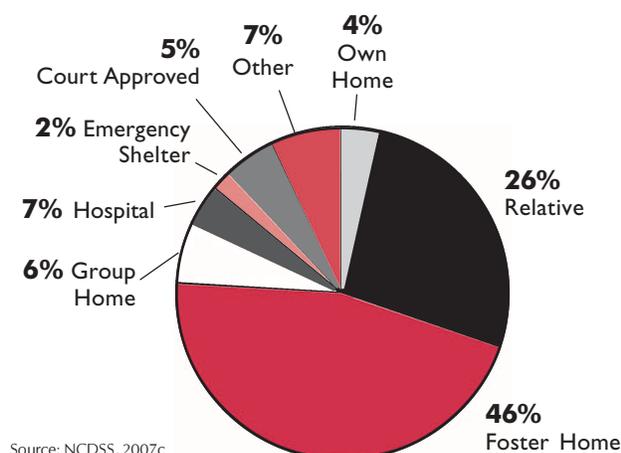
Data from the Division (NCDSS, 2007c) tell us that the 5,262 North Carolina children who entered foster care during SFY 02-03 left care at the following rates:

- 47% left foster care before one year elapsed:
 - 16% left within 90 days
 - 12% left between 90 and 180 days
 - 19% left between 180 and 360 days
- 26% left foster care between one year and two years:
 - 9% left between 360 and 450 days
 - 7% left between 450 and 540 days
 - 10% left between 540 and 720 days

cont. p. 3

Figure 3

PATTERN OF INITIAL PLACEMENT IN NC SFY 05-06



Source: NCDSS, 2007c

from p. 2

- 13% left foster care between one year and three years
- 14% remained in care after three years

WHERE DO THEY GO?

Where do children go when they leave foster care? Preliminary estimates indicate that nationally in 2003, 55% of the children leaving foster care were reunified with their parents or primary caretakers, 11% were placed with relatives, 18% were adopted, 8% were emancipated, 4% entered a guardianship arrangement, 2% were transferred to another agency, and 1% ran away (AFCARS, 2006b).

According to federal data (USDHHS, 2006), the outcomes for North Carolina children leaving foster care in 2003 were similar, although children in our state were more likely to leave care through guardianship (11%) and adoption (23%) than the national average.

TO LEARN MORE

We have managed to touch upon only a few of the important numbers related to foster care in North Carolina. For a list of sources you can use to learn more about foster care in North Carolina and in the U.S., please refer to the online version of this issue <www.practicenotes.org>. ♦

WHAT DO YOU KNOW ABOUT YOUR AGENCY?



Curious about the experiences of the children served by your NC county department of social services? Consult the “county experiences reports” made available by the NC Division of Social Services in partnership with the UNC-CH School of Social Work. Go to <<http://ssw.unc.edu/cw>> and click on your county on the map to see how your local DSS agency compares to similar sized agencies and to the state as a whole on a wide range of measures.

NC'S FOSTER CARE INFRASTRUCTURE

To provide for the children in its care North Carolina has developed a foster care infrastructure that currently includes:

- **100 public child-placing agencies** (county departments of social services). Every child in foster care in North Carolina is in the temporary custody of one of these public agencies, which are responsible for ensuring their safety and well-being. All of these agencies supervise traditional family foster homes; two (Catawba and Wake) also supervise therapeutic foster homes. For a listing go to <www.dhhs.state.nc.us/dss/local>.
- **82 private child-placing agencies** licensed by the NC Division of Social Services. These agencies provide a variety of services; most contract with county DSS agencies to supervise traditional family foster homes, therapeutic foster homes, or both. For a listing go to <www.dhhs.state.nc.us/dss/licensing/docs/cpalistfostercare.pdf>.
- **79 residential child care facilities** (group homes) licensed by the NC Division of Social Services. These placements are more often used for adolescents and children with serious mental or physical health difficulties. For a listing go to <www.dhhs.state.nc.us/dss/licensing/docs/rccfacilities.pdf>.

Foster Homes

Parents in **family foster homes** are trained to care for abused and neglected children while their parents work with social work professionals to resolve their family issues. Parents in **therapeutic foster homes** receive special training to provide care for children with serious emotional and behavioral problems. As of February 26, 2007 North Carolina had 6,391 licensed foster homes. Of these:

- 4,124 were family foster homes. Of these 76% (3,134) were supervised by DSS agencies and 24% (990) were supervised by private agencies.
- 2,267 were therapeutic foster homes. Of these 2% (45) were supervised by DSS agencies and 98% (2,222) were supervised by private agencies.

