

**Measuring implementation fidelity in
independent living programs (ILPs) for youth
leaving care: A systematic review of the
literature**

MSc in Evidence Based Social Intervention

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ABSTRACT

(For the review 'Measuring implementation fidelity in independent living programs (ILPs) for youth leaving care: A systematic review of the literature' by Tara Batista-Calderbank.)

Background

Youth exiting foster care experience poor outcomes across several domains in comparison to their peers from traditional family structures. ILPs are designed to help foster care youth transition to adulthood. Little is known about their implementation and effectiveness. This is an update of a Cochrane review first published in 2006.

Objectives

To examine implementation fidelity of independent living programs.

Search methods

The reviewer searched eight major electronic databases: Applied Social Science Index and Abstracts (ASSIA)(1980-July 2009); Cochrane Register of Controlled Trials (CENTRAL) (Jan. 1980-July 2009); CINAHL (date); Dissertation and Theses Abstracts (date); EMBASE (1980-July 2009); Medline(1950-July 2009); PsychINFO (1967 to July 2009); Sociological Abstracts (1980-July, 2009) and reference lists of articles. The reviewer also contacted experts and researchers in the field.

Selection criteria

Randomised controlled trials, quasi-randomised or quasi-experimental studies of the effectiveness of ILPs for foster care youth in the U.S. using contemporaneous controls. Outcomes were restricted to mental and physical health, criminality, housing, employment, and education.

Data collection

The author assessed trial quality, risk of bias and implementation fidelity and extracted data.

Main results

Seven studies involving 1,430 participants. Two studies were randomized control trials and five were quasi-experimental. The randomised control trials found no significant outcomes. The quasi-experimental studies found significant results for criminality, housing, employment and education. The risk of bias ranged from low to high. The methodological quality of the studies ranged from moderate to low. Four of the seven studies included information on implementation fidelity and three did not. Two studies demonstrated poor implementation fidelity, two demonstrated unclear-poor implementation fidelity and three studies demonstrated unclear implementation fidelity. The most substantial flaw was that in six of the seven studies, services available to controls were virtually indistinguishable from the intervention.

Authors' conclusions

The effectiveness and implementation fidelity of ILPs is impossible to assess if the intervention is indistinguishable from services as usual. The programs are not well defined. Before further evaluations are conducted, researchers and service providers need to clearly define the core components of the programs and re-develop the services incorporating theory, empirical evidence and client perspectives

CHAPTER 1: BACKGROUND

1. Overview

Scope of the problem

As of September 2007, there were 496,000 children in public care in the United States (US) Over 67,000 of them (13% of the youth care population), had spent 5 years or more in the child welfare system. Instead of being adopted or reunified, they “aged out” of the system—in other words, they were forced out of care at age 18 without ever having acquired a family and without a transitional support structure. In 2006, 26,517 youth aged out of foster care in the US [4].

Negative Outcomes for foster care youth

Youth leaving foster care are at a considerable disadvantage compared to their counterparts from traditional family structures[6]. Those leaving care have to deal with the same major life challenges facing most young adults but do so at a much younger age [7] and without family support. Leaving care is associated with a higher risk for homelessness, unemployment, dependency on public assistance, physical, developmental and mental health problems, crime, incarceration, premature parenting, and substance abuse. Foster care youth and alumni also demonstrate lower academic skills, secondary school graduation rates, and entry into post-secondary education than the general population [3, 7, 9, 10].

Independent Living Programs

Independent living programs (ILPs), also known as Transitional Living Programs (TLPs), attempt to improve outcomes for youth aging out of care by providing them with “skills that will help limit their disadvantage and aid in their successful transition into adulthood” [6, 10]. Precisely what these skills comprise varies from programme to programme. There is no consensus in the literature as to exactly what an ILP is. One unifying feature is that they provide “life skills” training, [6] but what “life skills” are is also unclear. This is partly reflected by the fact that ILPs diverge widely in design, method of service delivery, philosophy and culture [7].The wide variety of programmes, lack of consensus on clear definitions and reliance on vague phrasing could indicate problems concerning implementation fidelity. Implementation fidelity “refers to the degree to which an intervention was implemented as prescribed” [11]

State of the evidence

In 2005, a systematic review was conducted looking at whether ILP programmes were effective in improving housing, criminality, employment, education, and health outcomes. The review did not find any studies that met their inclusion criteria. However, the authors concluded that ILPs may improve educational, employment-related, and housing-related outcomes for young people leaving care, although the evidence was weak. The review stated that “there is a need for further research into ILPs using randomised controlled designs” and that this research should also report more details regarding implementation fidelity. If programmes are not being implemented with fidelity, then there is nothing for RCTs to evaluate.

The Montgomery review also stated that future research should investigate the theoretical assumptions of ILPs since “it is unclear whether (and how) independent living skills can compensate for a relative lack of family support” [6]. The lack of findings from the previous review does not help inform practice, but does raise questions about how these programs are implemented and how they affect change.

Review Aims

This review aims to re-examine the literature in order to determine whether non-experimental and experimental studies can offer any insight into the challenges facing ILPs and offer recommendations for developing and improving practice. The review will do so by: 1) updating Montgomery's review with more recent studies 2) examining the more rigorously sound quasi-experimental excluded studies in the Montgomery review 3.) exploring implementation fidelity as a possible factor contributing to the effectiveness of ILPs. Following highly sensitive systematic review protocol, this study will identify, synthesize and analyze methodologically sound evaluations of the effectiveness of ILPs and examine how effectiveness relates to implementation fidelity. Outcomes observed by this review include mental and physical health, criminality, housing, employment, and education.

2. Foster Care Youth in Context

U.S. Historical and Political Context

Growing concerns about evidence of poor outcomes amongst youth exiting care lead the U.S. government to pass the IV-E Independent Living Initiative of 1986 [1]. This initiative allocated \$45 million for "states to establish programs to assist youths aged 16 and over to transition to independent living" [2]. Yet more than a decade later, the U.S. Department of Health and Human Services (DHHS) concluded that "there was little evidence that the outcomes of former foster youth had significantly improved" and "many, if not most, were still not adequately prepared" to live independently [12].

After realizing the ineffectiveness of the previous legislation, President Clinton signed the Foster Care Independence Act (FCIA) of 1999 which doubled state funding for ILPs from \$70 million to \$140 million per year and replaced the 1986 Initiative with the John H. Chafee Foster Care Independence Program [2]. The Chafee program broadened eligibility criteria to include youth ages 14 to 21 and required states to produce comprehensive five-year plans for transition services and to track and report long-term outcomes. States also had to establish youth advisory councils to ensure that young people had a voice in "setting priorities for independent living efforts and in tailoring programs to meet real needs" [3]. Chafee also entitled states to extend health insurance coverage for exiting foster care youth until they reach 21 years and permitted states to use up to 30 percent of federal funds to cover room and board for transitioning youth [3].

Rationale for ILPs

The main arguments for ILPs are: 1) foster care alumni are associated with negative outcomes (as described in the previous section); 2) evidence identifies deficits in supports for these youth; and 3) economic arguments which claim that ongoing investment in helping these youth transition to adulthood would be cost-effective.

Nelson's (the president of the Annie E. Casey Foundation ¹) argument perhaps best encapsulates the economic rationale for these programs. Nelson states that, "after spending thousands of dollars to care for young people during childhood, it is money down the drain to ignore their developmental needs in adolescence and then abandon them as young adults" [3]. From a cost-benefit perspective, "providing the necessary supports and services" for foster care youth "entails relatively modest investments" compared to the gains of "increased workforce productivity and citizen engagement. At the same time, failing to support this group of at-risk youth" can "result in enormous costs in terms of wasted lives, disrupted communities, and the taxpayer burden of

¹ Annie E. Casey Foundation provides direct services for foster care youth in the U.S. and promotes advances in child-welfare practice and policy.

delinquency and dependence” [5]²). The cost of inaction is substantial. For example, a 1998 cost-benefit analysis reported that the cost to society of letting just one youth enter a life of crime and addiction is \$1.7 to \$2.3 million [13].

The main criticisms of ILPs are: 1) these services will encourage youth to become dependent on the state as adults 2.) foster care youth are not different from regular youth 3) foster care youth are already receiving independent living skills from other sources 4) it is too late to deliver these programs 5) classroom-based life skills training is ineffective 6) ILP are expensive and there is no proof that they work.

Critics have opposed extending services to former foster youth until age 21 for fear that special programs for this group would turn into an “early welfare check” [2] and that the challenges foster care youth face are not any different from other youths who become independent from their families at age 18. Most youth, however, do not become fully independent until well after age 18. Also, mainstream youth often have had many more supports and resources growing up, have not been burdened with issues such as separation, abuse, neglect and other traumas often characteristic of foster care youth. More substantive criticisms claim that the largest source of independent living skills comes from informal sources such as foster parents, group homes, or friends and family [2, 14]. If foster families can teach independent living skills and provide opportunities to practice these skills within the foster home [2] it could be argued that a separate program is not needed. However, it is unclear to what extent foster youths actually receive these informal IL lessons and if they are effective. Another criticism relates to whether delivering ILPs at the end of adolescence can make up for the substantial disadvantages and instability experienced during childhood.

Furthermore, the way in which these programs are delivered may be ineffective. Currently, “state funding and service-use data, as well as the limited information available about youth outcomes, indicate that communities are not effectively utilizing public funds” [9]. For example, “in some communities the wrong types of programs are being funded. Evidence shows that classroom training for employment skills is not as cost-effective as on-the-job internships and job placement, yet a significant proportion of funds are allocated to in-class job training” [9]. Lynch [2] conducted a qualitative evaluation of an ILP in Texas and concluded that programs that focus on emotional needs as well as skill acquisition are more beneficial than models based only on instructional skill-building. Yet some ILPs rely only on instructional skill-building models to teach life skills and ignore teaching the softer social and emotional skills.

Further criticisms includes that ILPs can be very expensive, there is no definitive evidence that they work, and some evidence suggests that they may cause harm. For example, the Bridges to Independence program spent \$20 million over a five year period to serve 800 youth in Los Angeles. An uncontrolled study on the program found that although there were many positive outcomes, “the program was not effective in increasing the self-esteem of participants. In fact, the mental health of Bridges participants declined in three out of four measures...including self-esteem and depression” [3]. Furthermore, the Bridges program discovered that 30 of the females in the program had become pregnant and also acknowledged that the program did not encourage many participants to pursue higher education [3].

² The Foster Care Work Group (FCWG) is a U.S. advocate of transitional programs for foster care youth comprising of a board of experts and practitioners from the child welfare field. The FCWG produces the “Connected by 25” research literature.

3. ILP Components

Desired Outcomes

The Foster Care Independence Act (FCIA) delineates the following required ILP outcomes: educational attainment, employment, avoidance of dependency, homelessness, non-marital childbirth, high risk behaviours, and incarceration [2]. However, research conducted by various service providers has identified some additional outcomes that are important indicators of a “successful” transition to adulthood such as: valuing cultural and personal identity [1, 9], forming supportive relationships [1, 5] and community connections, self esteem, self-efficacy, planning, communication, social skills [2], decision making, and social networking [9]. The Foster Care Work Group (FCWG) defines success as achieving economic independence and also lists “the ability to be a reasonable parent and readiness for civic engagement” as critical outcomes for exiting youth [5].

Detailed Program Components

Intervention designers, evaluators and implementers should distinguish between core components (those necessary for the programs success) allowable components (those permitted but not necessarily required for success), and proscribed components (prohibited activities) in order to define, implement and evaluate a program effectively. Core components can be specific or non-specific. Specific components refer to parts of the intervention that are unique to ILPs. Non-specific components are those that are common to other interventions as well.

The ILP field still lacks consensus as to which components of these interventions are essential for youth to successfully transition to adulthood [15]. Additionally, because there is very little rigorous evidence regarding effectiveness, there is no consensus as to what the active ingredients are within these core components. However, the literature offers many suggested essential non-specific and specific core components. A summary of these is presented in Tables 1-3 below.

Table 1.1: Suggested non-specific core components

- Youth empowerment and participation [1-3]
- Long-lasting relationships with caring adults [1, 5]
- Cross-agency and cross- disciplinary collaboration[1, 2, 5]
- A comprehensive, standardized yet flexible curriculum [1, 2]

Table 2.1: Suggested specific core components

- Skill training in five key areas -education, employment, money management, credit management, and consumer skills-fare [2, 5]
- Savings and asset development, and entrepreneurship opportunities [5]
- Mental health support [2, 3]
- Provide a stable living environment [9]

Table 3.1: Suggested proscribed components

- Institutional or group placement in IL housing services [2, 3]
- Models based only on instructional skill-building [2]
- Caseworkers carrying heavy caseloads (i.e. no more than 15 youth per worker) [8]
- Volunteer mentors. Mentors should be trained, paid professionals [1]

4. ILPs in practice

What distinguishes ILPs from other programs is that they are designed to aid foster youth in the transition to adulthood by integrating a mix of life-skills preparation with other supports [9]. A recent survey found that over 90 percent of programs in the U.S. indicated they directly provided services in the following life skills areas: employment skills, money management, communication, decision-making, locating and maintaining housing, community resources, socialization and healthy relationships [16]. Life skills preparation also includes training in daily living tasks [9]. Fewer than 30 percent of survey respondents directly delivered services in vocational training, computer classes and drivers education [16].

Structurally, supervised independent living placements “are most likely to include scattered-site or semi-supervised apartments, specialized foster homes, college dorms or residence halls, and clustered or supervised apartments. Subsidized housing is another common option but primarily for those 18 and older” [17]. Most states (n=39) offer supervised independent living. Some states also require foster youth pay a portion of their room and board.

Challenges of ILPs

Despite the fact that most states provide some type of ILP to foster care youth, states report that their transitional services could not provide all of the assistance youth need to live on their own [2]. Some programs do not have adequate connections to employers to provide job leads [2, 9]. Others lack opportunities to provide youth with ‘real world’ experiences and were therefore limited to teaching skills in classroom settings. Housing is frequently cited as the biggest challenge for ILPs because accommodation sites are limited [2, 3, 9]. Other key barriers identified by states include staff turnover, transportation problems, poor coordination among the various services, limited involvement of foster parents, lack of affordable educational services, and a shortage of mentors and volunteers [9].

Program Variation

In the U.S., “the scope and quality of services provided to current and former foster youths and the eligibility requirements for those services vary widely” [9, 17]. For example, “while youth in one state received an intensive eight-week career development course, a national evaluation found in 1999, employment services in another state were limited to a half-hour consultation about immediate job leads” [3]. Currently, programs range widely in cost from as little as \$697 per youth to as much as \$250,000 per youth. There are many possible reasons why there is so much variation in ILP services. One reason might be that flexibility in funding sources encourages locally tailored programs [9]. ILP legislation is written so that states can decide how best to use the funds. Another reason is child welfare systems are administered at different government levels. For example, a majority of states in the U.S. administer and supervise their child welfare systems while one-third describe their systems as county administered but state supervised [17]. Another possibility is poor implementation fidelity. Programs might not be designed with respect to theoretical or empirical evidence and service providers might implement the interventions with varying degrees of intensity and fidelity.

While this wide variation exists, there is clearly commonality of intention and the provision of life skills training. Most programs are more similar than they are different making it logical to undertake this review. However, careful attention will be given to the heterogeneity of program implementation.

Youth Participation

According to Rashid [18], there are 150 ILPs throughout the U.S. Despite the fact that ILPs are growing and that funding has increased for these programs, most of the services available do not actually reach foster care youth for a number of reasons: [18] 1) states impose eligibility criteria that restrict services from many youth even though FCIA and Chafee funding does not require such restrictions [18] 2) several states are not aware of the benefits available because information is not properly managed. Many states are not do not know basic demographic information about their foster care populations let alone the myriad of services that can be combined to benefit exiting youth³. Pates[19], a director of transition services in central Florida described information flow as follows:

“The filing system is mandated by the court system but is atrocious. Their education plans, report cards and basic information are missing from the files....They are moved so often that the files get lost.”

When so many youths change placements, exit and re-enter the system, it not only increases the chance that information is lost but also poses major challenges for providing a sufficient dosage of service [9]. If states and agencies do not have basic information about the youth they serve, and thousands of youth are moving throughout the system it makes it difficult to recruit, assess and track participants. Other reasons for a lack of youth participation include that transportation for

³ See Dworsky and Havlicek, 2009

ILPs is limited, youths may choose not to participate, and youths may be confused about participation.

ILP Models

Although there is no consensus on an ideal ILP model and no internally valid evidence of effectiveness, several programs have been proposed as models. Some of these programs demonstrate collaboration, adopt a comprehensive curriculum, incorporate a youth empowerment philosophy and provide ‘real world’ experiences. Innovative strategies include programs that forge partnerships with colleges, schools, and businesses to secure scholarships, job placements, and help with financial aid, admissions and enrollment forms. Other programs provide individual career and educational assessment and individually tailor their programs accordingly. Some programs go further and advocate on behalf of foster youth issues or place youth in mentoring homes during college. Some of the real world approaches used by include programs that offer performance-based financial incentives, provide job-shadowing experiences, house youth in supervised scattered-site apartments, or use coaches in the workplace [16]. There is no valid evidence to support which combinations of these services and supports work best for foster care youth, and the degree to which programs incorporate any of these practices varies.

5. Theory

Effective programs should not develop in a theoretical or empirical vacuum. According to Stein (2006), “although there is a growing body of international empirical work on young people aging out of care, very few of these studies have been informed by theoretical approaches” [20]. Collins [21] argues that programs and services not guided by explicit theory offer little guidance toward improving interventions. Also, it is critical to understand how the programs originated and what contributed to the underlying philosophy of why they should work, in order to assess implementation fidelity. Stein proposes that there are four theoretical perspectives contributing to “what works” for young care leavers: attachment theory, focal theory, life course analysis and resilience [7]. Additionally, the ecological perspective and adolescent development theory may also provide a basis for understanding and refining ILPs [2]. Some of the main theories and their implications for practice are described in Table 5 on the following page.

Table 1.4: Theoretical Basis for ILPs

Name	Description	Implications
Attachment Theory [7]	<ul style="list-style-type: none">• Adolescents in the child welfare system have trouble accepting help and forming alliances• Require some compensatory ‘attachment’ or stability because of disruption in early lives	<ul style="list-style-type: none">• ILPs must offer more than ‘survival skills’ and allow the reassessment of relationships with significant attachment figures• Provide opportunities to form meaningful relationships and offer stable placements
Focal Theory	<ul style="list-style-type: none">• When leaving care, youth have to cope with major changes at a younger age and in far less time than their peers [7]• Those who experience more life changes are at greater risk for negative outcomes[22]	<ul style="list-style-type: none">• More recognition of the stages and timing of youths’ transitions from care• Provide emotional and practical support into the early twenties• Allow for “psychological space” to deal with changes over time [7]
Life Course Theory	<ul style="list-style-type: none">• Young people’s lives are an integrated whole vs. distinct stages /cycles• Every youth has an individual set of circumstances• Interaction between the inter-connected aspects of the individual life course, the agency of young people, and the wider social and economic contexts may restrict or provide opportunities [7]	<ul style="list-style-type: none">• Service providers should explore care leavers pre-care, care and post-care careers to understand their educational and career trajectories [7]• Challenges the simplicity of standardized and separated outcome measures [7, 23]• Suggests youth should not achieve independence at 18 [7]
Resilience Theory	<ul style="list-style-type: none">• Resilience can be promoted through providing stability, helping youth develop a positive sense of identity, enabling a positive experience of education, having opportunities for turning points, planning and problem-solving, and	<ul style="list-style-type: none">• Offer services in pre-adolescence that continue until early adulthood• Allow youth to develop long-term relationships with caseworkers/program deliverers whom can play a crucial role in promoting resilience

	<p>providing more gradual and supported transitions from care</p> <ul style="list-style-type: none"> • Resilience of young people is linked to whether they are provided with opportunities to ‘move on’, ‘survive’ or remain ‘victims’ [7] 	<ul style="list-style-type: none"> • These adults can help youth “recognize and develop their assets and interests • focus on personal strengths to help youth identify hobbies/activities they enjoy which can build self esteem • programs should be holistic addressing many needs • programs should collaborate with other service providers and/or institutions in youths’ lives [24]
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Ecological Theory [2]

- Emphasizes the individual and the fluid, inter-relationship between his/her environment
 - Environment comprises “geographic and socially-constructed” systems which include “the individual, group, family, community, institutions, class, and culture”
 - When fit between environment and individual is good, the environment is producing resources and experiences at the right time and in the right form to assure cognitive, emotional, biological and social development and functioning
 - when the fit is bad, “the individual’s development and functioning may be impaired”
- to understand transitioning youth and their needs, program designers should examine all of these interdependent systems

Adolescent Developmental Theory	<ul style="list-style-type: none"> • When children experience stressors (abuse, neglect, foster care placement etc.) their adult development is hindered [2] • Youth exiting care are at increased developmental risk they are typically on their own sooner than their peers and often before completing high school or finding stable employment [21] 	<ul style="list-style-type: none"> • ILPs should include opportunities for youths to develop trust and positive self-image and • Facilitate youths' resolution of past loss and trauma • Provide opportunities for youths to be less isolated, connect fragments of their histories, and practice communicating their feelings to others[2]
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It is critical to understand how the programs originated and what contributed to the underlying philosophy of why they might work, in order to assess implementation fidelity. As demonstrated above, there is no shortage of theories that interventionists can draw from to design ILPs. A lack of theoretical grounding in the design of the interventions could be one possible factor contributing to the wide variation in program delivery which in turn could be contributing to the lack of clarity concerning outcomes.

Review Objectives

Initially, this review aimed to systematically synthesize the state of the evidence regarding implementation fidelity in effectiveness studies of ILPs in the U.S. It posited that heterogeneity in implementation fidelity may be a possible reason for heterogeneity in outcomes concerning ILPs. However, upon scoping the literature a more fundamental question arose: What are ILPs? Upon closer investigation, it became apparent that the programs lacked a clear definition and appeared to be the same as 'services as usual'. Therefore, this review primarily addresses the issue of definition and design while examining implementation fidelity as well.

CHAPTER 2: METHODS

1. Study Inclusion Criteria

This review included evaluation studies of ILPs that serve relevant target populations, meet specific methodological standards, and measure at least one outcome of interest.

Intervention and Setting

This research will investigate the implementation fidelity of ILPs⁴ in studies that assess effectiveness. An intervention is considered an ILP if it is designed to assist foster care youth in their transition to independent adulthood. ILPs considered should contain “training and/or support in the acquisition of personal development” [6] and daily living skills. Interventions can be delivered while the youth are still in care or within five years of exiting care. Interventions can be group based or individually delivered. This systematic review is limited to ILPs in the U.S.⁵. Programs specifically targeting youth with physical, developmental or mental disabilities, teenage parents, young offenders and those in need of intense psychiatric treatment were excluded because of the confounding effects that these specific groups would bring to the analysis.

Target population characteristics

The target population is limited to youth who have aged out of foster or state care at the statutory age of discharge and attended an independent/transitional living program.

Types of studies

The evaluation must involve randomized controlled trials (RCTs), quasi-randomised controlled trials, or quasi-experimental studies with prospectively assigned contemporaneous controls. Quasi-experimental and quasi-randomized studies should have control groups that are as similar as possible to the intervention groups on relevant observable variables. Quasi-experimental and quasi-randomized studies will not be considered of equal validity to RCTs for the appraisal. Studies will compare ILPs to standard care, another intervention, no intervention, or wait-list control for young people leaving care at the standard age of discharge.

Outcome measures

Studies need to have included at least one of the review’s pre-stated outcomes. Outcomes were determined from the previous Montgomery et al., 2006 systematic review and are consistent with the outcomes of concern in the literature review and federal legislation. These outcomes are:

- Mental and Physical health – (For example, teenage pregnancy/fatherhood rates, drug use, substance abuse, participation in rehabilitation programs, rates of depression and other psychiatric disorders, usage of mental health resources/facilities).
- Criminality – (involvement with the criminal or juvenile justice system);
- Housing – (For example, homeless, living in own accommodation, living with family, living in shared accommodation);

⁴ Examples of interventions that do not qualify as ILPs include juvenile justice programs, conferences or workshops, strictly psycho-therapeutic or substance abuse programs such as CBT or 12-step if they are not combined with other ILP components.

⁵ This limitation is used for three reasons: child welfare systems differ in each country, an MSc thesis needs to be limited in scope due to time constraints and word limits and most of the work on ILPs has been done in the U.S.

- Employment – (For example, full/part time employment, unemployment rates, income levels, duration and consistency of employment);
- Educational attainment – For example, high school diploma, vocational certification/diploma or higher education

Outcomes will be analyzed separately according to the above categories. If a study reports two or more measures for the same outcome, (i.e. percentage depressed and percentage suicidal) these outcomes will be analyzed separately. Sources used to assess outcomes will include agency records and self report using validated, psychometrically sound assessment tools. The method of outcome assessment will be investigated as a potential source of heterogeneity and bias.

2. Search Procedures and Results

This systematic review involved a rigorous, highly sensitive search for ILP evaluations completed or in progress. The search strategy included multiple electronic databases, direct outreach to professionals, and a grey literature search of relevant foundation and non-profit Web sites.

Electronic databases

The reviewer searched eight major electronic databases: Applied Social Science Index and Abstracts (ASSIA)(1980-July 2009); Cochrane Register of Controlled Trials (CENTRAL) (Jan. 1980-July 2009); CINAHL (date); Dissertation and Theses Abstracts (date); EMBASE (1980-July 2009); Medline(1950-July 2009); PsychINFO (1967 to July 2009); Sociological Abstracts (1980-July, 2009). The database search aggregately produced 3,894 citations after duplicates were discarded. The review's author conducted the literature search. The author along with another researcher⁶ screened the titles and abstracts independently and selected which studies would be included. Where there was uncertainty or disagreement between the two reviewers regarding study eligibility, the issue was resolved through discussion. Additionally, the reviewer cross-referenced bibliographies of all relevant studies and reviews found in the electronic search. A complete documentation of the database search strategy and inclusion criteria is included in Appendix I. The following is an example of general search terms used for the electronic database search⁷.

⁶ A lead researcher with the Centre for Evidence Based Intervention, University of Oxford

⁷ A mix of wildcard symbols, field indexes and limits were used depending on the nature of the database. Most databases were limited to "english only" and "humans".

Population

(young OR youth* OR child* OR teen* OR adolescen* OR young next person* OR young next people)

AND (care home* OR child welfare* OR (child*near home*) near care) OR foster* OR foster home care OR institution* near care OR out of home placement* OR residential care OR substitute next care OR welfare near care)

AND

Intervention

(aftercare OR after* near care OR aging out OR independent living OR independent near live OR independen* near train* OR leaving OR leaving next care OR transition* OR transitional living OR life skills)

AND

Methods

(control* OR random* OR trial* OR groups OR compar* OR experiment* OR evaluation or survey Or clinical)⁸

Grey Literature Search

Additionally, 10 web-based publication databases specific to foster care youth services were searched with varying search strategies specific to each site. These included Annie E. Casey Foundation, Chapin Hall (University of Chicago), National Clearinghouse on Families & Youth (U.S. Administration of Children & Families), Eckerd Family Foundation, Casey Family Programs, Child Welfare Information Gateway (U.S. Department of Health and Human Services), The National Collaboration for Child Welfare and Disability for Youth (Institute for Educational Leadership), The National Resource Center for Child Welfare Data and Technology, Child Welfare League of America, Administration for Children and Families/Children's Bureau (U.S. Department of Health and Human Services) These searches resulted in 2 included studies.

Professional outreach

The reviewer contacted 20 individuals who are regarded as professional leaders in the area of foster care youth and research. Communications involved personalized e-mail requests for any relevant published, unpublished, or upcoming evaluations as well as other suggested contacts. A complete list of those contacted as well as sample correspondence is included in Appendix III and IV respectively. These efforts resulted in 11 responses and 1 included study.

3. Study Screening

The review author stipulated 4 criteria as critical minimum requirements for a paper to be included in the review. These pre-requisites were: (1) the study had to take place in the U.S., (2) the study had to evaluate an ILP as defined by the review, (3) ILP participants had to be youth while receiving services, and (4) appropriate methodology as defined by the review. The inclusion criteria checklist is located in Appendix II.

⁸ The methods filter was adapted from the Cochrane Handbook, Version 5.0.0 with the addition of the terms "experiment" and "survey" to increase sensitivity. The methods filter was not used in all searches of every database to increase sensitivity.

Figure 2.1
Flow of Trials Included and Excluded

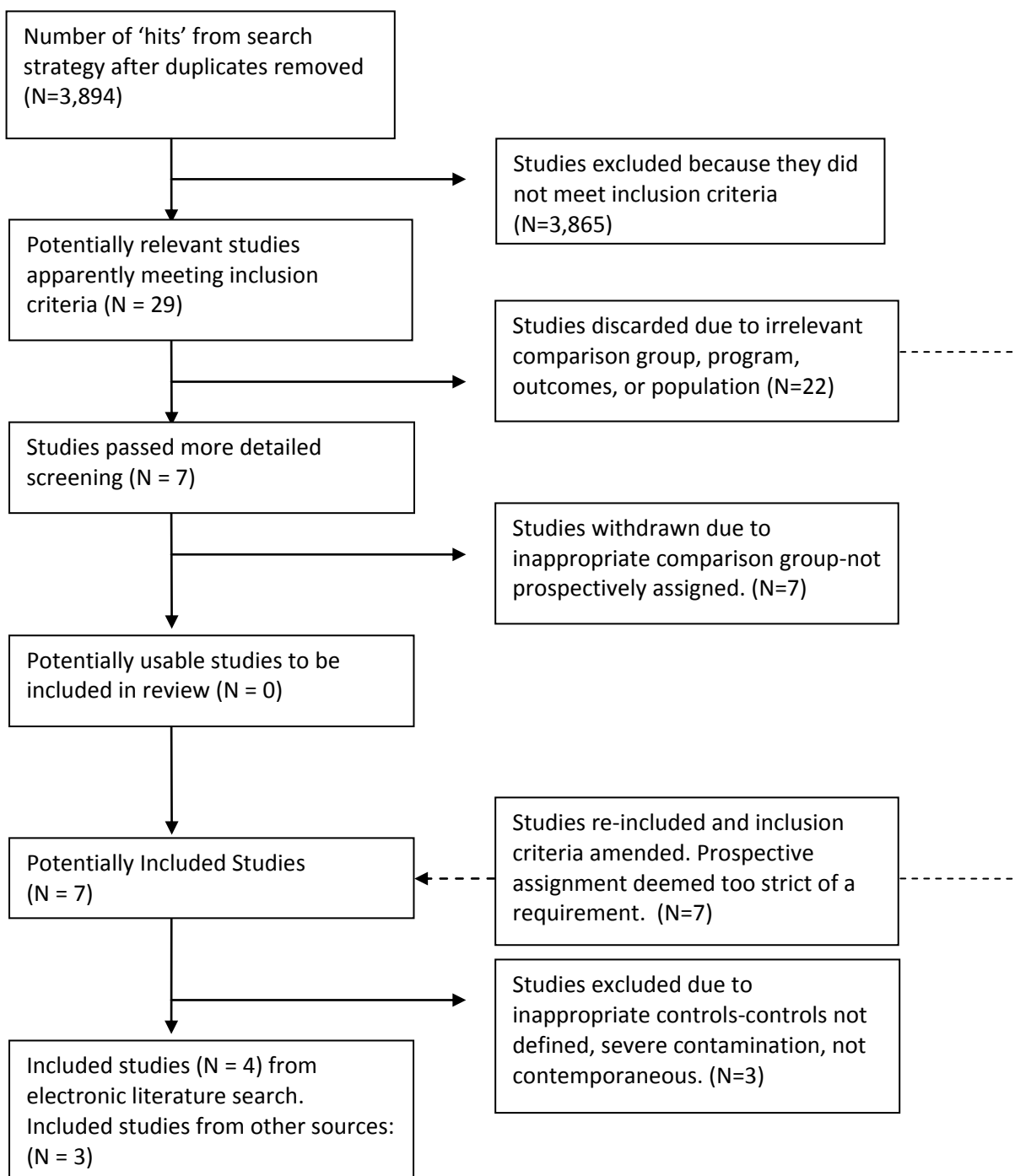


Figure 2.1 illustrates the inclusion and exclusion process. The various searches produced 3,894 citations after discarding duplicates. Twenty-nine studies were initially deemed relevant. Upon closer examination of the abstracts, only 7 studies appeared to meet inclusion criteria. Full papers were obtained for these 7 studies and after scoping, it was discovered that none of the studies had a prospectively assigned control group leaving no includable studies in the review. Since the original intent of the review was to investigate some of the excluded studies of the Montgomery *et al.*, review, the co-reviewers decided “prospective assignment” was an unrealistic criterion and these studies were added back into the pool of includable studies. Upon further assessment, 2 of these studies did not provide appropriate control groups and were excluded leaving 5 included studies. Combined with the 2 studies found during the Grey literature search, and the 1 study received from contact with authors and experts in the ILP field, the total included studies are 7. Appendix VII provides a table of excluded studies.

4. Data Analysis

Quality Assessment

The reviewer developed predetermined criteria for the critical appraisal of study quality. The author used 41 characteristics of study design and reporting to assess study quality. Data was extracted on the following: study description (author, year, background and objectives), eligibility criteria, recruitment, brief description of the intervention, study design and methods (sample size, randomization, quasi-experimental methods, blinding, statistical methods), outcomes, outcome measurement (instruments used), results (attrition, intention to treat, reporting of outcomes), and conclusions (interpretation, external validity). Randomized Controlled Trials (RCTs) will be analyzed separately from Quasi-Experimental Studies. Participant and practitioner blinding is impractical given the nature of ILPs, therefore blinding is not applicable as a quality criterion. Information about methodological quality was solicited from primary study authors if unreported or unclear. If authors did not respond, the data was described as “unreported”. Because the included studies are too heterogeneous and thus incomparable, meta-analysis was not conducted.

Implementation Fidelity

Implementation fidelity, “refers to the degree to which an intervention was implemented as prescribed” [11]. The reason to assess implementation fidelity in systematic reviews is that “it is assumed that effectiveness is directly related to the fidelity with which the intervention is implemented” [11]. In other words, “without knowing what was actually done, information on whether something ‘worked’ ...is unhelpful” [11]. Reviewing implementation fidelity can also help explain heterogeneity in outcomes [11]. Since ILPs vary so greatly, heterogeneity in program design and implementation might explain heterogeneity in effectiveness. Lumley et al. [25] conducted a process evaluation on a smoking cessation intervention and found that “those interventions delivered more intensively and those that were theoretically based appeared to have the greatest impact.” Evidence to suggest that ILPs might not be implementing all or part of their program components with the same integrity and intensity [9, 15, 26] which may partially explain the heterogeneity of outcomes. Additionally, the programs may be poorly designed with little respect to theory or empirical evidence.

This review used the Oxford Implementation Index (OII) implementation fidelity of studies. After piloting extraction with the OII long form, it was determined that the OII short form was more appropriate due to time constraints and the number of studies⁹. The

⁹ “The short form of the Oxford Implementation Index may be useful if there is little time available during the phase of data extraction and study appraisal.” Source: The Oxford Implementation Index: Short Form Cover Sheet. Data extraction of an RCT took 4.5 days with the long form vs. 1 day with the short form.

OII long form uses 38 characteristics of implementation fidelity. The short form measures 17 characteristics of implementation fidelity. A sample demonstrating data extraction with the long and short forms is included in Appendix VI and VII respectively. Areas of weak fidelity are highlighted in gray.

For each arm of the trial, both versions of the index consider the design, delivery, uptake and context of interventions as essential components for the assessment of implementation fidelity. The *design* component of the index examines if the available information adequately describes the intended intervention procedure. This is important because evaluators cannot assess what they cannot define. The *delivery* assessment seeks to explore if the available information adequately describes the intervention's actual implementation and delivery. This is essential because what is delivered could be different from the original design. *Participant Uptake* refers to whether the available information adequately describes the intervention's actual receipt and enactment by participants. A thoughtfully designed and carefully implemented program is unsuccessful if it is unacceptable or inaccessible to participants. The *Context* within which an intervention is delivered also affects the program's effectiveness [11]. This includes factors such as the political or organizational environment, the socioeconomic or demographic characteristics of the population of interest, setting, location, timing or ethical considerations.

Grading of Implementation Fidelity

Assessment of the quality of overall implementation fidelity for each trial was modeled after the GRADE assessment developed by the GRADE collaboration, a grading system for assessing the quality of evidence. Studies were categorized as either *well implemented*, *unclearly implemented*, or *poorly implemented*. Well implemented studies provided sufficient information on the design, delivery, uptake and context of interventions for both trial arms. These studies contained only minor violations of fidelity that were unlikely to seriously alter the results. The *unclearly implemented studies* category comprises studies that did not report detailed information on implementation. If these studies did not report any information on implementation, or if potential limitations are unlikely to lower the confidence of the results, the study was classified as *unclear*. If the study contains plausible violations or indications of weaknesses in implementation fidelity, the study is downgraded to the category *unclear-poor*. Finally, *poorly implemented studies* are those where the proportion of information is sufficient to affect the interpretation of results, or crucial limitations of one criterion, or some limitations for multiple criteria exist.

5. Data Synthesis

There were substantive differences in the interventions evaluated in different studies, resulting in significant heterogeneity. In addition, there was a high level of control group contamination in several studies. A meta-analysis was therefore not conducted. Sources of heterogeneity were explored narratively and data synthesis consisted of: 1) a general description and organization of studies 2) a within-study analysis 3) a cross-study synthesis.

The general description and organization of studies is presented in Tables 5 and 6 which describe the interventions in terms of program description, population, evaluation

methods, and outcomes. These studies are presented in order of methodological quality and divided into two categories: those evaluating independent living services and those evaluating independent living programs. Independent living services do not focus on a specific program but a collection of services delivered to foster care youth. Independent living programs are defined interventions delivered by a specified provider.

The within-study analysis examines possible sources of bias, methodological challenges and implementation fidelity. A lack of clear program definition, consequent confusion regarding control group contamination and other threats to validity arising from shortcomings in study design are explored.

The cross-study synthesis links the information offered in each study, discusses sources of variation and summarizes collective findings for each outcome. Differences in study designs, intervention designs, populations, settings and are compared. The quality of implementation fidelity across studies is critically appraised, leading to a re-examination of whether the body of literature concerning ILPs has reached adequate consensus on how to adequately and consistently define the intervention in question. The cross-study synthesis is located in chapter four.