Because foster homes are such an essential part of our efforts—foster care could not exist without them—and because they can have such a direct effect upon the well-being of children, we should also have some sense of how the system uses foster homes and how long foster homes remain active.

Use. Gibbs (2005) examined administrative data on use of foster homes in Oregon, Oklahoma, and New Mexico. Although she cautions that her findings are not necessarily generalizable to other states, she found that in these states 20% of foster parents provided 60% to 72% of all foster care days. This finding is in line with the conclusion reached by Stukes Chipingu and Bent-Goodley (2004), who found that on a national level 33% of licensed homes have no children present at any given time.

Length of Service. In the three states she studied Gibbs found that between 47% and 62% of foster parents quit fostering within one year of the first placement in their home, and that at least 20% of all foster homes left the system each year.

We do not have data about the length of service for foster homes in North Carolina. However, we do know that a large number of new foster homes are licensed each year. For example, in SFY 05-06 North Carolina licensed 1,790 new foster homes (NCDSS, 2007d). ♦



RACE AND FOSTER CARE

“More than half of the 500,000 children in foster care on any day in America come from ethnic minority families even though children from minority communities make up less than half the children in this country. . . . At every age level, black children are more likely to be placed in foster care than whites or Hispanics.”

These facts, presented by Robert B. Hill in his extensively researched *Synthesis of Research on Disproportionality in Child Welfare: An Update*, are not really news. Concerning and even alarming, yes. But not news.

We have known for decades that there are more children of color living in foster care, especially African Americans, than would be expected based solely on their numbers in the general population. For example, in the U.S. in 2005, non-Hispanic black children made up approximately 15% of all children under age 18 but accounted for 32% of foster children (ChildTrends, 2007). The term used to describe this phenomenon is “disproportionality.”

The figure below, from Hill’s report, illustrates the racial/ethnic disproportionality in foster care in 2000. In the figure, if a group’s number in the far right column is less than 1.0, it is underrepresented relative to its size in the general population; if it is more than 1.0, the group is overrepresented.

In line with national trends, nonwhite children are disproportionately represented in NC’s foster care population. In 2003, nonwhite children comprised 54.1% of children in foster care in our state (USDHHS, 2006), although they made up only 30.6% of the state’s population between the ages 0-17 (NC Data Ctr, 2006).

Why are so many children of color in the child welfare system? Hill says three explanations have been proposed:

Parent and family risk factor theories hold that minorities are overrepresented because they have disproportionate needs. The idea is that these children come from families that are more likely to have risk factors—such as unemployment, teen parenthood, poverty, substance abuse, incarceration, domestic violence, and mental illness—that result in high levels of maltreatment.

Community risk factor theories. Hill says these theories assert that overrepresentation has less to do with race or class and more to do with residing in neighborhoods and

communities that have many risk factors—such as high levels of poverty, welfare assistance, unemployment, homelessness, single-parent families, and crime and street violence—that make residents more visible to surveillance from public authorities.

Organizational and systemic factor theories contend that overrepresentation results from the decision-making processes of CPS agencies, the cultural insensitivity and biases of workers, governmental policies, and institutional or structural racism.

Which of these theories is correct? According to Hill we lack the empirical evidence needed to answer this question because almost all studies have focused on the presence or absence of disproportionality, not its cause. That said, Hill does emphasize the general consensus among researchers that race is an important factor at many key stages in the child welfare system, including reporting, investigation, substantiation, placement, and exit from care. Hill concludes by cautioning us against a rush to judgment. Until further research is done, we cannot be certain what role—if any—bias or racism play.

No matter how you explain it, there is no denying that disproportionality and race in general have a huge influence on the child welfare system. Child welfare professionals owe it to themselves and the families they serve to learn all they can on the subject, and to continually work to increase their cultural competency.

Hill’s report is an excellent resource for this. In addition to disproportionality it explores in depth what the research has to say about race and patterns of child maltreatment, disparities in treatment, and more.

You can find it at <www.racemattersconsortium.org/docs/BobHillPaper_FINAL.pdf>. ♦

Disproportionality for U.S. Children in Foster Care by Race/Ethnicity, 2000

Race/Ethnicity	% of U.S. Population	% of U.S. Kids in Foster Care	Disproportionality Rate
Total Children	100.0	100.0	N/A
Non-Hispanic Whites	60.9	46.0	0.76
Non-Hispanic Blacks	15.1	36.6	2.43
Non-Hispanic Indians	1.2	2.6	2.16
Non-Hispanic Asians/PI	3.6	1.4	0.39
Hispanics	17.0	13.5	0.79

Source: 2000 Census and 2000 AFCARS data in Hill, 2006

CHILD WELFARE WORKER VISITS WITH CHILDREN IN FOSTER CARE

When children enter foster care in North Carolina they are placed temporarily in the custody of their county department of social services (DSS). From the moment children enter care until they return home or go to another permanent placement, DSS agencies are responsible for ensuring these children are safe and receive the support and nurturing they need to heal, grow, and thrive.

Evidence suggests that regular, high-quality visits with the child in his or her foster home are a great way for agencies to ensure they are living up to this responsibility. This article will describe some of what we know about this subject and discuss steps being taken on the federal and state levels to enhance visits between workers and children in care.

AN INVALUABLE TOOL

During the first round of federal Child and Family Services Reviews (CFSR), reviewers found a positive relationship between worker visits with children and most of the outcomes being measured, including:

- Achieving reunification, guardianship, and permanent placement with relatives
- Preserving children's connections while in foster care, including their relationships with their parents
- Assessing needs and providing services to children and families
- Involving children and parents in case planning
- Meeting the educational, physical health, and mental health needs of children

(NRCFCPPP, 2006)

The reviews also identified common concerns regarding worker visits, including an inconsistent focus during visits on issues regarding case plans

A new federal law requires states to prove that 90% of foster children are visited monthly.

and goals and insufficient face-to-face contacts with children or parents to address their safety and well-being (NCSL, 2006).

These concerns raised by the federal CFSRs suggest there may be a need

for state-level requirements regarding the frequency of face-to-face contact with children in care and both standards for and training on how to conduct quality worker visits with children and their parents (NCSL, 2006).

NEW FEDERAL LAW

There is a new federal law that seeks to turn this knowledge into enhanced child welfare practice with families.

In fall 2006, Congress passed the Child and Family Services Improvement Act of 2006 (Public Law 109-288). Part of this legislation provides additional funding to support monthly worker visits to children in foster care, with an emphasis on activities designed to improve worker retention, recruitment, training, and ability to access the benefits of technology.

Along with this funding comes a mandate: by October 1, 2007, states must describe in their state plan standards for the **content** and **frequency** of worker visits with kids in care. In addition, PL 109-288 sets forth the expectation that by October 1, 2011, all states must be able to prove that 90% of all children in foster care are receiving monthly face-to-face visits with their workers, and that a majority of these visits are taking place in the residence of the child (e.g., in the foster home).

Beginning October 2007, states must prove they are making progress to meeting the 90% standard. Beginning October 2008, if a state falls short of this standard it faces possible financial penalties. *cont. p. 6*

QUALITY WORKER VISITS

A quality worker visit with a child in foster care should be a professional consultation, not a friendly visit to chat about "how the kids are doing." Among other things, quality visits should be:

- **Scheduled** to meet suggested national or prescribed state standards and the needs of children and families.
- **Mostly in the child's home** (i.e., the foster home) and at times convenient for children and foster parents.
- **Planned** in advance of the visit, with issues noted for exploration and goals established for the time spent together.
- **Open** enough to offer opportunities for meaningful consultation with and by children and parents.
- **Individualized.** For example, they should provide separate time for discussions with children and foster parents. This provides the opportunity to privately share their experiences and concerns and to ensure that issues that might not be disclosed when other family members are present are identified and addressed.
- **Focused on the case plan** and the completion of actions necessary to support children and families in achieving the goals established in their plans.
- **Exploratory** in nature, examining changes in the child's or family's circumstances on an ongoing basis.
- **Supportive and skill-build-ing,** so children and families feel safe in dealing with challenges and change and have the tools to take advantage of new opportunities.
- **Well documented** so that the agency can follow up on commitments and decisions made during the visit.

Adapted from the National Conference of State Legislatures, 2006

WORKER VISITS from p. 5

VISITS IN NC

North Carolina's policy requires child welfare agencies to have at least monthly face-to-face contact with children in foster care. It also requires agencies to have monthly contact with placement providers about the child's needs and progress, though at present contact with providers does not have to be face-to-face.