CHAPTER 3: DESCRIPTION OF STUDIES

1. General Description and Organization of Studies

From the 3,894 abstracts read, 29 studies were retrieved, and seven were ultimately chosen as included studies. General characteristics of the studies are presented in Tables 3.1 and 3.2. These seven studies are divided into two categories - independent living programs, and independent living services. They are presented in order of rigor of study design within each category. Rigor was determined by the hierarchy of evidence [27], the degree of contamination, representativeness of the sample and response rate. Study design was determined by key features of the studies versus how the primary study authors classified the design. If a study design was higher up on the hierarchy of evidence but demonstrated a higher or unclear risk of bias it was downgraded to a study of lower methodological quality. Studies of the same design were ranked in order of the amount of bias. Studies with less contamination, higher response rates, and more representative samples were ranked as having a higher methodological quality. The tool used to assess the risk of bias for RCTs is from the Cochrane Handbook of Systematic Reviews (pg. 203). The tool used to assess risk of bias in the non-randomized studies is adapted from the Newcastle-Ottawa Scale [28]. For a more detailed assessment of the sources of bias see Appendix IX.

Table 3.1: Independent Living Programs-Characteristics of Included Studies

Author/Year	Design	Intervention	Outcomes	Population	Comments
Courtney et al., 2008 – Early Start to Emancipation Preparation – Tutoring (ESTEP-Tutoring)	Randomized Controlled Trial (RCT)	Tutoring program which offers a mentoring relationship with the tutor and access to other independent living workshops.	<u>Education:</u> Educational Attainment Highest grade level completed High school graduation and GED completion	<u>Setting:</u> Community Colleges in LA county California <u>Participants:</u> Foster Youth 1-3 years behind grade level living in the catchment area. <u>Age:</u> 12-17 year olds <u>Gender:</u> 45.6% male <u>Ethnicity:</u> 60.4% Black, 14.8% other, 30.8% white, 34.8% Hispanic	Education outcomes were a poor measure considering the average grade level of the population was 10 th grade.
Courtney et al., 2008 – Life Skills Training Program (LST) program	RCT	Classroom and practicum based training program with an extensive outreach component. Skill competency areas include: education, employment, daily living skills, survival skills, choices and consequences, interpersonal/social skills, and computer/Internet skills. Instructors have flexibility to design their own classes and activities, invite guest speakers, and use experiential methods.	<u>Employment:</u> current employment status) and income (reported earnings) <u>Education:</u> completion of a high school diploma or GED <u>Health:</u> substance abuse, mental health <u>Criminality:</u> youth were asked if they engaged in a range of delinquent behaviors in the following 12 months.	<u>Setting:</u> Community Colleges in LA County California <u>Participants:</u> Youth in out of home care, eligible for Chaffee services and deemed able to benefit from life skills training (physically and mentally capable) <u>Age:</u> 17 years old <u>Gender:</u> 40% male <u>Ethnicity:</u> 49.9% Black, 17.3% other, 36.9% White , 43.5% Hispanic, <u>Other:</u> 30% had mental health problem/(s)	Contamination and no shows a problem but fairly typical for this population.
Scannapieco et al., 1995	Retrospective Cross Sectional Case Record Analysis	Program provides a range of individual, group, and family services. Emphasis on employment, education, daily living skills and other skills for independence. An independent living plan is developed between the youth and social worker.	<u>Education:</u> High School Graduate <u>Employment:</u> History of Employment Self supporting at case closing Employed at case closing <u>Housing:</u> Living on own at case closing	<u>Setting/Location:</u> <u>Participants:</u> Foster care children eligible for the ILP, between the years of 1988-1993, who were in care for at least six months <u>Age:</u> over 16, mean: 19.27 years <u>Gender:</u> 47% male <u>Ethnicity:</u> 68% White	The sample was the entire population.

Author/Year	Design	Intervention	Outcomes	Population	Comments
Georgiades, 2005	Retrospective Cross Sectional Survey using convenience sampling	<p>IL Program –tasks are individually tailored for the teen’s independent case plan. An array of life skills training classes covering 5 basic life skills areas: Employment, Money Management, Community Resources, Communication, and Decision making/ Problem Solving.</p> <p>SIL Program – Teens live in an approved setting and receive a monthly stipend for living expenses. Teens must attend school full-time, have a 2.0 GPA, must work part-time earning at least \$100 per month, and participate in supervision by the Florida Department of Children Families (DCF), Aftercare Program – Youth individually assessed and attend a staffing with the IL coordinator. Depending on the services requested by the youth, an aftercare plan is written if the services will be longer. Referrals for services are made to complement the youth’s own efforts to achieve self-sufficiency. Housing assistance includes rent and mortgage payments and rental or utility deposits.</p>	<p>“Hard” Outcomes –</p> <p><u>Education:</u> Years of education completed</p> <p><u>Employment:</u> Employment status</p> <p><u>Housing:</u> Current Residence, Homelessness, Average job income per month</p> <p>“Soft” Outcomes –</p> <p><u>Health:</u> Number of children, Unprotected sex with a stranger, Depression, Alcohol use, Drug use</p> <p><u>Criminality:</u> Ever arrested, Crime arrested for, Time spent in jail</p>	<p><u>Setting:</u> Florida</p> <p><u>Participants:</u> IL Program – all children in foster care 15 years and older SIL Program – foster teens 16 years old Aftercare Program – former foster care recipients between the ages of 18 and 21.</p> <p><u>Gender:</u> 22% male</p> <p><u>Age:</u> 18-26</p> <p><u>Ethnicity:</u> 60% African American, 10% White, 30% Hispanic</p>	40/49 served by SIL, 4/49 served by both SIL and aftercare, 4 served by IL only, 1 served by both IL and aftercare. –mostly a study of the effectiveness of the SIL program. Hard to determine which combination of programs works best or if they work better separately.

Table 3.2: Independent Living Services – Characteristics of Included Studies

Author/Year	Design	Intervention	Outcomes	Population	Comments
Austin, 1993	Retrospective longitudinal cohort study	Variety of program offerings in the 9 counties studied all with goal “to prepare and educate youths with the necessary skills to navigate through life’s daily challenges.”	<p>Education: Education Completed</p> <p>Employment: Employment Status</p> <p>Housing: Living Arrangement Level of Self-Sufficiency Level of Independence</p>	<p><u>Setting:</u> 9 counties in Pennsylvania <u>Participants:</u> former foster youth. ILP Group - enrolled in an ILP between April 1, 1989 – Dec. 31, 1989 and completed between April 1, 1989 – Dec. 31, 1990. Controls – discharged from care between April 1, 1989 and December 31, 1990. <u>Gender:</u> 42% male <u>Age:</u> 15-21 <u>Ethnicity:</u> 71% Black, 21% White</p>	Large non-response rate invalidates results
Lindsey & Ahmed, 1999	Retrospective cross-sectional survey	Some counties operate structured ILPs that include monthly group meetings and other activities during which youth have the opportunity to learn and practice basic living skills. Other counties provide IL services on an individual basis only and do not have a structured program with group activities.	<p>Housing - independent = living by oneself or with own children, with spouse or partner, with friends or other unrelated persons or <i>not independent</i> = living with parents, foster parents, or relatives; ability to pay housing expenses, stability of housing and living arrangements; education and training-educational attainment, current enrollment; employment and earnings-current employment, wages and number of hours worked, episodes of unemployment</p>	<p><u>Setting:</u> two counties within each of the 4 Dept. of Social Services regions of North Carolina, 1 metropolitan, 1 rural <u>Participants:</u> ILP participants in the selected counties who had exited foster care between July 1992 and July 1995 <u>Gender:</u> 52% Male <u>Age:</u> 16-21 <u>Ethnicity:</u> African American 57% 43% Caucasian</p>	Large non-response rate invalidates results
Lemon et al., 2005	Retrospective Cross-sectional Survey	ILP program was designed to teach concrete skills (ie, balancing checkbook, preparing meals, job finding, etc) and psycho-emotional skills (ie, set and achieve goals, ask for help, find opportunities, make decisions, etc);	<p>Employment: Had a job immediately after discharge from care Housing: Ever been without a place to sleep Criminality: Since discharged from foster care, ever had a problem with the law</p>	<p><u>Setting:</u> services provided during care in 9 California <u>Participants:</u> former foster youth currently enrolled in college <u>Ethnicity:</u>31.3% African American,-ILP, 16.8% -controls, 5% Asian-Amer./Pacific Islander –ILP, 12.4% controls, 30% white-ILP, 44.2% controls, Mexican Amer./Latino-</p>	Not representative. Entire Sample already achieved 1 of the measures of successful transition (college attendance) at the outset of survey. Large non-response

				30%-ILP, 19.5%-controls <u>Gender:</u> ILP-16%, controls-24.8% <u>Age:</u> ILP 21.63(2.77), non-ILP 23.96(4.51)-	rate.
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2. Within-Study Analysis

The within-study analysis examines possible sources of bias, methodological challenges and implementation fidelity. Specifically, a lack of clear program definition, consequent confusion regarding control group contamination and other threats to validity arising from shortcomings in study design are explored. Because this is a social intervention, blinding is only addressed as it refers to statisticians and outcome assessors. Intervention descriptions can be found in Tables 6 and 7 on the preceding pages. Methodological Quality Assessment and Risk of Bias tables are located in Appendix VII and IX respectively.

Independent Living Programs

Courtney, M. E., A. Zinn, et al. (2008). Early Start to Emancipation Preparation –Tutoring Program, Los Angeles County, California: Final Report.

Methodological Limitations and Bias

Overall, this may be considered a methodologically sound study. It was rigorously conducted and transparent. The authors conducted a power calculation to determine a sample size of 529 and managed to interview 95.7% of the entire sample at baseline. All reasons for attrition were documented, and groups were analyzed using intention to treat analysis. The study suffered contamination (12.3% of controls received the intervention) and a large proportion of “no-shows” (38.2% of the intervention youth did not attend tutoring).

Overall, the risk of bias in this study was low to moderate. This RCT adequately reports how participants were randomized to control and intervention groups; however, it is unclear if the allocation list was concealed before participants were allocated to treatment groups. . . It was also unclear if outcome assessors and statisticians were blinded. All missing data was addressed in the study which achieved a high retention rate- 90.9% of controls and 89.9% of the intervention group were interviewed at the second follow up. There is evidence of selective reporting bias as only general outcome topic areas were decided a priori (educational attainment, employment, and personal development) and short term outcomes were established after data collection began. Data was collected on “a number of other domains, including physical and mental health, substance abuse, level of social support, and deviant behavior” [29]. However, only outcomes pertaining to education were evaluated and presented in the report.

Implementation Fidelity

Overall, the implementation fidelity of this intervention was ‘poor’. There were several weaknesses in implementation fidelity in the ESTEP-tutoring program including, non-adherence to the logic model, inadequate staff qualifications, and poor design and delivery. These are briefly discussed below.

Non-adherence

Staff did not follow the sequence of recruitment and referral delineated in the logic model Many staff did not conduct a home visit, allowed a substantially longer amount of time for youths to complete the initial assessment, tutored youth whose caregivers had not signed a contract, and tutored while caregivers were not home. This non-compliance contributed to contamination. Program staff suggested that some youths may receive tutoring before being assessed if the tutor is already in the home working with another youth. This allowed youth assigned to the control group to receive the intervention. Additionally, one-half of EPAs purposely recruited youth outside the target population because they believed “all youth can benefit from tutoring” [29].

Staff Qualifications

Although 36% of the youth in the ILP were in special education classes and 14% were more than three years behind grade level, it is unclear whether tutors had the materials or training to be able to address the needs of youths with learning disabilities or who are more than three years behind grade level. These subpopulations of youth may need more intensive services than the staff were able to provide.

Design and Delivery

The main weakness of this intervention lies in the design phase. While the program has a logic model, there is no mention of a specific theory from which it draws. Design and delivery issues specifically addressed are the dosage, the core components of mentoring and tutoring, and duplication of services.

Dosage

Each youth was eligible for 50 hours of tutoring and 15 hours of mentoring. Although this may appear to be a sufficient dosage, staff indicated that “50 hours of tutoring was not enough” [29]. To exacerbate the issue, youths on average only received 35 hours tutoring and 5 hours of mentoring per module.

Mentoring

The mentoring component of the intervention is also ill conceived. Placing the onus on the youth to maintain contact with the tutors is a design flaw resulting in only one-third of tutors reporting any contact with youth after the tutoring sessions ended. Furthermore, the notion that a short-term tutoring relationship could develop into a healthy long-term mentoring relationship is questionable at best [29]. Adalist-Estrin¹⁰, argues that relationships that lasts less than six months with youth that have had disrupted familial relationships is actually harmful for the youth [30]. Research by Grossman and Rhodes [31] concurs that mentoring programs on high-risk youth including foster care youth can have potentially negative effects. [29]. Additionally, mentoring is not clearly defined here nor is there an incentive structure or specific manual for how to create a mentoring relationship.

Tutoring

Likewise, the in-home tutoring component was poorly devised. Delivering tutoring in this format might not be ideal due to care-givers’ resistance to tutors coming into the home. Even more problematic is that the tutoring curriculum is standardized and not relevant to what the youths are learning in school.

Duplication of Services

While the authors claim that they are not aware of any similar program that offers one-on-one tutoring in the homes of foster youths [29, p. 20], there are “over 40 different tutoring programs” in LA County, some of which are specific to foster care youth [29]. To complicate matters further, there are also other mentoring programs offered in LA County such as the “Bridges to Future Mentoring Program” and the “Campus Peer Mentoring Program.” Upon examining all the mentoring and tutoring programs available to both groups and considering that there was no statistically significant difference between assignment groups in the level of tutoring received from any and all sources (control: 58.4% and ESTEP: 60.8%) [29, p. 52] it becomes difficult to locate an actual ‘intervention’ that is separate from ‘services as usual’ other than in the format of delivery, a format which might not be effective with this population in the first place.

¹⁰ Ann Adalist-Estrin is a nationally known and respected expert on children and families of prisoners. She currently serves as director of the National Resource Center on Children and Families of the Incarcerated for the Family Corrections Network and is the author of several mentoring manuals.

Courtney, M. E., A. Zinn, et al. (2008). Evaluation of the Life Skills Training Program, Los Angeles County, California: Final Report.

Methodological Limitations and Bias

Overall, this may be considered a methodologically sound evaluation. It was rigorously conducted and transparent. The authors conducted a power calculation to determine a sample size of 482 and interviewed 97% of the eligible cases at baseline. All reasons for attrition were documented, and groups were analyzed using intention to treat analysis. The study suffered contamination – 26.6 % of controls enrolled in the LST, 25% attended at least 1 class, and 22.6% graduated from the program. This makes the impact of the intervention seem more conservative. Additionally, the intervention experienced a large proportion of “no-shows” as 23.5% did not enroll, 29.9% only attended a session, and 35% did not graduate from the program.

Overall, the risk of bias in this study was low to moderate. This RCT states that participants were randomized to control and intervention groups and even specifies the statistical software program used to do so. However, it is unclear if the allocation list was concealed before participants were allocated to treatment groups. It is also unclear if outcome assessors and statisticians were blinded. All missing data were addressed in the study which boasted a high retention rate - 87.8% of controls and 88.3% of the intervention group were interviewed at the second follow up. There is some evidence that there may be selective reporting bias as the goal of the study is to determine the effects of the programs funded under Chafee legislation in achieving “key outcomes” for youth. Specific outcomes were not stated a priori. Short term general outcomes were established after data collection began. Long-term outcomes stated a priori were general topic areas such as employment and income, education, physical health, fertility and family information, economic hardship or homelessness, mental health and victimization. Data was collected on “a number of other domains, including physical and mental health, substance abuse, level of social support, and deviant behavior” [29] and included as covariates in an analysis of outcomes because they were seen as distal versus proximate outcomes. Victimization was not evaluated.

Implementation Fidelity

Overall, the implementation fidelity of this program was ‘poor’. There were several violations of implementation protocol in the LST program including staff qualifications and training; adherence to the logic model; dosage delivered, materials and resource needs unmet; and poor design.

Training and Staff Qualifications

Several LST staff expressed “concern about the performance of the workshop trainers which they believed was linked to poor qualifications and inadequate training” [32, pg. 24]. Few LST workshop instructors participated in any required pre-service training. Although mandatory, many instructors did not attend quarterly trainings. Unlike workshop instructors, “Outreach Advisors (OAs) stated there was no formal pre-service training” (cite).. OAs complained training was limited to administrative tasks and a review of the handbook versus. more engagement-type aspects of recruiting youth. To better learn their positions, most job-shadowed more experienced staff. The length of time for job shadowing varied from a few days to a few weeks.

Non-adherence

Staff did not follow the sequence of the logic model during recruitment and referral. Besides recruiting controls, OAs often did not conduct a home visit and made initial contact through a letter instead of a phone call. Even though researchers sent letters with information about the trial, caseworkers and independent living (IL) coordinators were rarely informed about the evaluation. Some even counseled caregivers not to cooperate with the trial. Many OAs deliberately ignored recruitment procedures and recruited controls to the LST due to perceived pressure to meet a quota or because of a personal belief that controls could benefit from the program [32].

Dosage, Resources, and Format

Interviews with the program staff revealed youth are probably not receiving the actual dosage of 30 hours of LST per module due to late bus arrivals, disruptive youths, administrative tasks and other distractions. [32,31]. Staff also reported difficulty transporting youth to the program and limited computers and office space. It is unclear how many youth participate in the youth advisory councils and the duration and dosage of their participation.

Design Issues

Although the program contains a logic model, there is no mention of a specific theory from which the program draws. It also ignores the empirical evidence against models based primarily on instructional skill building. The main problem with the design of the program, however, is that core services are very similar to “services as usual”. The core components of LST and “services as usual” are compared in Table 3.3 on the following page. The only real difference between the services available to control and intervention groups is that the LST bundles core competencies together in a workshop format. . However, this bundling of services is very similar to other programs available to both the intervention and control groups such as ESTEP. After examining the multiple types of services available to both groups it becomes very difficult to locate anything that is unique to the LST program. It seems there is no real difference between the ‘intervention’ and ‘services as usual’.

Table 3.3: ESTEP Availability of Services		
Service	LST Group	Controls
Housing <ul style="list-style-type: none"> • Housing search assistance program • Rent assistance programs • Legally permanent homes (long term foster care) • Transitional housing programs • Special needs housing (disabilities, LGBTQ youth etc.) 	Yes Yes Yes Yes Yes	Yes Yes Yes Yes Yes
Employment <ul style="list-style-type: none"> • vocational skills training • job preparation (searching, interviewing, resume writing) • job placement and follow-up services • employment counseling 	Yes Yes Yes Yes	Yes Yes Yes Yes
Support Groups <ul style="list-style-type: none"> • Youth Advisory Council 	Yes	Not mentioned
Education <ul style="list-style-type: none"> • High School Prep • College preparation <ul style="list-style-type: none"> ○ Introduction to college resources ○ college entrance help (admissions forms) • Tutoring <ul style="list-style-type: none"> ○ home-based ○ school-based ○ other 	Yes Yes-TCCF Yes Yes Yes Yes	Yes Yes-financial aid Yes Yes Yes Yes
Informal Support (IL services from kinship care guardians, foster care parents, group homes, informal mentors, school etc.)	Yes	Yes
Self Help Services (websites, brochures, directories)	Yes	Yes
Mentoring <ul style="list-style-type: none"> • Peer Mentoring • Adult Mentoring 	Yes Yes	Yes Yes
Life Skills Workshops: <ul style="list-style-type: none"> • education • employment • daily living skills • interpersonal skills and social skills • choices and consequences • survival skills 	Yes –LST, ESTEP Yes Yes Yes Yes	Yes-ESTEP Not mentioned in a workshop format Unclear Yes-professional and personal relationships Yes-lifestyle choices Yes-coping skills
Physical Health <ul style="list-style-type: none"> • Access to primary care • Help with medical insurance • Workshops/Classes on personal health 	Yes Yes Yes	Yes Yes Yes
Financial Assistance <ul style="list-style-type: none"> • College tuition • Vocational tuition • Living Expenses 	Yes Yes Yes	Yes Yes Yes
Referral Services	Yes	Yes
Emancipation planning	Yes	Yes

Scannapieco et al., (1995) Independent Living Programs: Do they make a difference?