Although in the first round of the CFSRs North Carolina was one of only 10 states that received a "strength" rating in the area of worker visits with children (NRCFCPPP, 2006), our state began seeking to enhance practice in this area even before the passage of PL 109-288. Its interest was driven by several factors.

In particular, North Carolina wants to improve the stability of foster placements. In 2003, only 52.3% of NC children who had been in care 12 months or less had experienced 2 or fewer placements. This level of performance was well below the national median of 84.2% (USDHHS, 2006).

A PILOT PROJECT

To address these and other issues, in spring 2006 the NC Division of Social Services contracted with the Jordan Institute for Families at the UNC-Chapel Hill School of Social Work to help it develop a tool for practitioners to use during visits with children in foster care. The long-term vision for this tool, whose working title is the "Foster Home Visit Checklist," is that it will be used by all public and private child welfare agencies in the state to:

1. Enhance the safety and well-being of children in foster care
2. Make agency visits with children and foster families more productive and consistent

QUESTIONS TO ENHANCE VISITS WITH KIDS IN CARE

These questions, which appear in a 2006 report from the National Conference of State Legislatures, are designed to spark improvements in individual child welfare worker and agency performance. When assessing a visit, caseworkers might ask:



- Did I spend sufficient time planning the visit? Did I meet the goals established for the visit? What were the positive outcomes for the family associated with meeting my goals?
- What worked well during this visit, and how might I share my successful approaches with other agency staff? How will I track patterns in the success of specific approaches so that I might report those to my supervisor for possible incorporation into the agency's case practice procedures?
- What types of challenges did I experience during the visit? How might I have addressed those better? Are there specific areas in which I need additional guidance or training?
- What did I learn through the visit that needs to be addressed (family needs/goals and caseworker performance goals)?

3. Encourage honest, supportive relationships between foster parents and agencies, and
4. Make North Carolina's child welfare documentation more consistent and streamlined.

This tool could also help us meet the requirements of PL 109-288.

Working with an advisory group comprised of representatives from public and private child-placing agencies, foster parents, and other stakeholders, the Division has developed a draft of this tool. This version, which contains more than a dozen items, encourages workers to ask about changes in household membership, safety and supervision practices used in home, and other issues during each face-to-face visit with children in care.

To refine this tool and ensure it complements effective practices already in use, the Division will pilot test it in 25 agencies (14 county DSS agencies and 11 private child-placing agencies) between May and October 2007. Foster parent participation is an essential component of this pilot,

and the Division will be working closely with the NC Foster and Adoptive Parent Association to obtain foster parent feedback about the tool's content and effectiveness.

If the pilot goes as planned, the Division anticipates that this tool—as the Foster Home Visit Checklist or under a new name—could be available for use statewide sometime in 2008.

In the meantime, child welfare workers and agencies wishing to enhance visits with children in foster care may wish to consider the questions in the sidebar on this page. Another resource to consider is *Promoting Placement Stability and Permanency through Caseworker/Child Visits* (2006), a one-day training by the National Resource Center for Family-Centered Practice and Permanency Planning <www.hunter.cuny.edu/soc-work/nrcfcpp>. ♦

IMPROVING FAMILY FOSTER CARE

Findings from the Northwest Foster Care Alumni Study

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During fiscal year 2003 in the United States, 800,000 children were served by foster care services; 523,000 children were still in care at the end of that year. Relatively few studies have examined how youth formerly in care (“alumni”) have fared as adults, and even fewer studies have examined what changes in foster care services could improve their lives. The Northwest Foster Care Alumni Study provides new information in both areas.

Case record reviews were conducted for 659 alumni (479 of whom were interviewed) who had been in the care of Casey Family Programs or the Oregon or Washington state child welfare agencies between 1988 and 1998. Findings for three domains are presented: Mental Health, Education, and Employment and Finances. This summary also provides an overview of a predictive analysis showing which foster care services, when optimized, hold the greatest promise for improving the outcomes for foster youth.