Methodological Limitations and Bias

The study used a quasi-experimental retrospective case record analysis. The sample size is small (ILP: 44, Control: 46). The statistical methods are appropriate but non-exhaustive. The groups are contemporaneous, and educational and employment outcome comparisons between groups were made at the time of discharge from care. Since this is a non-randomized study, it suffers from the fact that differences between groups cannot be due to chance alone. The study attempted to control for bias introduced by non-random assignment by comparing groups on measured individual variables. No significant differences between groups were found except for the fact that the ILP group was significantly more likely to come from a two-parent family than controls. However, there is no mention of an adjustment for this difference. Only statistically significant outcomes were presented. Blinding was not addressed. Strong points include the fact that the entire population was included in the study, the population list came from a sound source and was compared with “automated data maintained by the state to ensure accuracy” [8, p. 384], and the instrument for data abstraction was thoroughly described and pre-tested to ensure the “feasibility of data collection and relevance” [8]. Peer review of the instrument found it to have face validity, and accuracy was verified by an audit of 20% of the survey instruments.

Implementation Fidelity

Overall the implementation fidelity of this program was ‘unclear’. Very little information on implementation was reported in this study. Tables 14 and 15 provide a comparison of the services available to ILP participants and youth in the control group. As can be clearly seen, there were no significant differences in service receipt between the two groups on educational or mental health services. The potential value added in the ILP is that the group sessions include hands-on experiences and the ILP coordinator makes accessing the pre-existing services in the community easier. While this may represent a very real value added, the foster care IL service environment was not described in enough detail to determine if similar services were available or realized by controls. Therefore, there seems to be little difference between the ILP and treatment as usual.

Service	Available for ILP group?	Available for Controls?
Individual IL needs assessment	yes	Unclear – (unlikely)
Home visits by social worker	yes	Unclear – (unlikely)
Personal counseling	yes	yes
Advocacy	yes	yes
Resource referral	yes	yes
Life Skills instruction	yes	yes
Independent Living Plan	yes	Unclear – (unlikely)
Life Skills Practice	yes	yes
One-to-one Relationship with a Social Worker	yes	Unclear – (not formally assigned)
Mental Health Treatment and Health Care	yes	yes
IL group meetings and fieldtrips	yes	Unclear – (unlikely)
Coordination of IL services	yes	Unclear – (unlikely)

Service	ILP	Controls
Special Education	31.8%	52.2%
Mental Health Outpatient	75.0%	80.0%
Mental Health Inpatient	36.4%	41.3%
Mental Health Psychotropic	31.8%	37.0%
Substance Abuse Treatment	15.9%	6.5%

Georgiades, S. (2005). A Multi-Outcome Evaluation of an Independent Living Program

Methodological Limitations and Bias

The study used a quasi-experimental design to conduct a multi-outcome, multi-level retrospective evaluation of Florida’s three independent living programs employing snowball convenience sampling. The sample size was small (Treatment: 49, Control: 18). Evaluators used the Daniel Memorial Institute Independent Living Questionnaire which was found to have only 4 out of 14 reliable subscales. Therefore, data was only analyzed from those subscales. The study used multiple bi-variate analyses, which increases risk of Type I error. For that reason they discussed findings only in terms of effect size.

This study suffers from non-randomization bias. The population inclusion criteria was decided in a post-hoc fashion adjusting the age criteria as the sample pool was created, leaving the final sample with at least two individuals who were 25 and 26, older than the typical ‘transitioning’ youth. In total, 358 study invitations were mailed out but 167 were returned undeliverable. The final sample comprised of 67 individuals representing an 18.7% response rate. The sample creation relied on referrals from professionals and others associated with the child welfare system. Individuals who were more difficult to locate had a smaller chance of being recruited into the study than those who had maintained contact with foster parents and community professionals. Additionally, the study used a non-standardized instrument and relied mainly on self-report data [33].

Implementation Fidelity

Overall, the implementation fidelity of this study was ‘unclear’. Although there are three programs evaluated in this study, it is mainly an evaluation of the SIL program. Of the 49 treatment group members, 40 participated in the SIL, 4 had participated in both the SIL and the aftercare program, 4 had been served by the IL program only and 1 had been served by both the IL and aftercare services. The three programs are described in Table 6. There is no mention of the programs being designed with respect to theory or of a logical model. The study only briefly describes the services provided by each program and does not discuss any aspects of implementation fidelity, nor does it tie any outcomes to receipt of services from a particular program. The study also does not describe services available to controls. The author only states that “the 18 comparison group respondents were not exposed to any IL preparation prior to their emancipation” [33].

Independent Living Services

Austin, L. T. (1993) An Evaluation of Pennsylvania’s Independent Living Program

Methodological Limitations and Bias

This is a longitudinal retrospective cohort study using contemporaneous controls. Data was collected at discharge and one year follow-up. The authors used percentage comparisons, chi squares to determine significance (appropriate for the dichotomous outcome variables) and regression analysis. This study suffers from non-randomization bias. The study uses purposive and convenience sampling; therefore, the sample may not be truly representative of the study population. The control group is contemporaneous and drawn from the same sample. The study used a data collection instrument that was developed for the evaluation and modeled on the WESTAT “Study of the Adaptation of Adolescence in Foster Care to Independence and Community Life.” There is no information on the tool’s reliability and validity. The study controls for youth demographics, foster care characteristics, and self-indexed self sufficiency at discharge using multi-variant analysis. The study runs the risks associated with self report bias (recall bias and Hawthorn effects). The sample is retrospective in nature because the intervention occurred before youths were assigned to groups. The study suffered a large loss to follow-up rate: only 34 of 136 in the ILP, and 24 of the 59 controls were interviewed at one year follow-up.

Implementation Fidelity

Overall the implementation fidelity of the Austin study was ‘unclear-poor’. A process evaluation was conducted for the entire population that went through the ILPs but not for the comparison sample, therefore we cannot use its findings to conclude about implementation fidelity of the services delivered to the sample. The statement multiple staff members made in multiple locations gives a small insight into the implementation fidelity of the services delivered during the evaluation. They stated that the services and delivery could have been better planned, but they had to rush to put the programs together for the evaluation [34]. This might indicate that the programs were not well thought out or planned with respect to theory or empirical evidence.

This study is not of a program, but of a variety of service offerings in nine counties in Pennsylvania. There is no information on participant uptake or delivery for the sample. The following table illustrates the services available. As demonstrated, the various core components are delivered in different combinations both within and across counties. Also notable, some of the core components are delivered via referral by some ILPs, indicating that these services may also be available to controls. For example, all nine counties have employment and job placement programs available to foster care youth that are separate from the ILP services (Austin, 1993, pg 68). Furthermore, the dosage and duration of programs vary widely across counties. For example, the length of ILPs range from open-ended programs with no set duration to programs that last three weeks. Weekly sessions vary from 1 to 5 sessions per week with most programs delivering

1 session per week. The hours per session vary from 1 to 6.5 (Fayette, once weekly), with most lasting 2-3 hours per session. [34, pg. 51]. Likewise, the format of delivery varied widely across counties. For example, four counties utilize an in-house (county-operated) model with local Children and Youth (CY) personnel responsible for day-to-day operation of the ILP, 3 counties provide all services by contractors, one while the county CY manage the program, 2 counties (Philadelphia and Schuylkill) employ both an in-house program and contractors. It is possible that contractors might also provide services to controls. The ILPs use both individual and group delivery. Group delivery is the most common, followed by a combination of both group and individual, then only individual delivery (pg. 51). Because the study did not specify which programs were delivered or available to which youth, it is impossible to analyze the implementation fidelity of such widely varying services.

Table 3.6 Services Provided . Source: Austin, 1993, p.

	Allegheny		Erie	Fayette	Monroe	Montgomery			N'umbrld	Philadelphia				Schuylkill		Westmld
	Whales Tale	YMCA	Family Services	In-house	In-house	Branch House	New Life	Help Line	In-house	In-house	Tabor	Learn	CORPP	In-house	Concern	In-house
E-1. Type of IL services provided & method																
Needs assessment/case planning	D-F	D-F	D-F	D-I	D-I	.	.	D-F	D-F	D-F	D-F	D-F	D-F	D-F	D-F	D-I
Life skills training	D-F	D-F	D-F	D-F	D-F	.	D-F	D-F	D-F	D-F	D-F	D-F	D-F	D-F	D-F	D-F
Job placement	D-F	D-F	Refer	Refer	Refer	D-F	D-F	.	Refer	.	.	D-F	D-F	D-F	D-F	Refer
Subsidized employment	.	.	Refer	.	.	D-F	.	.	Refer	Refer	.	.	D-F	Refer	Refer	Refer
Practice IL placement	D-F	.	D-I	.	.	.	.	.	.	.	D-F	D-F	.	D-F	D-F	.
Locating permanent housing	D-F	D-F	D-F	.	D-I	D-F	.	.	D-I	.	D-F	D-F	.	D-F	D-F	.
Stipends for youths	600	528	600 +	176	300	C&Y 100	C&Y 100	C&Y 100	.	600 +	180	400 +	326	200	200	750
Aftercare support services	D-F	D-F	D-I	.	D-I	.	.	D-I	D-F	D-F	D-F	D-I	.	D-F	D-F	D-I
Services for teen parents	D-F	D-F	Refer	.	.	.	.	.	D-F	.	D-F	D-F	DI/REF	Refer	D-F	D-F
Vocational training	D-F	D-F	Refer	.	.	.	D-F	.	Refer	.	.	DI/Ref	.	Refer	Refer	.
Remedial education tutoring	D-F	D-F	.	.	.	.	.	D-I	D-F	.	.	DF/Ref	.	.	DF/Ref	.
Preparation for GED	D-F	D-F	.	.	Refer	D-F	.	N/A	D-F	.	.	D-F	.	.	Refer	.
Individual/group counseling	D-F	D-F	Refer	.	.	.	.	D-F	Refer	D-F	D-F	DI/Ref	D-I	DF/Ref	DF/Ref	D-F
Assistance for higher education	D-F	Refer	D-I	D-I	D-I	D-F	.	D-F	D-I	D-I	D-F	D-F	.	D-F	D-F	D-I
IL mentor	.	.	.	.	D-F	.	.	.	.	.	.	.	.	.	.	.

D-F = Direct Formal

D-I = Direct Informal

REFER = Other Agency

Lindsey and Ahmed et. al, 2005: The North Carolina Independent Living Program: A comparison of outcomes for participants and non-participants.

Methodological Limitations and Bias

This quasi-experimental, exploratory study utilized a retrospective cross-sectional survey design to assess outcomes 1-3 years after exiting care. The authors employed a stratified cluster sampling design to identify 8 counties from which to draw the sample. Data was collected using a mailed questionnaire and interviews were conducted with current ILP participants and staff to explore their perceptions of the impact of the ILP. The study used a contemporaneous comparison group. The sample size of 44 ILP participants and 32 controls was small.

This study suffers from non-randomization bias. The initial sample identification process used sound sources – state and county records – instead of self-report. However, the study suffered a substantive non-response rate which introduces bias because the non-respondents could be systematically different than respondents. The study reports a 32% response rate for ILP participants and a 23% response rate for non-participants. However, of the 275 identified ILP participants, the study only could find valid addresses for 137 and only 44 responded making the actual response rate 16%. It is unclear how many initial non-participants' addresses were invalid; however, 137 surveys were mailed and 32 non-participants responded. These low response rates invalidate the results because the sample is not representative of the population from which it was drawn. The survey instrument was designed for the evaluation and was based on the goals of the ILP. No information regarding its validity or reliability was reported. The study also uses self report to assess outcomes which can introduce recall and social desirability bias. The study did not compare the groups on any other variables besides age, gender, and race.

Implementation Fidelity

Overall, the implementation fidelity was 'unclear-poor'. Implementation issues are addressed below in terms of design, delivery and participant uptake. The services were vaguely described and heterogeneous in design. Information on delivery was thin, however information on participant uptake indicated that the program components were not fully implemented and similar services were available to controls.

Design

The study did not mention that services were designed with respect to any theory nor did it mention a logic model. It is unclear what services were available to foster care youth outside the program. Core components were not specified. However, the survey was based on the goals of the North Carolina (NC) ILP which covered four core areas: housing and living arrangement assistance, education and training assistance, employment and earnings and financial self sufficiency. It would seem that the NC ILP is supposed to provide those services. According to Lindsey and Ahmed, "each county agency decides on the nature of its ILP." Some counties have structured ILPs that include monthly group meetings and other activities for youth to learn and practice basic living skills, others "offer IL services on an individual basis only and do not have a structured program with group activities" [26].

Delivery

Like design, information on delivery is sparse. ILP staff reported that they emphasized the importance of education and that some counties' staff used ILP funds to reward good grades and school attendance with cash. Interviews also revealed that in many counties, ILP staff encouraged youth to work and used ILP funds to assist youth with work related expenses such as uniforms and transportation. These practices are in line with the recommendations in Chapter 1, Table 4.

Participant Uptake

The study also interviewed youth to ascertain participant uptake. Not all youths were receiving the same amount of services. For example, 57% percent of ILP participants indicated that they

received no assistance in preparing for employment. Of those who did receive employment assistance, 47% said the help came from non-ILP sources.

Survey respondents from both groups were asked to indicate if they received IL services while in care or immediately after and to document the source of assistance – personal or professional. Personal sources are from parents, relatives, foster parents or friends. Professional sources are from foster care workers, group home staff, or staff of other public and private agencies. The chart below illustrates that both groups were receiving similar services to varying degrees from different sources.

Service	ILP (% uptake)	Source	Controls (% uptake)	Source
Housing Assistance P <.05 difference in receipt between groups	48%	62% - personal 38% - professional	22%	44% - personal 56% - professional
Education Assistance P <.05 difference in receipt between groups	52%	26% - personal 74% - professional	25%	57% - personal 43% - professional
Employment Preparation P<.06 difference in receipt between groups	43%	47% - personal 53% - professional	22%	57% - personal 43% -- professional

As demonstrated above, many of the ILP participants did not actually receive the services they were evaluated on. Of those ILP participants who were receiving services, many were receiving them from personal sources and not the from the ILP providers. Of particular noteworthiness is the fact that when ILP participants were asked whether they participated in the program, only 59% confirmed their participation. Of the remaining 41%, 32% said they did not participate, and 9% said they were not sure. This might reflect that programs were not clearly defined, not fully implemented, or both. To complicate matters further, both ILP participants and non-participants were utilizing various public entitlements, some of which are similar to ILP services. For example, one of the outcome measures was housing, indicating that the ILPs were supposed to provide housing assistance. If some of the counties provide ILP housing services that allow youth to practice real life experience by placing them in subsidized housing, this could be very similar to foster care youths utilizing section 8 housing. Both groups utilized section 8 housing albeit the ILP group utilized it more (12% vs. 3% for controls). Such overlap makes it very difficult to locate an actual program in this study.

Lemon, Hines and Merdinger, 2005. From foster care to young adulthood: The role of independent living programs in supporting successful transitions

Methodological Limitations and Bias

This quasi-experimental cross-sectional study used a self-administered questionnaire created from previously used measures in other studies as well as measures developed for this study. The instrument was pilot tested, but psychometrics were not provided. The study also conducted qualitative interviews and an ethnographic analysis of the 9 counties in which the university sites were located.

The limitations of this study include non-randomization bias, a low response rate, the use of non-probability purposive convenience sampling, and a retrospective design. The study population was derived from current college students whose responses on the Federal Application for Free and Reduced Student Aid (FAFSA) to the question “were you a ward of the state?” were “yes”. This is not a representative sample of former foster care youth. Furthermore, the ILP group was more at risk than controls. The low response rate invalidates the results: 884 surveys were mailed out with 252 responses constituting a 28.5% response rate of which 36 did not qualify, resulting in a sample of 216. A further 22 were removed because they out of the age range reducing the final analytical sample to 194 (23.5% response rate excluding the 58 ineligible respondents out of the total).

Implementation Fidelity

Design

The study does not report the services available being designed with respect to any theory nor does it provide a logic model. The table on the following page, extracted from Lemon et al., (2005), describes the types of services available to the ILP group. “Typical” services occur in at least seven of the nine counties, and “unique” services occur in two or fewer of the nine counties.

Table 3.8: Independent living programs for foster youth in nine California counties
<p>Typical ILP services</p> <p>Instructional services generally offered through contracts with community colleges. Services are geared toward the acquisition of skills, including:</p> <ul style="list-style-type: none"> Money management* Job readiness and retention skills (e.g., resume writing, interviewing skills etc.) How to obtain housing Health and nutrition Cooking Home maintenance Sexual responsibility Stress management interpersonal skills Application workshops on how to complete college and financial aid applications Incentive structure so that participants earn rewards (such as gift certificates) for attending ILP services Direct financial assistance to foster youth who have emancipated to purchase school and work-related items, as well as to assist with housing, food and transportation costs Exit meetings that provide youth who are about to emancipate with information on the resources available to them after emancipation
<p>Unique ILP services</p> <ul style="list-style-type: none"> Computer training courses that allow participants to earn a free computer after finishing the course Experiential and role-playing activities that provide hands-on experience performing independent living skills Collaborations with foster/group home or kin-caregiver Formal aftercare and pre-ILP programs that provide individualized services for youth between the ages of 13 to 16 and 18 and 21. Workforce partnerships with employers to provide internships and job referrals Transitional, apartment-like placements for youth 16 to 18 The use of education specialists who collect and maintain foster youths school records and insure youth are on track to graduate from high school Tours of local 4-year universities SAT preparation classes Celebration events for ILP participants who graduate high school

Source: Lemon et al., 2005 Table 6, pg. 264

Delivery

Table 3.9 on the following page shows the IL skills services taught while in foster care to both the ILP group and the controls. The ILP group was significantly more likely to have been taught concrete and psycho-emotional skills. However, both groups were taught the same skills with only a statistically significant difference between the numbers of participants taught IL skills in each group for eight of the twenty-seven skills. Furthermore, of the ILP group, only 37% said they learned the IL skills from an ILP. Most youth in both groups learned IL skills from sources other than the ILP. This demonstrates that there is no real difference between the intervention and treatment as usual.

Table 3.9: Independent Living Skills taught while in foster care

	ILP(N=81)	Non-ILP (N=113)	
While in foster care, were you taught how to:			
Concrete Skills			
Open a bank account	61 (78.2%)	71 (64.0%)	p=0.036
Do housekeeping	60 (76.9%)	91 (82.0%)	p=0.393
Prepare meals	60 (75.9%)	76 (68.5%)	p=0.260
Find a job	60 (75.0%)	68 (61.8%)	p=0.056
Budget money	59 (74.7%)	60 (54.1%)	p=0.004
Balance a checkbook	53 (67.9%)	59 (53.2%)	p=0.042
Shop	52 (66.7%)	74 (67.3%)	p=0.931
Choose a nutritious food	50 (63.3%)	56 (50.5%)	p=0.079
Find a place to live	46 (58.2%)	47 (42.7%)	p=0.036
Obtain health care	35 (44.9%)	38 (34.9%)	p=0.167
Obtain a credit card	26 (33.3%)	35 (31.5%)	p=0.794
Obtain health insurance	24 (31.2%)	26 (23.9%)	p=0.268
Access your medical records	22 (28.6%)	32 (29.1%)	p=0.939
Obtain legal assistance	18 (22.8%)	24 (22.2%)	p=0.927
Obtain car insurance	16 (20.5%)	38 (34.5%)	p=0.036
Buy a car	15 (19.2%)	28 (25.7%)	p=0.301
Psycho-social skills			
Set and achieve goals	62(78.5%)	69(62.2%)	p=.0017
Ask people for help	53 (68.8%)	59 (53.6%)	p=0.037
Make decisions	52 (67.5%)	69 (62.2%)	p=0.450
Locate community resources	52 (65.8%)	64 (58.2%)	p=0.287
Find opportunities for training and education	51 (65.4%)	55 (50.5%)	p=0.042
Express your opinion	50 (64.1%)	65 (58.6%)	p=0.442
Make decisions about birth control	49 (62.8%)	55 (50.5%)	p=0.093
Find out about ways to pay for college	47 (58.8%)	57 (51.8%)	p=0.343
Tell other people how you feel	44 (57.1%)	60 (54.5%)	p=0.725
Make friends	43 (54.4%)	63 (56.8%)	p=0.750
These skills were learned mainly from:			
Foster or group home parents	35 (43.2%)	57 (50.4%)	p=0.320
Some other place or person	28 (34.6%)	59 (52.2%)	p=0.015
ILP	30 (37.0%)	0 (0.0%)	
Attendance at a teen conference	2 (2.5%)	3 (1.5%)	
How prepared did you feel for independent living when emancipated?			
Well prepared	14 (17.5%)	35 (32.1%)	
Somewhat prepared	44 (57.5%)	33 (42.9%)	
Not well prepared	22 (27.5%)	41 (37.6%)	

Source: Lemon et al., 2005 Table 4, pg. 261

3. Within-Study Summary

In summary, the state of the included evidence comprises two RCT studies and five quasi-experimental studies of which four were cross sectional surveys and one was a longitudinal cohort study. The most serious sources of bias and methodological limitations were large non-response rates, small samples sizes, contamination issues, and sampling methods that produced unrepresentative samples.

Of the three studies that did report detailed information concerning implementation fidelity, all three demonstrated poor fidelity. Of the four studies that did not report detailed information of implementation fidelity, two contained information that indicated fidelity was most likely poor and two reported no information on implementation fidelity. Six studies demonstrated questionable differences between the intervention and 'treatment as usual', and one study did not provide enough of a description of the services available to controls to ascertain any differences between services provided to both groups. No studies reported designing programs or services with respect to theory. Two studies had a logic model, but of these both violated the protocol of multiple portions of the logic model. Three studies demonstrated problems in program delivery and four demonstrated weaknesses in participant uptake. Specifically, programs were not delivering all of their core components to a substantial amount of the intended participants. Two programs reported substantial reductions in delivery of the intended dosage of the intervention.

CHAPTER 4: RESULTS

It would be misleading to aggregate outcomes across studies because there appears to be too much heterogeneity in intervention design, control group services, populations, and outcome measurements. Additionally, because there is no real difference between treatment and “services as usual” the results are not particularly meaningful. The most rigorously conducted studies (the RCTs) show no significant findings for all outcomes. Three studies demonstrated poor implementation fidelity and four studies reported unclear information about implementation fidelity. Of the four studies that reported unclear information regarding implementation, two contained data that indicated poor implementation fidelity. Significant outcomes are presented below. Summary Tables of results are presented at the end of this chapter. A complete summary of findings is included in the appendices.

All seven evaluations included at least one outcome of interest for this review. Six studies measured educational outcomes. Of those, six reported high school diploma or equivalent and three reported information about college attendance. Six studies reported information on housing outcomes, of which four reported information on homelessness and four reported information on living independently. Three studies reported criminality outcomes all using different measures. Three studies reported three different health related outcomes. Six studies reported employment related outcomes, although all six measured these outcomes in different ways. Three studies reported earnings outcomes measured in three different ways.

Education

Only two of the studies that measured High School Completion or equivalent (GED, vocational school) found statistically significant difference ($p < .05$) between intervention and control groups. Scannapieco found a significant difference between intervention group (50%) and control group (13%) for High School Graduation, and Lindsey et al. found a significant difference between intervention (21%) and control groups (0%) for completion of a technical or vocational program. These studies however, had small sample sizes and were non-randomized. Lindsey et al.’s study suffered a response rate that was so low, (18.7%) that the sample is not representative at all of the population from which it was drawn. Scannapieco et al.’s study is more methodologically sound having used the entire population as the study sample.

Of the three studies that reported college attendance, only one (Lindsey et al.) reported a statistically significant ($p < .05$) finding for participants currently in college (intervention: 16%, control 0%). Although Georgiades did not report significance levels or effect size for college education, there was a considerable difference between intervention (31%) and control (0%) groups. Besides a small sample size and quasi-experimental design, the main methodological flaw that weakens Georgiades’ findings is the use of convenience sampling which makes the sample not externally valid. The sample also included two youths who were outside the age range for inclusion criteria.

Health

Of the three studies that reported health related outcomes, none reported any significant findings.

Criminality

Of the three studies that measured criminality outcomes, one, Georgiades (2005) reported a medium effect size (.37) for the outcome “ever arrested” with 40% of the intervention group answering “yes” and 83% of the control group.

Housing

Of the six studies that reported housing outcomes, four reported outcomes on homelessness, and four reported outcomes on independent living. All four define homelessness and independent living in slightly different ways. No studies found any significant difference between trial arms for homeless outcomes. Two studies found significant differences ($p < .05$) between groups for independent living outcomes. Lindsey et al., defined independent living as “lives independently by oneself, or with own children, spouse or partner, with friends or other unrelated persons” and reports that 68% of the intervention group as compared to 41% of controls live independently. Scannapieco reports that 36.4% of the intervention group live independently as opposed to .3% of controls.

Employment

Of the six studies that reported employment outcomes, three had significant findings and one found a substantial difference between groups. Scannapieco et al. found significant ($p < .05$) differences between groups (100% for intervention and 71.7% for controls) for “history of employment” and for “employed at case-closing” (52.3% of intervention and 26.1% of controls). Additionally, Lemon et al found significant ($p = .028$) differences between intervention (58.4%) and controls (73.8%) for youth having a job immediately after discharged from foster care. However, the direction of the outcome favored controls. The Lemon et al study is of poor methodological quality because it is non-randomized, drawn from a non-representative sample (college students) and has an unacceptable response rate of 23.5%. Georgiades reported a large effect size (.53) for the outcome of “employed full time” 0-8 years after exiting care. This study also reported substantial differences between intervention group (51%) and controls (8%) for the outcome “employed part time”. However, the study does not report significance levels or thresholds for any of the outcomes measured and does not provide an effect size for part time employment.

Of the studies that reported information on earnings, one study, Georgiades, found a very large effect size (1.97) for average job income per month between intervention group (mean \$437, SD \$427) and controls (mean \$54, SD \$194) for 0-8 years after exiting care.

In summary, there were no significant findings for the more methodologically rigorous studies (the RCTs). Quasi-experimental results suggest some evidence of positive program effects on outcomes for foster care youth, but outcomes are nonetheless mixed and meaningless given the methodological limitations, insufficient data, poor implementation fidelity, heterogeneity across interventions, and homogeneity within studies between interventions and “services as usual.”

Significant Criminality Outcomes – Table 4.1							
Study/Quality	Design	Sample size	Time Interval	Outcome Definition	Findings	Implementation Fidelity	Age
Georgiades, 2005 Convenience Sampling	Retrospective cross sectional survey	67	0-8 years after exiting care	Ever arrested	Control: (83%) ILP: (40%) ES: .37	<u>Unclear</u> Information is not reported	18-26 (7 over 22 yrs, 1 was 25 and 1 was 26)

Significant Housing Outcomes – Table 4.2							
Study/Quality	Design	Sample size	Time Interval	Outcome Definition	Findings	Implementation Fidelity	Age
Lindsey & Ahmed (1999) Poor Methodological Quality	Retrospective cross-sectional survey	76	1-3 years after exiting care	Living Independently: living independently by oneself or with own children spouse or partner, with friends or other unrelated persons	Control: (41%) ILP: (68%) (p<.05)	<u>Unclear-Poor</u> Participant uptake and confusion over service receipt may indicate weak fidelity	Control: 16-21, mean: 18 ILP: 17-24, mean: 19
Scannapieco et al. (1995) Moderate Methodological Quality	Retrospective cross-sectional case record analysis	90	At case closing	Living on own	Control: (4.3%) ILP:(36.4%) (p<.05)	<u>Unclear</u> Information is not reported	Control: mean: 19 ILP: mean 19.27

Significant Employment Outcomes – Table 4.3							
Study/Quality	Design	Sample Size	Time Interval	Outcome Definition	Findings	Implementation Fidelity	Age
Scannapieco et al. (1995) Moderate Methodological Quality	Retrospective cross-sectional case record analysis	90		History of employment	Control: (71.7%)) ILP: (100%) (p<.05)	<u>Unclear</u> Information is not reported	Control: mean: 19 ILP: mean 19.27
Lemon et al., 2005 Poor Methodological Quality	Retrospective cross-sectional survey	194	Immediately after exiting care	Had a job immediately after discharged from foster care	Control: (73.8%) ILP: (58.4%) p= .028	<u>Poor</u> Poor uptake. Study authors evaluation of fidelity stated mixed, partially, and non-implemented core program goals.	Control: 23.96 sd 4.51 ILP: mean 21.63 sd 2.77 p = .001
Georgiades, 2005 Convenience Sampling	Retrospective cross sectional survey	67	0-8 years after exiting care	Employed full time	Control: 8% ILP: 22% ES = .53	<u>Unclear</u> Information is not reported	18-26 (7 over 22 yrs, 1 was 25 and 1 was 26)
Georgiades, 2005 Convenience Sampling-risk of bias high	Retrospective cross sectional survey	67	0-8 years after exiting care	Employed part time	Control: 0% ILP:51% p & ES not reported, but looks significant.	<u>Unclear</u> Information is not reported	18-26 (7 over 22 yrs, 1 was 25 and 1 was 26)
Georgiades, 2005 Convenience Sampling-high risk of bias	Retrospective cross sectional survey	67	0-8 years after exiting care	Average job income per month	Control: mean/sd \$54/\$194 ILP: \$437/\$427 ES: 1.97	<u>Unclear</u> Information is not reported	18-26 (7 over 22 yrs, 1 was 25 and 1 was 26)

Significant Education Outcomes – Table 4.4							
Study/Quality	Design	Sample Size	Time Interval	Outcome Definition	Findings	Implementation Fidelity	Age
Scannapieco et al. (1995) Moderate Methodological Quality	Retrospective cross-sectional case record analysis	90	unknown	High School Graduation	Control: (13%) ILP: (50%) (p<.05)	<u>Unclear</u> Information is not reported	Control: mean: 19 ILP: mean 19.27
Lindsey & Ahmed (1999) Poor Methodological Quality	Retrospective cross-sectional survey	76	1-3 years after exiting care	Completion of a technical or vocational program	Control: (0%) ILP: (21%) (p<.05)	<u>Unclear-Poor</u> Participant uptake and confusion over service receipt may indicate weak fidelity	Control: 16-21, mean: 18 ILP: 17-24, mean: 19
Lindsey & Ahmed (1999) Poor Methodological Quality	Retrospective cross-sectional survey	76	1-3 years after exiting care	Currently in college	Control: 0% ILP: 16% P<.05	<u>Unclear-Poor</u> Participant uptake and confusion over service receipt may indicate weak fidelity	Control: 16-21, mean: 18 ILP: 17-24, mean: 19
Georgiades, 2005 Convenience Sampling-high risk of bias	Retrospective cross sectional survey	67	0-8 years after exiting care	College education	Control: 0% ILP: 31%	<u>Unclear</u> Information is not reported	18-26 (7 over 22 yrs, 1 was 25 and 1 was 26)

CHAPTER 5: DISCUSSION

The initial aim of this review was to examine the relationship between implementation fidelity and effectiveness of ILPs for foster care youth. It was hypothesized that heterogeneity in implementation fidelity might explain some of the heterogeneity in outcomes. However, there proved to be no clear distinction between the intervention and services as usual for a majority of the studies that contained information on control group activities. Many of the studies did not adequately define the intervention, or control group services, or provide any information on implementation fidelity. Of the three studies that did report information on implementation fidelity, all three demonstrated poor fidelity. Of the four studies that did not report detailed information on implementation fidelity, two contained information that indicated fidelity was most likely poor and two did not provide any information on implementation at all.

Of the studies that did report information on implementation fidelity, three demonstrated problems in delivery and four demonstrated weaknesses in participant uptake. Specifically, programs were not delivering all of the core components to a substantial amount of the intended participants. Two programs reported serious reductions in delivery of the intended dosage of the intervention.

The most fundamental flaw of these programs and services was their design. None of the studies reported that the programs were designed with respect to a clearly identified theory. Of the two studies that contained a logic model, both violated multiple portions of it. None of the studies explained the rationale behind why certain services or components were combined. The most glaring issue was that the ‘interventions’ were indistinguishable from ‘services as usual’ in the studies that reported information on implementation fidelity. Most of the youths in the intervention and control groups in all studies received supplemental pre-existing community services. Since the core components of many of the ILPs involved referrals to community services it is unclear if these services count as ILP components. Many of the youth in the studies reported receiving IL services from sources other than ILPs, especially foster and group home carers. This is consistent with the literature that states that a large source of independent living skills comes from foster parents [2, 14]. Consequentially, one cannot ascribe all of the change in outcomes to the ILPs.

Recommendations for Practice

Incorporate Client Perspectives

Studies mentioned that program participants had “vagueness in recalling the content of independent living programs” [35] or were “not sure if they had participated” in the programs. [26]. Furthermore, one practitioner commented “It’s been horrendous trying to get the Youth Advisory Council up and running for one year because the kids aren’t committed, don’t trust the system, and come and go. They pay them to show up” [19]. These statements illustrate that youth may not know they are participating or may not want to participate in the programs.

To address non-participation and design better programs, ILP developers should incorporate client perspectives, in this case the youths’ perspectives. There is a growing movement, referred to as the youth empowerment approach, which consists of agencies involving youth in the development, implementation and evaluation of their programs as recommended by the DHHS. In addition, the FCIA of 1999 stipulates that “adolescents participating in independent living programs must be involved in the design of their own programs” [2]. Only one of the seven included studies mentioned a youth advisory council or incorporating youth perspectives in programming. Interventions that do not incorporate this approach are poorly designed and are in direct violation of the legislation.

Collaborate with family, friends and caregivers

Two of the studies mentioned tension between program staff and foster caregivers. Caregivers reported not allowing youth to participate in the programs because they felt the services were not needed because they were already providing independent living training informally to the youth. This is reinforced by the fact that 43.2% of ILP participants and 50.4% of controls in the Lemon *et al.* [15] study reported learning IL skills from foster or group home parents. Furthermore, according to “x” practicum-based life skills training not as effective as training in more natural settings. If this is the case, program developers might want to consider scrapping formal classroom-based programs life skills programs and instead partner with and train foster caregivers or close mentors or family members to teach these skills.

Further recommendations for practice

A needs assessment should be performed to decide what programs and supports systems already exist in the communities that youth live in and what kinds of skills they already learn in foster homes or kinship care. Funds might be better spent supporting the enhancement of existing supports and services. If it is decided that an ILP is needed, program developers should clearly define ILP programs before implementation including core components and active ingredients. They should make sure that the programs do not duplicate existing services and support systems. It is also crucial to fix the fundamental flaws in the child welfare system that impede the delivery and evaluation of independent living services; specifically, information tracking systems need streamlining and the focus needs to be shifted to improving the stability of placements before children reach adolescence. Program designers should also steer away from practices encouraging short term mentoring. The programs need more monitoring, supervision, and training for staff. Additionally, program developers need to hire more qualified staff.

Conclusion

This review found that ILPs as an independent, specific program or set of services in the studies evaluated do not appear to exist as described, so examining the relationship between effectiveness and implementation fidelity proved impossible. Therefore, the reviewer explored the challenges and weaknesses of the design and implementation of these programs to guide future development and then evaluation of these programs. It is recommended that evaluations of these programs cease until after researchers and service providers go back to the design stage and clearly define the programs and services, the rationale for combining components and develop these ‘interventions’ with respect to theory.

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Appendices

Appendix I: Detailed Search Strategy

Databases: Social Service Abstracts, Applied Social Science Abstracts, and Sociological Abstracts (CSA databases)

Timeframes: 1980-July 2009 (all)

Terms:

“young” OR “youth” OR “child”

AND

“foster*” or “leaving care” or “care”

AND

“independent living” or “transitional living” or “support*”

AND

“compar*” or “evaluation”

Note: All terms searched in ‘keywords’ field

Hits before removing duplicates: 597 (SSA), 375 (ASSA), and 536 (SA)

Date: July 2009

Databases: EMBASE, Medline, and PsychInfo (OVID databases)

Timeframes: 1980-July 2009 (EMBASE), 1950-July 2009 (Medline), and 1967-July 2009 (PsychInfo).

Terms:

(young OR youth OR child* OR teen* OR “adolescen*).ab,ti. OR foster*.ab,ti. OR exp Foster Home care/ OR (welfare adj5 care).ab,ti. OR (child adj1 welfare).ab,ti. or (substitute adj2 care).ab,ti.

AND

(support* adj2 living).mp. [mp=title, original title, abstract, name of substance word, subject heading word] OR (after adj2 care).ab,ti. OR (transition* adj3 program*).ab,ti. OR independent living.ab,ti. OR life skills.ab,ti. OR independen* train*.ab,ti. OR (leav* adj2 care).ab,ti. OR (aftercare*).ab,ti.

AND

(control*.ab,ti. OR random*.ab,ti. OR trial.AF OR groups.ab,ti. OR compar*.ab,ti. OR clinical*.ab,ti. OR experiment.MP OR evaluation.ab,ti.)

Note: A human trials limitation was used for Medline and EMBASE; the option was not available for PsychInfo.

Hits before removing duplicates: 708 (EBMASE), 270 (Medline) and 701 (PsychInfo)

Date: July 2009

Databases: CHINAHL (EBSCO Host database)

Timeframes: Jan. 1980- July 2009

Terms:

(AB, TI (child*) or (adolescen*) or (youth*) or (teen*) or (young w0 person) or (young w0 people))

AND

""(welfare care)"" or MH ("Child Welfare") or (out of home placement*) or (MH "child welfare") or (residential care) or (MH "Foster Home Care") or (AB, TI foster*)

AND

(AB, TI leaving) or (AB, TI aftercare) or (AB, TI leaving w0 care) or (AB, TI left w0 care) or (AB, TI left w3 support) or (youth w0 leaving) or (independent living) or (transitional living) or (ILP) or (transition*) or (independen* near train*)

Note: After is a stop word so “after care” was not included in the search. The evidence practice and English limiters were used.