DEMOGRAPHICS AND PLACEMENT HISTORY

- Sample: 60.5% women and 54.4% people of color
- Average age at the time of interview: 24.2 years
- Mean length of time in care: 6.1 years
- Mean placement change rate: 1.4 placements per year

KEY FINDINGS

Mental Health

Compared to the general population, a disproportionate number of alumni had mental health disorders. Within the 12 months prior to being interviewed, their diagnoses included:

- One or more disorders: 54.4%
- Post-traumatic stress disorder (PTSD): 25.2% (a rate nearly double that of U.S. war veterans) [Kulka et al., 1990; Hoge et al., 2004]
- Major depression: 20.1%
- Social phobia: 17.1%

Education

Alumni completed high school (via diploma or GED credential) at rates similar to the general population; however, they used GED programs to complete high school at six times the rate of the general population. Other findings included:

- Experienced seven or more school changes from elementary through high school: 65.0%
- Completed high school (via a diploma or GED credential): 84.8%

- Obtained a GED credential: 28.5%
- Received some education beyond high school: 42.7%
- Completed any degree/certificate beyond high school: 20.6%
- Completed a vocational degree: 16.1% (25 years and older: 21.9%)
- Completed a bachelor’s degree: 1.8% (25 years and older: 2.7%)



Employment and Finances

Alumni experienced difficult employment and financial situations. Their employment rate was lower than that of the general population, and they lacked health insurance at almost twice the rate of the general population (ages 18 to 44 years). Other findings included:

- Homeless for one day or more after age 18: 22.2%
- Employed full- or part-time (among those eligible to work): 80.1%
- Currently receiving cash public assistance: 16.8%
- Had household incomes at or below poverty level: 33.2%
- Had no health insurance: 33.0%

WHAT CAN IMPROVE FOSTER CARE OUTCOMES?

Statistical simulations were conducted to determine the effect of optimizing specific foster care experiences, including Placement History and Experience, Education Services and Experience, and Resources upon Leaving Care (a proxy for better preparation for independent living). When foster care experiences were optimized, estimated outcomes improved, revealing the potential power of targeted program improvements. Combining all improvements had an even more powerful effect on youth outcomes.

Placement History and Experience

Optimal Placement History and Experience was defined as having a low number of placements; short length of stay in care; low number of placement changes per year; and no reunification failures, runaway episodes, or unlicensed living situations with friends or relatives.

- Statistical optimization of this area reduced estimated negative education outcomes by 17.8% and reduced estimated negative mental health outcomes by 22.0%.

IMPROVING FAMILY FOSTER CARE

Findings from the Northwest Foster Care Alumni Study from p. 7

Education Services and Experience

Optimal Education Services and Experience was defined as having few school changes and access to supplemental education resources.

- Statistical optimization of this area reduced estimated negative mental health outcomes by 13.0%.

Resources upon Leaving Care

Optimal Resources upon Leaving Care was defined as having at time of exit from care \$250 in cash, dishes and utensils, and a driver's license.

- Statistical optimization of this area reduced estimated negative education outcomes by 14.6% and reduced estimated negative employment and finance outcomes by 12.2%. ♦

This article is reprinted with permission from Casey Family Programs. We encourage readers to review the complete findings of this study by Pecora et al. (2005), which can be found at <www.casey.org/Resources/Publications/NorthwestAlumniStudy.htm>

RECOMMENDATIONS OF THE NW FOSTER CARE ALUMNI STUDY

Mental Health

- Federal and state governments should eliminate barriers to valid assessment of mental health conditions and evidence-based mental health treatment. Barriers include restrictive eligibility requirements for funding and inadequate worker capacity for identifying and treating mental health problems.
- Maintain placement stability, which appears to have a large positive effect on adult mental health.

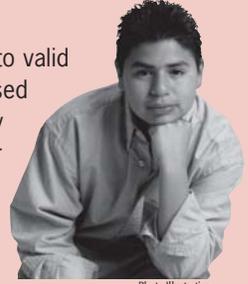


Photo Illustration

Education

- Emphasize the importance of obtaining a high school diploma, and create policies that support completion of high school by age 18 or 19.
- Child welfare workers, foster families, and other stakeholders should encourage young people in foster care to plan for college or vocational school, and support them in being adequately prepared for higher education and training. Inform older youth about local college-preparatory programs, such as GEAR UP, TRIO, and Upward Bound, and help them enroll in these programs (Casey Family Programs, 2003).
- Minimize school placement change.

Employment and Finances

- Encourage the development of lifelong relationships with foster parents and other supportive adults so that alumni have places to live during difficult times.
- Implement systems-reform efforts to strengthen transitional housing and public/community housing systems.
- Reform life-skills development approaches to be more hands-on. Provide youth who are leaving care with a variety of opportunities to learn independent living skills and provide tangible resources, such as cash, household items, and a driver's license.

IN THIS ISSUE: AN UPDATE ON FOSTER CARE IN NORTH CAROLINA

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