Hits before removing duplicates: 6,578

Date: July 2009

Databases: Theses & Dissertations (ProQuest database)

Timeframes:

Terms:

((young OR youth OR child* OR teen* OR “adolescen*))

AND

((foster*) OR (home w/1 placement) OR (residential w/1 care) OR (substitute w/2 care))

AND

((after w/4 care) OR (aging out) OR (independent living) OR (“independent living programs”)) random* or (comparison w/0 group*) OR (control w/0 group)

Note:

Hits before removing duplicates: 188

Date: July 2009

Databases: Cochrane CENTRAL

Timeframes: 1800-July 2009

Terms:

(young OR youth* OR child* OR teen* OR “adolescen*)

AND

(foster*) OR MeSH descriptor Foster Home Care explode all trees OR (care home*) OR (institution* near care*) OR (children near home*) OR (child* near home*) OR ((child* near home*) near care) OR (social near care) OR (child* near care) OR (child* near care) OR (welfare care) OR (substitute near care)

AND

(after* near care) OR (independent living) OR (transition*) OR (leaving)

Note: All searches were done in title, abstract and keyword fields except Foster Home Care. All searches were done in Clinical Trials.

Hits before removing duplicates: 121

Date: July 2009

Appendix II: Citations & Abstracts Screening Guide

CRITERIA	MET?
United States Study?	
Independent Living Program? Designed to aid foster care youth in transitioning to adulthood? Provides a mix of supports including life skills training? Occurs more than once Delivered to foster care youth while in care or shortly after exiting care (within no more than 5 years of exiting care) NOT: a juvenile justice program or delivered informally by foster care parents	
Study participants current or former foster care youth under 25 years of age? Does not focus exclusively on physically or mentally handicapped youth, pregnant teens, or juvenile delinquents although these youth may be included in the total	
Appropriate methodology? Is there a prospectively assigned contemporaneous control group?	
Quantitative Analysis?	

Appendix III: Professional Outreach

Institution and/or Contact Name (N=?)	Responded
Eckerd Family Foundation – Jane Soltis, Vice Presidents of Programs. Board member of the Foster Care Work Group	yes
Chaplain Hall – Mark E. Courtney, author of several ILP studies	yes
Darden Restaurants Foundation – Patty De Young, Foundation Director	
Community Service Center of Central Florida – Lee Pates, CEO	yes
School of Social Welfare, Univ. of California – Alice Hines, author of: “From foster care to young adulthood: the role of independent living programs in supporting successful transitions.”	
Univ. of Texas at Arlington – Dr. Scannapieco, author of: “Independent living programs: do they make a difference?”	
National Resource Center for Child Welfare Data & Technology and Vanderbilt Child & Family Policy Center – Debbie Milner, NRC –CWDT Director, Director, Child & Family Policy Center	yes
Child Welfare League of America (Independent Living) – John Sciamanna & Tim Briceland	
Betts	
The Annie E. Casey Fund	
Casey Family Programs	
Peter J. Pecora, author of: <i>Providing Better Opportunities for older children in the Child Welfare System</i>	yes
Children’s Home Society of Florida	
City of Life Foundation – Allan Chernoff : Executive Director	
United Way of Central Indiana – Sam Criss, Connected by 25 Director	yes
Community Foundation of Greater Atlanta – Tyronda Minter, Director of Regional Impact	yes
University of Southern Maine – Marty Zanghi, Director of Youth Development	yes
Connected by 25 (Tampa) – Diane Zambito, Executive Director	
Nebraska Children & Families Foundation – Jennifer Skala	
National Child Welfare Resource Center for Youth Development – Dorothy Ansell	yes
The University of North Carolina at Greensboro – Dr. Elizabeth W. Lindsey, author of “The North Carolina Independent Living Program: A comparison of Outcomes for Participants and Nonparticipants.”	yes

Note: Adapted from Zief et al (2006) and *What Works Clearinghouse Evidence Standards for Reviewing Studies* (US department of Education, Revised 2008).

Appendix IV: Example of Standard E-mail Correspondence

From:

Sent: Thursday, 2 July, 2009

To:

Subject: Request: Evaluations of Independent Living Programs for foster care youth

Dear _____:

I am writing to see if you or your colleagues at _____ know of any evaluations that have been conducted on independent/transitional living interventions/programs for foster care youth. We are in the process of conducting a systematic review of the effects of such interventions on outcomes for former foster care youth.

We are searching major online databases, but we ask your help to make sure we do not miss any relevant studies. **Please could you send or refer us to any relevant impact evaluations regardless of their findings-including those showing positive effects, no effects, or negative effects?** Looking at all studies on independent/transitional living programs will help us better understand these interventions and their complexities and will provide useful information for the field of foster care youth services.

For the purpose of this review, we defined independent/transitional living programs as interventions designed to aid foster care youth in their transitions to adulthood. If you are unsure as to whether an evaluation qualifies, please just send it over. Programs could cover a range of life skills and other supports and could be delivered in a variety of settings either during foster care or after.

Please do not hesitate to contact me should you have any thoughts or questions. **It would be very helpful if you could respond to this request with any evaluations or relevant references by or before July 23rd if possible.**

Thank you very much for your help!

Best wishes,

Tara Calderbank

Center for Evidence Based Intervention
University of Oxford

Appendix V: Excluded Studies

Study	Location	Reason for Exclusion	Sample	Study Design	Reported Findings
Abatena, 1996	Nevada	Not a randomized or quasi-randomized controlled trial. Original paper could not be obtained. Abstracted from USGAW 1999.	N=26 ILP Participants	Study design unclear; involved assessment 3 months after leaving care.	“Most respondents” believed that the ILP helped prepare them for independent living “to some extent,” (including finding housing, cooking meals, budgeting money, and utilizing community resources), but 53% were not satisfied with the ILP services.
Austin, 1995	Pennsylvania	Not a randomized or quasi-randomized controlled trial. Original paper could not be obtained. Abstracted from Barth 2004.	N=278 youth receiving ILP services between 1988 and 1991 (“start-up stage”) and 255 youth receiving ILP services between 1992 and 1994 (“fine-tuning stage”)	Cross-sectional survey at time of ILP completion.	Little difference in highest level of education completed by the end of ILP services. Youth in later cohort less likely to drop out of school for both secondary education and post-high school education (although differences for post-high school education were minor. Other outcomes not available.
Baker, 2000	New York City	Not a randomized or quasi-randomized controlled trial. Wrong population – disabled and emotional and behavioral disordered youth.	N=155 young men recruited into Work Appreciation for Youth (WAY) scholarship program during each of ten years, and 76 young men eligible for WAY scholarship program in years 1-6, but discharged before participating.	Cross-sectional survey after discharge from care for some outcomes; one-group survey after discharge from care for other outcomes.	Not all outcome data available. A subset of intervention youth in cohorts 1-6 who had spent at least 2 years in the program were interviewed for assessment. 80% of these participants were working at follow-up (2-11 years after leaving the program), and 80% were in school or had graduated from high school at age 21. Among all WAY scholarship youth, those who had participated in at least 2 years of the program reported significantly lower adult criminality rates than comparison youth (5% vs 15%) and significantly lower rates than those who remained in the program less than 2 years (35%).

Christenson, 2003	Idaho	Not a randomized or quasi-randomized controlled trial. No contemporaneous control group.	N=164 youth who left care after the Chafee program began (2000-2002) and 78 youth who left care before the Chafee program began (1996-1998).	Cross-sectional assessment, unclear how much time elapsed after leaving care.	On average, findings favored pre-Chafee participants for attaining high school or GED qualifications (65% vs 42%) and for being employed at follow-up (65% vs 23%). However, findings favored Chafee participants for homelessness (13% vs 17%), pregnancy and childbearing rates at follow-up (33% vs 35%) and for dependency on or use of social services (62% vs 85%).
Cook, 1991	8 US States	Not a randomized or quasi-randomized controlled trial.	N=810 youth. Comparisons made between youth who reported having received independent living services (n=680) and youth who did not (n=130).	One-group survey 2.5 to 4 years after discharge from care.	No significant effects were found for “any skills training” as opposed to “no skills training” for maintaining a job for over 1 year, living without cost to the community, completing high school, accessing health care, avoiding early parenting, or general satisfaction. When “skills training” was defined as receiving training in all of 5 skills areas (budgeting, obtaining credit, consumer skills, education, and employment), this training was significantly correlated with a higher likelihood of maintaining a job for over 1 year, living without cost to the community, accessing health care, and general satisfaction.
Harding, 1993	Texas	Not a randomized or quasi-randomized controlled trial. Original paper could not be obtained. Abstracted from Lemon 2005.	N= 30 ILP participants and 29 nonparticipants.	Cross-sectional survey. Unclear how much time had elapsed since leaving care.	ILP participants significantly more likely than nonparticipants to complete job corps vocational training. ILP participants moved significantly fewer times than nonparticipants.

Appendix VI- Completed Oxford Implementation Index Long Form for Courtney et. al, 2008 –Life Skills Training

Design (Intended Intervention Procedure)			
For each arm of the trial, does the available information adequately describe the intended intervention procedure?			
Definition: The description of the intervention's design and intended delivery should be adequate for the reviewer to (1) assess the trial for inclusion, (2) explain some heterogeneity as the result of variation in intervention design, and (3) use the data to assess the generalizability of the review and/or meta-analysis. Information on intervention design (i.e., a detailed Methods section, protocol, or cited manual) allows reviewers to understand how the trialist planned for the treatment to be implemented.			
Characteristics to Consider	Active	Control	Adequate?
<i>Core components /sequence of treatment components</i>	<p>1.) Workshop model with "Thinking it Through" curriculum covering following core competencies: education, employment, daily living skills, interpersonal skills, choices and consequences, survival skills, interpersonal and social skills</p> <p>2. OAs and/or workshop instructors introduce youth to college and community resources/services</p> <p>3. Youth Advisory groups, which are outings held quarterly for youth, who attended Modules, to give honest feed back about their experience. Feed back includes the youth's impressions Instructor's delivery of information, use of friendly terminology, transportation, food, etc.</p>	<p>26% enrolled in the intervention</p> <p>Services as usual: emancipation prep begins at age 14. County identifies youths needs, assesses youth, and creates a Transitional Independent Living Plan (TILP) which is updated every 6 months. Emancipation Services Division may refer youth to other life skills programs, assist youth with college entrance, offer vocational training oppps, provide aftercare services, housing services, drop-in service centers or transition resource centers (TRCs), & a number of events and activities for youth.</p> <p>Other programs: Early Start to Emancipation Planning (ESTEP) and ESTEP-Tutoring programs. The program is designed to teach foster and probation youth age 14 and 15 the skills necessary for emancipation. Youths served by the ESTEP program are referred to ESTEP-Tutoring where appropriate. The ESTEP program consists of a series of workshops that provide an introduction to the emancipation process; information about what is needed in high school; professional and personal relationships; and health, coping skills, and lifestyle choices. Youths who</p>	<p>Well designed.</p> <p>Contains several best practices including youth empowerment , providing transportation and meals, comprehensive in nature and connects youth to key community resources, allows opportunities for networking. Providing transportation is a superior component as many programs do not and it is listed in literature as one of the biggest barriers to the receipt of services.</p> <p>There are numerous other services available to treatment and control groups. Vocational skills centers offer services that are too similar to LST. The implications are that it is difficult to isolate the effects of the intervention and youth may be getting IL training from outside the intervention.</p>

		<p>complete the ESTEP programe) receive \$50. Many tutors from the ESTEP-Tutoring program transport youth to and from workshops</p> <p>DCFS contracts with several community-based agencies to provide vocational skills training and job preparation to eligible youths. This training is offered throughout the county and teaches skills such as job searching, interviewing techniques, and resume writing. These skill centers also provide job placement and 120-day follow-up services.</p> <p>TRCs provide IL services to eligible former foster youth or youth preparing to emancipate. Provide college and vocational tuition assistance; clothing stipends; transportation assistance; employment counseling, preparation and referral; and information and referral services (housing, health services, legal issues, etc.)</p> <p>Informal IL Support: youth may receive IL services from kinship care guardians, foster care parents, group homes, informal mentors, school etc.</p>	
<i>Acitivities/elements Proscribed</i>		26.6 % enrolled in LST	
<i>Necessary Resources: technology, materials, technical requirements & funding</i>	Program offers food, transportation, and money as incentives. Workshop curriculum. 20 full- and part-time staff members dedicated to recruiting youths into the classes.		
<i>Intended dosage</i>	Contractual obligation to provide 30 hours/5	ESTEP- graduate by attending four of the six	Many program staff noted that 30

	<p>weeks Module-10 classes 3 hour classes held 2x/week/module</p>	<p>sessions in a module</p>	<p>hours of instruction time is not enough to provide youth with all the information.</p>
<p><i>Intended format</i></p>	<p>Classroom and field practicum training. The curriculum was designed to be classroom-based but encourages trainers to engage in out-of classroom activities. However the majority of the time is to be spent in the classroom.</p> <p>Included in the workshops are practicums at predetermined off-site locations. These offer youths hands-on experience participating in life skills-related activities, such as grocery shopping, doing laundry, opening bank accounts, obtaining a California identification card, taking public transportation, and applying for a job.</p> <p>The goal was to put enough examples and ideas into the curriculum so that less creative trainers could be effective, while giving trainers flexibility in implementation. This flexibility causes differential implementation in each community college. (Flexible manualization)</p>	<p>TRCs are center based.</p>	<p>Curriculum implementation is going to vary widely. While this allows for creativity and tailoring it could also cause core competencies in the curriculum to be ignored or diluted.</p> <p>Classroom-based training is not as effective as real world experience.</p>
<p><i>Staff Characteristics & training/supervision procedures</i></p>	<p>Community college side -program director and workshop instructors. TCCF provides each community college with an OA and a peer counselor.</p> <p>Outreach Advisors- College graduates with youth development experience hired as Outreach Advisors (OAs). OAs- Bachelor's degree requirement may be waived if person has experience as a child advocate. OAs must have flexibility in scheduling, a vehicle (implied). Prior experience working with</p>	<p>Not reported.</p>	<p>Undesirable that the bachelor's degree is waived for OA & not required for trainers. This lowers standards and de-professionalizes the position. May increase the likelihood of hiring incompetent staff. OA should have to have fingerprinting and background check.</p>

	<p>youth, particularly foster youth, being energetic, compassionate, a good listener, open to diverse groups of people, passionate about working with youth, supportive, able to multi-task, and disciplined about getting work completed outside the office.</p> <p>Workshop Instructors-qualifications similar to OAs. Prior to 2006, TCCF had not given the community colleges charged with hiring the trainers any specific qualifications for position. Generally, the community college directors look the following qualifications: background in foster care, working with youth, or in education. No specific degree is required for the position. Trainers must pass all necessary fingerprinting and background checks.</p> <p>Peer Counselors. The LST program also employs former foster youth as peer counselors to assist in program operations. These youths are often graduates of the LST and ESTEP programs. In focus groups with peer counselors, they expressed that they must be good listeners, reliable, responsible, and respectful of youth. no formal training for the peer counselors, other than having taken the LST workshop previously.</p> <p>Quarterly instructor training provided by TCCF.</p>		
<p><i>Intended Setting, location and timing</i></p>	<p>Intended Setting/Location: across 18 community colleges in Los Angeles County</p> <p>Timing: Quarterly Cycle , classes in the</p>	<p>Timing: TRCs-Hours and days of operation vary, but generally the centers are open during regular business hours on weekdays.</p>	

	evenings, 6-9 pm		
<i>Intended participant characteristics</i>	<p>Eligible Los Angeles County foster youth. Youth is 17, eligible for chaffee services, in out-of-home care, not deemed physically or mentally unable to benefit from services as determined by the DCFS</p> <p>Diverse. Females -60%, 1/2 hispanic. Almost 30% had mental health problem. Few pregnant, few delinquent.</p>	Same as Active. Significantly less had learning disability (20% vs. 24%) and significantly less had been in prior group home/residential care (34% vs. 39.2%)	
<i>Intended characteristics of service environment & delivering organization</i>	<p>Key Collaborators:</p> <ul style="list-style-type: none"> -Department of Children and Family Services: IL/emancipation services, emancipation planning, contracts with Skills Centers, Transition Resource Centers (TRCs), financial and educational support, housing assistance/programs -The Community College Foundation- administers LST. Nonprofit. supports and trains 5,000 student interns and more than 40,000 foster youths. TCCF has a Human Development and Youth Services (HDYS) division that provides education and training to at-risk youth, foster and relative care providers, and health and human agency workers. The Human Development and Youth Services division of TCCF offers programs at 49 community colleges throughout the state, 19 of which are in Los Angeles County, and reaches more than 14,000 youths and adults annually. HDYS is California's largest provider of independent living programs for foster youth age 14 to 21. HDYS provides direct program services including ESTEP, the Independent Living Program, the Campus Peer Mentoring 	Controls have access to all of these service providers and the services they provide except the LST provided by TCCF and LA county community services	

	<p>Program, and a Workforce Investment Act Out-of-School Youth Program</p> <p>-Los Angeles County Community Colleges: Hire instructors for workshops; offer space and campus resources for workshops; have programs for matriculate foster youth and former foster youth; provide connection to campus for youth</p> <p>-Other IL service providers in Los Angeles County that are funded by the Department of Child and Family Services or not to provide services such as housing assistance, mentoring, etc.</p>		
<i>Unique ethical Considerations</i>			
<i>Logic Model/Theory of Change/Theoretical Underpinnings</i>	Yes. pg. 18 -19. Offers services clearly linked to outcomes for youth.		Good. Comprehensive. Logical.
<i>Other aspects of treatment design relevant</i>	Youth involved in hiring OAs. Providing Transportation, meals, specific recruitment procedures (phone call, letter home visit, incentives) Ann Casey Life skills Assessment pre and post.		

Delivery of the Intervention by Trialist and Staff			
For each arm of the trial, does the available information adequately describe the intervention's actual implementation and delivery?			
Definition: Treatment delivery frequently differs from what is planned. Trial reports should describe intentional and unintentional adaptations of procedure and detail any changes in implementation over time. If the intervention was delivered exactly as intended, this should be explicitly stated. The description of actual implementation should be adequate for the reviewer to (1) assess the trial for inclusion, (2) explain some heterogeneity as the result of variation in intervention delivery, and (3) use the data to assess the generalisability of the review and/or meta-analysis.			
Characteristics to Consider	Active	Control	Adequate?
<i>Core components delivered, sequence of delivery</i>	1. Detailed information about how each trainer implements the curriculum for each module is limited. 2. OAs reported referring youths to vocational skills centers; homeless shelters; food pantries or other resources; domestic violence shelters; the Women, Infants, and Children program; DCFS's transitional resource centers; places to obtain documentation (e.g., the Department of Motor Vehicles, Social Security office); and United Friends of the Children's transitional housing program. The OAs also refer youths to a number of services available on the college campus, including career centers, Extended Opportunity Programs and Services, and child care. 3. Not reported		1/2. Hard to tell since every instructor does it differently. Seems like the 1st 2 core components are delivered with varying degrees of intensity. 2. Transportation problems limits out-of classroom activities.
<i>Delivery of any proscribed elements</i>		Yes, delivered LST to controls.	
<i>Quality and use of resources (technology, materials, funds, & technical services)</i>	Office space and computers are limited.		
<i>Actual dosage administered /prescribed by staff</i>	Late buses, disruptive youths, or other distractions. During 1 session 1/2 class time elapsed. Some of the 20 hours are spent doing admin tasks.		
<i>Actual intervention format</i>	Classroom, group-based setting. Off-site field Trips.		
<i>Actual staff</i>	Actual Qualifications/Characteristics: workshop trainers'		Training sounds

<p><i>characteristics and training/supervision provided</i></p>	<p>degrees range from associate’s to master’s degrees. Several of the trainers are former foster youth, and many are high school counselors or teachers.</p> <p>Training Actual Qualifications/Characteristics: workshop trainers’ degrees range from associate’s to master’s degrees. Several of the trainers are former foster youth, and many are high school counselors or teachers.</p> <p>Training -for OAs limited to paperwork & office practices, coupled with unstructured on-the-job training. OAs, stated there was no formal pre-service training for the OA position. Several respondents noted an orientation on paperwork, recruiting youths, and review of the OA handbook. Youth recruitment training- conducting a home visit, and filling out the paperwork— rather than on engaging resistant youths, prioritizing clients, and other engagement-type aspects of recruitment. Nearly all OAs participated in some type of job shadowing -length of time varied from a few days to two weeks.</p> <p>Several LST staff members expressed some concern about the performance of the workshop trainers, which they believed was linked to poor qualifications, as well as inadequate training for trainers. LST workshop trainers-few participated in any pre-service training offered by TCCF. Interviews with program staff at TCCF confirmed that while mandatory, many instructors do not attend these quarterly trainings. Most instructors noted that they shadowed other instructors as preparation for leading the workshops. Miscommunication about the logistics of these meetings (e.g., when and where) prevents many of them from attending.</p>		<p>insufficient and needs to be standardized, enforced and better organized. Communication breakdown.</p> <p>Good that trainers have degrees and several are former foster youth, but the nepotism is bad. There should be a formalized hiring process that is consistent for all.</p> <p>Good that the program increased the qualifications after learning about deficits.</p>
<p><i>Non-specific intervention components</i></p>			
<p><i>Actual characteristics of</i></p>	<p>Diverse substitute care history, diverse placement type.</p>		<p>Fine. They are still serving the same</p>

<i>participants</i>	LST group gained control group members who were black, unknown, or white, had higher borderline/clinical internalizing mental health probs. and mental health probs. on any scale, & youth who have a learning disability.		type of youth they intended to serve, except that they are control members. who they are supposed to be serving.
<i>Contact among trialist, staff and/or intervention designers</i>	pg. 92 caseworkers and IL coordinators rarely informed about evaluation. Sometimes counseled caregivers not to cooperate. Although letters mailed at beginning of study to group homes, staff was generally unaware of the study.		Tension. OA's ignored recruitment procedures or didn't agree with them. Recruited controls to LST. Trial was second to recruitment quotas mandated by TCCF.
<i>Steps taken to promote staff and participant compliance</i>	pg. 92 Researchers enlisted DCFS to help convince gatekeepers to let researchers gain access to youths. DCFS wrote to staff to allow youths to participate.		
<i>Other types of treatment adaptations by trialist and/or staff</i>	Another area in which modules differ is how the instructors manage the classroom. This also includes the trainers' attitudes toward youth and how they allow youths to interact in the classroom. Each trainer implemented the curriculum differently and the type of hands on workshops and fieldtrips. OA did not always conduct home visit to recruit youth. Subjective in deciding whether to do this mandatory procedure -- only if caregiver wanted it, only if youth seemed interested		
<i>Other differences between trial arms in treatment delivery</i>			
<i>Other aspects of delivery relevant to the review area</i>	The community college program directors use word-of-mouth recruitment from current trainers, as well as recommendations from foster parents and outreach advisors, other staff at the college, and contacts at DCFS. TCCF staff, however, expressed concern about the recruitment and hiring process. In particular, there is concern that program directors hire individuals that they know, rather than finding the individuals best suited for the position.		Not hiring qualified staff to instruct the youth on life skills could be one reason why the program is ineffective. Recruitment procedures seemed to be unclear.

	<p>Staff turnover problem. Reasons OAs leave to attend graduate school, to retire, or for higher-paying jobs. TCCF has also had to dismiss OAs as the position has been made more accountable to TCCF through paperwork, office duties, and so on. The program's managers have increased support for the OAs as a way to retain staff. OAs noted that they felt burdened by additional paperwork requirements, particularly since office space and computers are limited.</p> <p>Veered from its logic model –recruitment inconsistencies in recruitment likely existed independent of the evaluation. In practice, many OAs make initial contact through a letter mailed to each referred youth.</p>		
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Participant Uptake			
For each arm of the trial, does the available information adequately describe the intervention's actual receipt and enactment by participants?			
Definition: Data concerning participant compliance, contamination between groups, and participants' receipt of other services are necessary to determine how participants actually experienced an intervention. Absence of this data should be noted and explained. This information should be adequate for the reviewer to (1) assess the trial for inclusion (2) explain some heterogeneity as the result of variation in participant uptake, and (3) use the data to assess the generalisability of the review and/or meta-analysis.			
Characteristics to consider	Active	Control	Adequate?
<i>Core components actually taken up by participants, sequence of uptake sequence of delivery</i>	76.5% of the 234 youths enrolled, 70.1 % attended \geq 1 session, and 65% graduated from a module. Unclear how many youth participated in youth advisory councils, and what specific topic areas they covered in workshops. Only a general idea is presented.	25% attended \geq 1 class and 22.6% graduated. pg. 55-60 describe an array of services that control group members participated in.	No. 23.5% of LST did not even enroll. 29.9% did not attend even 1 class and 35% did not graduate. Impossible to know which programs they participated in, but it is clear that both groups are receiving numerous IL services outside of the LST
<i>Uptake of any proscribed elements</i>	None reported.	None reported.	
<i>Use of any intervention materials</i>	LST sample members paid \$30 for participation in baseline interview and \$50 for participation in each follow up survey. Deviations from these amounts were not allowed. \$5 starbucks gift certificates for youth who were inconvenienced.		
<i>Dosage actually taken up</i>	Unreported.		Highly likely that all 30 hours were not taken up due to transportation problems, behavior problems, and administrative requirements.
<i>Other differences between the treatments taken up in different trial arms</i>	Higher % of LST youths reported having attended independent living classes or group sessions (61.2 percent), or having received help finding an apartment (43.4 percent),	44.2 %-IL classes or group sessions and 33.5 % help finding an apartment),	No differences by assignment group at the second follow-up were found with respect to the balance of independent living service types, including educational support,

	than youths assigned to the control group		<p>services addressing job-seeking proficiencies and tasks, financial management skills, and personal health and hygiene, but there were significant differences in format and takeup.</p> <p>LST services are classroom based or group sessions so more treatment group members are receiving that specific program. Virtually no difference between the types of services each group received, just format.</p>
<i>Uptake of interventions outside the protocol for the assigned trial arm</i>	Other interventions allowed.	26% of control group receiving intervention	
<i>Consumer satisfaction</i>	Not reported.	Not reported.	
<i>Other aspects of participant uptake relevant to the review area:</i>			

Context			
Are other relevant contextual factors adequately specified?			
Definition: Contextual factors should be described if they may affect generalizability, replicability, or comparability. This description should be adequate for the reviewer to (1) assess the trial for inclusion (2) explain some heterogeneity as the result of variation in context, and (3) use the data to assess the generalizability of the review and/or meta-analysis.			
Characteristics to consider	Active	Control	Adequate?
<i>Actual setting, location, and timing</i>	<p>Location: Los Angeles County, California (largest state in U.S.). County mirrors California. County's size - 1/3 state pop. (Big both geographically and in population) and its diverse population (47% Latino), Young county -- 28% < 18, 73% high school grads, 14% less than 9th grade edu. , 24% of children & 14% of families below poverty level4.(% unemployment, 4.3% household received public assistance.</p> <p>Setting: Community College Campuses</p> <p>Timing: Quarterly and in the evening</p>	Location: Los Angeles County, California - same as for active context	
<i>Characteristics of the service environment and delivering organization</i>	Same as reported on Design index		
<i>External events occurring at the time of intervention</i>	Local housing market: Local employment market for low skill workers		
<i>Accommodation of unique ethical considerations</i>			
<i>Actual characteristics of participants (Ages Sex Ethnicity Socio-demographics)</i>			
<i>Funding requirements</i>	Study required by the Foster Care Independence Act of 1999, funded by the Children's Bureau and directed by the Children's Bureau and the Office of Planning, Research, and Evaluation in the U.S. Department of Health and Human Services.		
<i>Political landscape: relevant legislation, funds available</i>	Federal and State child welfare laws and initiatives: County: offers IL services at 14, State law only requires that IL services be available at age 16 FCIA & CFCIP (see Ch. 1) Budgetary Conditions in LA & California: The Emancipation Services Division has an annual budget of roughly \$18 million.	As mandated by the state, the county has provisions to accommodate youths who have spent time in detention centers and physically or mentally disabled youths who are not eligible for the program.	
<i>Other relevant contextual factors:</i>			

Appendix VII: The Oxford Implementation Index-Short Form for Courtney et. al, 2008 –Life Skills Training

Treatment characteristics	Design (page reference)			Delivery (page reference)			Participant Uptake (page reference)		
	Active	Control	Comment	Active	Control	Comment	Active	Control	Comment
<i>Core components, sequence of treatment components</i>	pg. 27	Services at usual-varies by service pg. 15-17 pg. 96-103 flexible manuals	Good design. Youth Empowerment Comprehensive Networking Logic Model Pre/Post Assessments	varies with instructor flexibility & creativity encouraged pg. 28-29	varies	Too much heterogeneity in delivery	76.5% of the 234 youths enrolled, 70.1 % attended \geq 1 session, and 65% graduated from a module. Pg. 36 Unclear participation in YAC & topic areas covered in workshops. Pg. 20,28-29	array of services control group members participated in -pg. 55-60	Inadequate Too many non-completers and cross overs Types of services taken up not signif. Diff. Between groups. Pg. 56
<i>Activities or other elements proscribed</i>	None stated	LST			26.6% Control enrolled in LST received LST pg. 36		None reported	25% attended \geq 1 class & 22.6% graduated pg. 36	

<i>Technology, materials, technical requirements</i>	curriculum 20 in- structors transportation meals financial incentives pg. 19-22			\$50-base- line interview, \$30 2nd, 3rd follow up pg. 87					
<i>Dosage</i>	30 hrs/ 5 weeks 3 hr/class 2 classes /week pg. 22, 27	varies depending on service	staff: noted Not enough time to provide all the info.pg. 31				unreported		Indicated youth not receiving full dosage pg. 31

<i>Format</i>	classroom group based and field practicum training. pg. 22	varies Centers work-shops drop-in centers pg. 16		Same format				pg. 16, 17, 96. pg. 57 ' 33.8% of Control compliers taking up classes group sessions in IL services	format of services taken up diff. by group more class group based for LST. However controls still taking up class/ group format
<i>Staff characteristics, training/ supervision procedures</i>	pg. 23-25		Insufficient qualifications, training, & supervision pg. 24 Need for improvement recognized & changes made	Turnover a problem pg. 25 Several staff not attending trainings					

<p><i>non-specific intervention components</i></p>	<p>pg.20,22, 27</p>		<p>Too many non-specific components only specific is life skills training which is also offered by Emancipation services division. The fact that life skills are delivered in classroom might differentiate it but ESTEP is also classroom based & offers life skills workshops</p>						
<p><i>Contacts among staff, trialist and program developers</i></p>	<p>pg. 92 DCFS field mgr. acts as liason</p>			<p>pg. 92 DCFS contact greatly helped locate, & gain access to youths</p>		<p>Communication break-down tension lack of cooperation sabatoge</p>			

<p><i>Other types of treatment adaptation by trialists and staff</i></p>	<p>Trialists changed recruitment procedures pg. 89</p>			<p>Program staff did not follow trialist recruitment instructions pg. 90</p>					
<p><i>Other differences between trial arms in treatment delivery by staff and/or uptake by participants</i></p>				<p>staff counseled caregivers not to cooperate pg. 92</p>	<p>Staff actively recruited controls pg. 90</p> <p>staff counseled caregivers not to cooperate pg. 92</p>				

Appendix VIII: Quality Assessment

Topic	Description	Comments
INTRODUCTION		
Title	Evaluation of the Life Skills Training Program Lost Angeles County, California: Final Report.	
Author, year		
Objectives	Goals/objectives & hypothesis	
METHODS		
Intervention	Brief description of intended program (See OII for precise details)	
	Control Group Activities	
	Contamination	
Study Design		
Randomization (if applicable)	Unit of randomization	
	Sequence generation	
	Allocation Concealment	
Blinding	Researchers and Assessors blind to which group participants belong	
Quasi-Experimental (if applicable)	Prospectively assigned contemporaneous comparison	
	Groups equated on pretest data for outcome measures baseline characteristics?	
Participants	Eligibility criteria	
	Recruitment method	
	Ages	
	Sex	
	Ethnicity	
	Socio-demographics	

Outcomes	Clearly Defined Outcome Measures	
	Outcomes aligned with program goals	
	Explanation of measurement tools and information about their validity and reliability	
	Evaluation time points	
Sample Size	Size of experimental and control groups	
	Power Analysis to determine size	
ANALYSIS		
Statistical Methods	Statistical methods used to compare groups for primary outcomes and additional analyses	
	Appropriateness	
	Baseline Measures incorporated into analysis	
Intention-to treat (ITT)	ITT analysis used	
RESULTS		
Attrition	# in each group who withdrew	
	# in each group lost to follow-up	
	# in excluded from analysis and why	
	Attrition >20%: Baseline equivalence of sample shown	
	Attrition >20%: Completers statistically compared to non-completers	
Outcomes and reporting data	For each outcome, a summary of results per group	
	Means and SDs	

	p-values & degrees of freedom (df)	
	Effect sizes	
	Other values	
	Harmful outcomes	
CONCLUSIONS		
Interpretation	of results, taking account hypotheses & sources of potential bias/imprecision	
	use of observational /qualitative data to understand impacts	
External validity	Generalizability of results	
	Replicability of intervention	

Appendix IX: Within-Study Analysis Risk of Bias Tables

Courtney et al., 2008 ESTEP Tutoring		
Entry	Judgment	Description
Adequate sequence generation?	Yes	Quote: “referrals to TCCF were delivered to National Opinion Research center (NORC) on a weekly basis. Each youth received a .5 probability of being assigned to either treatment group, referred to as “ESTEP group” or to the control group.” pg. 70 “Those deemed appropriate for tutoring were randomly assigned to either the treatment group, referred to as “ESTEP group,” or the control group” Comment: Probably done, as a similar trial by these investigators clearly describe use of random sequence generation (Courtney, Zinn et al. 2008)
Allocation concealment?	Unclear	Insufficient information about the sequence generation process to permit judgment of ‘Yes’ or ‘No’.
Blinding? Participants Personnel Outcome Assessors blind to which group participant belong?)	No No Unclear	Not possible to blind participants receiving the intervention. Only Master Tutors had group assignments. Not possible to blind personnel delivering the intervention. Comment: Review authors judge that the outcome and outcome measurement are not likely to be influenced by lack of blinding.
Incomplete outcome data addressed? (2 year)	Yes.	Reasons for missing outcome data accounted for. Lost-to-follow up ESTEP = 236 Interviewed at baseline – 212 interviewed at 2 nd follow-up = 24 (10.1%) Control (C)= 209 Interviewed at baseline – 190 interviewed at 2 nd follow-up = 19 (9.1%) pg. 72 Baseline equivalence shown: No significant difference between groups on most variables including demographics mental health and behavior pg. 38 Missing outcome data balanced in numbers across groups, with similar reasons for missing data across groups. pg. 72 (89.9% of ESTEP and 90.9% Youth refusal (ESTEP: 1 C: 7), Gatekeeper refusal (ESTEP, 2, C-1), AWOL and other non-locatable (ESTEP-13, C-8), Incarcerated (ESTEP-2, Control 2), Out of area (ESTEP-4, C-1) Other (ESTEP-2, C 0).
Free of Selective Reporting?	No.	Pg. 9 “Early data collection after the intervention will establish the short-term outcomes of the treatment and control group youths... The ultimate goals of the interventions are related to successful functioning in adulthood. Key areas mentioned for the evaluation in the Foster Care Independence Act include educational attainment, employment, and ‘personal development.’” The latter includes physical health, fertility, economic hardship, mental health, incarceration, and victimization.” “Although data concerning a number of other domains, including physical and mental health, substance abuse, level of social support, and deviant behavior, were also collected during the course of the evaluation, the outcomes evaluated here will be limited to those closely related to educational outcomes.”

Courtney et al., 2008 Life Skills Training		
Entry	Judgment	Description
Adequate sequence generation?	Yes	“We randomly assigned youth to either the LST group or control group using the statistical software program SAS. Each youth was given a probability of .5 of being assigned to LST or control.” pg. 82
Allocation concealment?	Unclear	Insufficient information about the sequence generation process to permit judgment of ‘Yes’ or ‘No’.
Blinding? Participants Personnel Outcome Assessors blind to which group participant belong?)	No Unclear Unclear	Not possible to blind participants receiving the intervention. Not possible to blind personnel delivering the intervention. Comment: Review authors judge that the outcome and outcome measurement are not likely to be influenced by lack of blinding.
Incomplete outcome data addressed? (2 year)	Yes.	Reasons for missing outcome data accounted for. Lost-to-follow up ILP: 23 – 11 unlocatable, 4 inaccessible, 2 deceased, 6 other (Of 222) Control:26 – 17 unlocatable, 4 inaccessible, 2 deceased, 6 other (Of 245) Total lost to follow-up: 11.7% Treatment 12.2% Control Baseline equivalence shown: No significant difference between groups on most variables including demographics mental health and behavior pg. 38 Missing outcome data balanced in numbers across groups, with similar reasons for missing data across groups.
Free of Selective Reporting?	No.	“Early data collection after the intervention will establish the short-term outcomes of the treatment and control group youths” pg. 9 <i>“Longer-Term Outcomes.</i> The ultimate goals of the interventions are related to successful functioning in adulthood. Key areas mentioned for the evaluation in the Foster Care Independence Act include educational attainment, employment, and “personal development.” The latter includes physical health, fertility, economic hardship, mental health, incarceration, and victimization” pg. 9. They evaluated the impact of LST on preparedness and job preparedness, education and employment, economic well-being, housing, homelessness and delinquency. Data concerning a number of other domains, including physical and mental health, substance abuse, level of social support, and deviant behavior, were also collected during the course of the evaluation. Although these were included as covariates in our analyses of outcomes, they were seen as being outside the immediate purview of LST— that is, as distal, versus proximate, outcomes.
Free of other bias?		

Scannapieco et al., 1995

Selection

- 1) Representativeness of the exposed cohort
 - a) truly representative of the average foster care youth in the community - (entire population is the sample)
 - b) somewhat representative of the average foster care youth in the community
 - c) selected group of users eg nurses, volunteers
 - d) no description of the derivation of the cohort
- 2) Selection of the non exposed cohort
 - a) drawn from the same community as the exposed cohort -
 - b) drawn from a different source
 - c) no description of the derivation of the non exposed cohort
- 3) Ascertainment of exposure
 - a) secure record (case records) -
 - b) structured interview
 - c) written self report
 - d) no description
- 4) Demonstration that outcome of interest was not present at start of study
 - a) yes -
 - b) no

Comparability

- 1) Comparability of cohorts on the basis of the design or analysis
 - a) study controls for _____ (select the most important factor)
 - b) study controls for any additional factor (This criteria could be modified to indicate specific control for a second important factor.)

Outcome

- 1) Assessment of outcome
 - a) independent blind assessment
 - b) record linkage -
 - c) self report -
 - d) no description

Austin, T.L , 1993

Selection

- 1) Representativeness of the exposed cohort
 - a) truly representative of the average foster care youth in the community
 - b) somewhat representative of the average foster care youth in the community
 - c) selected group of users eg nurses, volunteers - (purposive and convenience sampling) – study admits they are not representative, especially controls
 - d) no description of the derivation of the cohort
- 2) Selection of the non exposed cohort
 - a) drawn from the same community as the exposed cohort -
 - b) drawn from a different source
 - c) no description of the derivation of the non exposed cohort
- 3) Ascertainment of exposure
 - a) secure record (case records)
 - b) structured interview
 - c) written self report
 - d) no description -
- 4) Demonstration that outcome of interest was not present at start of study
 - a) yes -
 - b) no

Comparability

- 1) Comparability of cohorts on the basis of the design or analysis
 - a) study controls for youth demographic and foster care characteristics at discharge (select the most important factor) using multi-variate analysis -
 - b) study controls for any additional factor -self indexed self sufficiency (This criteria could be modified to indicate specific control for a second important factor.) -

Outcome

- 1) Assessment of outcome
 - a) independent blind assessment
 - b) record linkage
 - c) self report -
 - d) no description
- 2) Was follow-up long enough for outcomes to occur
 - a) yes (select an adequate follow up period for outcome of interest) – discharge and 1 year following for living arrangements, Education, employment, -
 - b) no
- 3) Adequacy of follow up of cohorts
 - a) complete follow up - all subjects accounted for
 - b) subjects lost to follow up unlikely to introduce bias - small number lost - > ____ % (select an adequate %) follow up, or description provided of those lost)
 - c) follow up rate < ____% (select an adequate %) and no description of those lost – get this # from Bowling.
follow up rate is: ILP: 25% (34/136) Control:40.7% (24/59) -
 - d) no statement

Georgiades, 2005

Selection

- 1) Representativeness of the exposed cohort
 - a) truly representative of the average foster care youth in the community
 - b) somewhat representative of the average foster care youth in the community
 - c) selected group of users eg nurses, volunteers - (convenience sample using variety of sources & snowball methods)
 - d) no description of the derivation of the cohort
- 2) Selection of the non exposed cohort
 - a) drawn from the same community as the exposed cohort -
 - b) drawn from a different source
 - c) no description of the derivation of the non exposed cohort
- 3) Ascertainment of exposure
 - a) secure record (case records) -
 - b) structured interview
 - c) written self report -
 - d) no description
- 4) Demonstration that outcome of interest was not present at start of study
 - a) yes -
 - b) no

Comparability

- 1) Comparability of cohorts on the basis of the design or analysis
 - a) study controls for _____ (select the most important factor)
 - b) study controls for any additional factor (This criteria could be modified to indicate specific control for a second important factor.)

Outcome

- 1) Assessment of outcome
 - a) independent blind assessment
 - b) record linkage -
 - c) self report
 - d) no description

Lindsey and Ahmed

Selection

- 1) Representativeness of the exposed cohort
 - a) truly representative of the average foster care youth in the community
 - b) somewhat representative of the average foster care youth in the community -
 - c) selected group of users eg nurses, volunteers
 - d) no description of the derivation of the cohort
- 2) Selection of the non exposed cohort
 - a) drawn from the same community as the exposed cohort -
 - b) drawn from a different source
 - c) no description of the derivation of the non exposed cohort
- 3) Ascertainment of exposure
 - a) secure record (case records)
 - b) structured interview
 - c) written self report -
 - d) no description
- 4) Demonstration that outcome of interest was not present at start of study
 - a) yes
 - b) no -

Comparability

- 1) Comparability of cohorts on the basis of the design or analysis
 - a) study controls for _____ (select the most important factor)
 - b) study controls for any additional factor (This criteria could be modified to indicate specific control for a second important factor.)

Outcome

- 1) Assessment of outcome
 - a) independent blind assessment
 - b) record linkage
 - c) self report -
 - d) no description

Lemon et al., 2005

Selection

- 1) Representativeness of the exposed cohort
 - a) truly representative of the average foster care youth in the community
 - b) somewhat representative of the average foster care youth in the community
 - c) selected group of users eg nurses, volunteers - (Purposive non-probability sampling)
 - d) no description of the derivation of the cohort
- 2) Selection of the non exposed cohort
 - a) drawn from the same community as the exposed cohort -
 - b) drawn from a different source
 - c) no description of the derivation of the non exposed cohort
- 3) Ascertainment of exposure
 - a) secure record (case records)
 - b) structured interview
 - c) written self report -
 - d) no description
- 4) Demonstration that outcome of interest was not present at start of study
 - a) yes
 - b) no -

Comparability

- 1) Comparability of cohorts on the basis of the design or analysis
 - a) study controls for _____ (select the most important factor)
 - b) study controls for any additional factor (This criteria could be modified to indicate specific control for a second important factor.)

Outcome

- 1) Assessment of outcome
 - a) independent blind assessment
 - b) record linkage
 - c) self report -
 - d) no description

Appendix X: Outcome Data

EDUCATION

High School Diploma or GED (dichotomous-yes/no, categorical)

1. ESTEP reports: High school diploma or GED ES =.01
Control: n=21/190 (9.8%)
ILP: n= 19/212 (9.7%)
Significant?: no
Total: 465 in scope, 445 interviewed at baseline 402 interviewed at 2nd follow up
Time interval: 2 years
Age range: mean/SD overall sample: 14.5 years/.8 SD, Control: 14.5/ .8, ILP 14.5/ .8
2. LST reports: High school diploma or GED = ES = .05
Control: n= 126/215 (58.6 %)
ILP: n= 117/196 (59.7 %)
Significant?: no
Total: 482 in scope, 467 interviewed at baseline data on 411 at 2nd follow up
Time interval: 2 years
Age range: 17 years at baseline for overall sample and both groups.
3. Lindsey et al. reports: High school diploma or GED
Control: n= 5.76/32 (18%) –they did not report the n
ILP: n= 16.28/44 (37%)-n calculated
Significant?: no (only threshold significance values reported – p<.05)
Total: 76 in the sample
Time interval: (1-3 years after exiting care) –unclear how much time had passed between participating in ILP and survey. Leaving care is different than leaving the ILP.
Age range: ILP: 17-24, mean 19 control: 16-21, mean: 18
4. Scannapieco reports: High school Graduate
Control: n= 6/46 (13%)
ILP: n= 22/44 (50%)
Significant?: yes (only threshold significance values reported – p<.05)
Total: 90 in the sample
Time interval: unclear
Age range: ILP: mean 19.27 control: mean: 19
5. Georgiades: reports: High School Graduate ES: not reported
Control: 15%
ILP: 53%
Significant: not reported
Total: 67 in sample (ILP: 49 Control: 18)
Time interval: (0-8 years after exiting care)
Age range: 18-26 (7 individuals > 22 years, one of whom was 25 and one 26)

6. Austin reports: High School graduate, GED, VoTech
 Control: 79%
 ILP: 59%
 Significant?: not reported
 Total: ILP:32, control: 24 Total: 56 sample
 Time interval: 1 year after discharge from care
 Age range: 15-21

Completed technical/vocational program

1. Lindsey et al reports: completed technical/vocational program
 Control: n= 0/32 (0%) –n calculated (not reported)
 ILP: n= 9.24/44 (21%)-n calculated
 Significant?: yes (only threshold significance values reported – $p < .05$) $t = 3.38$
 Total: 76 in the sample
 Time interval (1-3 years after exiting care) –unclear how much time had passed between participating in ILP and survey. Leaving care is different than leaving the ILP.
 Age range: ILP: 17-24, mean 19 non-ILP: 16-21, mean: 18

Attended College: (dichotomous-yes/no, categorical)

2. LST reports: attended college ES = -.18
 Control: n= 88/215 (40.9 %)
 ILP: n= 68/196 (34.7 %)
 Significant?: no
 Total: 482 in the sample, data on 411 at 2nd follow up
 Time interval 2 years
 Age range: 17 years at baseline for overall sample and both groups.
3. Lindsey et al. reports: currently in college
 Control: n= 0/32 (0%) –n calculated (not reported)
 ILP n= 7.04/44 (16%)-n calculated
 Significant?: yes (only threshold significance values reported – $p < .05$) $t = 2.86$
 Total: 76 in the sample
 Time interval (1-3 years after exiting care) –unclear how much time had passed between participating in ILP and survey. Leaving care is different than leaving the ILP.
 Age range: ILP: 17-24, mean 19 non-ILP: 16-21, mean: 18
4. Georgiades: reports: college education ES: not reported
 Control: 0%
 ILP: 31%
 Significant: not reported
 Total: 67 in sample (ILP: 49 Control: 18)
 Time interval: (0-8 years after exiting care)
 Age range: 18-26 (7 individuals > 22 years, one of whom was 25 and one 26)

EMPLOYMENT

Currently employed?-yes/no dichotomous, categorical

1. LST reports current employment: ES= -.18 Diff % between groups= -4.36
Control: n= 107 /215 (49.8%) ILP: n= 89/196 (45.4%)
Significant?: no (only threshold significance values reported – p<.05, p<.01, p<.001)
Total: 482 in the sample, data on 411 at 2nd follow up
Time interval: 2 years
Age range: 17 years at baseline for overall sample and both groups.

2. Lindsey et al reports: full time employment:
Control: n= 7.04/32 (22%) –n calculated (not reported)
ILP: n= 18.04/44 (41%)-n calculated
Significant?: no (only threshold significance values reported – p<.05) t= 2.86
Total: 76 in the sample
Time interval (1-3 years after exiting care) –unclear how much time had passed between participating in ILP and survey. Leaving care is different than leaving the ILP.
Age range: ILP: 17-24, mean 19 non-ILP: 16-21, mean: 18

3. Lindsey et al reports: part time employment:
Control: n= 7.04/32 (22%) – n calculated (not reported)
ILP: n= 7.92/44 (18%) – n calculated
Significant?: no (only threshold significance values reported – p<.05) t= 2.86
Total: 76 in the sample
Time interval (1-3 years after exiting care) –unclear how much time had passed between participating in ILP and survey. Leaving care is different than leaving the ILP.
Age range: ILP: 17-24, mean 19 non-ILP: 16-21, mean: 18

4. Scannapieco reports: history of employment
Control: n= 36/46 (71.7%)
ILP: n= 44/44 (100%)
Significant?: yes (only threshold significance values reported – p<.05)
Total: 90 in the sample
Time interval: unclear
Age range: ILP: , mean 19.27 non-ILP: , mean: 19

5. Scannapieco reports: employed at case closing
Control: n= 12/46 (26.1%)
ILP: n= 23/44 (52.3%)
Significant?: yes (only threshold significance values reported – p<.05)
Total: 90 in the sample
Time interval: unclear
Age range: ILP: mean 19.27 non-ILP: mean: 19

6. Lemon reports: Had a job immediately after discharged from foster care (n/%)
 Control: 79/113 (73.8%)
 ILP: 45/81 (58.4%)
 Significant?: $p = .028$
 Total: 194 in the sample
 Time interval: immediately after exiting care
 Age range: ILP: mean 21.63 sd 2.77 control: 23.96 sd 4.51 $p = .001$
7. Georgiades: reports employed full time ES: .53
 Control: 8%
 ILP: 22%
 Significant: not reported
 Total: 67 in sample (ILP: 49 Control: 18)
 Time interval: (0-8 years after exiting care)
 Age range: 18-26 (7 individuals > 22 years, one of whom was 25 and one 26)
8. Georgiades: reports employed part time ES: not reported
 Control: 8% ILP: 51%
 Significant: not reported
 Total: 67 in sample (ILP: 49 Control: 18)
 Time interval: (0-8 years after exiting care)
 Age range: 18-26 (7 individuals > 22 years, one of whom was 25 and one 26)
7. Austin reports: Employment (Full time, Part-time, Summer)
 Control: 37% ILP: 50%
 Significant?: not reported
 Total: Treatment-32, control:24 Total: 56 sample
 Time interval: 1 year after discharge from care
 Age range: 17-19

Earnings (continuous, value > 0)

1. LST reports earnings (in thousands) (mean/SD) ES= -.09
 Control: \$4.4/\$6.4 ILP: \$3.8/\$8.5 – (SD can cross zero?)
 Significant: no (only threshold significance values reported – $p < .05$, $p < .01$, $p < .001$)
 Total: 482 in the sample, 467 interviewed at baseline, 411 interviewed at 2nd follow up
 Time interval: 2 years
 Age range: 17 years at baseline for overall sample and both groups.
2. Georgiades: reports average job income/month (mean/SD) ES: 1.97
 Control: \$54/\$194 ILP: \$437/\$427
 Significant: not reported
 Total: 67 in sample (ILP: 49 Control: 18)
 Time interval: (0-8 years after exiting care)
 Age range: 18-26 (7 individuals over 22 years, one of whom was 25 and one 26)

3. Lindsey et al reports: earnings/hour:
 - Control: mean \$5.5 (no SD)
 - ILP: mean \$5.5 (no SD)
 - Significant?: no (only threshold significance values reported – $p < .05$)
 - Total: 76 in the sample
 - Time interval (1-3 years after exiting care) –unclear how much time had passed between participating in ILP and survey. Leaving care is different than leaving the ILP.
 - Age range: ILP: 17-24, mean 19 non-ILP: 16-21, mean: 18

HEALTH

Pregnancy

1. LST reports “became pregnant” : E.S. = .07,
 - Control: n= (23.1 %)
 - ILP: n= (24.4%)
 - Significant?: no (only threshold significance values reported – $p < .05$, $p < .01$, $p < .001$)
 - Total: 482 in the sample, 467 baseline interviews data on 411 at 2nd follow up, 273 females at baseline interviews, -145 females in control, 128 females in treatment group 2nd follow-up
 - Time interval 2 years
 - Age range: 17 years at baseline for overall sample and both groups.

Mental Health

1. Lemon et al. reports, “Since discharged from foster care, have you ever received mental health services?”
 - Control: 38/113 (33.9%)
 - ILP: 25/81 (31.0%)
 - Significant?: no, $p = .697$
 - Total: 194 in the sample
 - Time interval: immediately after exiting care
 - Age range: ILP: mean 21.63 sd 2.77 control: 23.96 sd 4.51 $p = .001$

2. Georgiades: reports “often use alcohol” –define often! ES: .04
 - Control: 15%
 - ILP: 15%
 - Significant: not reported
 - Total: 67 in sample (ILP: 49 Control: 18)
 - Time interval: (0-8 years after exiting care)
 - Age range: 18-26 (7 individuals over 22 years, one of whom was 25 and one 26)

CRIMINALITY

1. The LST study measured delinquency using a tool they created # of youth who engaged in 1 or more delinquent behaviors E.S. = .18

Control: n= 66/215 (30.7 %)
ILP: n= 68/196 (34.7%)
Significant?: no (only threshold significance values reported – $p < .05$, $p < .01$, $p < .001$)
Total: 482 in the sample, 467 baseline interviews data on 411 at 2nd follow up,
273 females at baseline interviews, -145 females in control, 128
females in treatment group 2nd follow-up
Time interval 2 years
Age range: 17 years at baseline for overall sample and both groups.

2. The LST study measured delinquency using a tool they created # of delinquent behaviors
E.S. = .01, (mean/SD)

Control: .79/1.76
ILP: .81/1.45
Significant?: no (only threshold significance values reported – $p < .05$, $p < .01$, $p < .001$)
Total: 482 in the sample, 467 baseline interviews data on 411 at 2nd follow up,
273 females at baseline interviews, -145 females in control, 128
females in treatment group 2nd follow-up
Time interval 2 years
Age range: 17 years at baseline for overall sample and both groups.

3. Lemon et. al, reports: since discharged, ever had a problem with the law?

Control: 18/113 (15.9%) ILP: 10/81 (12.3%)
Significant?: no, $p = .484$
Total: 194 in the sample
Time interval: immediately after exiting care
Age range: ILP: mean 21.63 sd 2.77 control: 23.96 sd 4.51 $p = .001$

4. Georgiades: reports currently in jail – ES: .not reported

Control: 18% ILP: 2%
Significant: not reported
Total: 67 in sample (ILP: 49 Control: 18)
Time interval: (0-8 years after exiting care)
Age range: 18-26 (7 individuals over 22 years, one of whom was 25 and one
26)

HOUSING

Homelessness

1. LST reports homelessness

Control: n= 126/215 (58.6 %)
ILP: n= 117/196 (59.7 %)
Significant?: no (only threshold significance values reported – p<.05, p<.01, p<.001)
Total: 482 in the sample, data on 411 at 2nd follow up
Time interval 2 years
Age range: 17 years at baseline for overall sample and both groups.

2. Lindsey et. al, reports: homelessness (# of people experiencing 1 or more episodes of homelessness)

Control: n= 17/32 (53%) –they did not report the n (n=16.96)
ILP: n= 23/44 (52 %)-n calculated (n=22.88)
Significant?: no (only threshold significance values reported – p<.05,
Total: 76 in the sample
Time interval (1-3 years after exiting care) –unclear how much time had passed between participating in ILP and survey. Leaving care is different than leaving the ILP.
Age range: ILP: 17-24, mean 19 non-ILP: 16-21, mean: 18

3. Lemon et. al, reports: ever been without a place to sleep?

Control: 26/113 (23.0%) ILP: 13/81 (16.0%)
Significant?: no, p= .233
Total: 194 in the sample
Time interval: immediately after exiting care
Age range: ILP: mean 21.63 sd 2.77 control: 23.96 sd 4.51 p = .001

4. Georgiades: reports “homeless 1-3 nights” –define often!ES: not reported

Control: 0% ILP: 6%
Significant: not reported
Total: 67 in sample (ILP: 49 Control: 18)
Time interval: (0-8 years after exiting care)
Age range: 18-26 (7 individuals over 22 years, one of whom was 25 and one 26)

5. Georgiades: reports “homeless > 3 nights”

Control: 17% ILP: 9% ES: not reported
Significant: not reported
Total: 67 in sample (ILP: 49 Control: 18)
Time interval: (0-8 years after exiting care)
Age range: 18-26 (7 individuals over 22 years, one of whom was 25 and one 26)

Living independently

1. Lindsey et al., reports Living Independently (living independently by oneself or with own children, spouse or partner, with friends or other unrelated persons)
 - Control: n= 13.12/32 (41%) –they did not report the n
 - ILP: n= 29.92/44 (68%)-n calculated
 - Significant?: yes (only threshold significance values reported – p<.05)
 - Total: 76 in the sample
 - Time interval (1-3 years after exiting care) –unclear how much time had passed between participating in ILP and survey. Leaving care is different than leaving the ILP.
 - Age range: ILP: 17-24, mean 19 non-ILP: 16-21, mean: 18
2. Scannapieco reports: living on own at case closing – not defined
 - Control: n= 2/46 (4.3%)
 - ILP: n= 16/44 (36.4%)
 - Significant?: yes (only threshold significance values reported – p<.05)
 - Total: 90 in the sample
 - Time interval: unclear
 - Age range: mean 19.27 non-ILP: mean: 19
3. Georgiades: reports “own/rent independent housing” – ES: not reported
 - Control: 55% ILP: 82%
 - Significant: not reported
 - Total: 67 in sample (ILP: 49 Control: 18)
 - Time interval: (0-8 years after exiting care)
 - Age range: 18-26 (7 individuals over 22 years, one of whom was 25 and one 26)
4. Austin reports: living By-Self/with friend
 - Control: 17% ILP: 50%
 - Significant?: not reported
 - Total: Treatment-32, control: 24 Total: 56 sample
 - Time interval: 1 year after discharge from care
 - Age range: ILP: 17-19 Control: 17-19