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First Voice
Executive Summary

Introduction

The Center for Child and Family Studies, in collaboration with DSS, has developed training curricula to help foster adolescents prepare for independent living and to help the caseworkers and their supervisors, group home staff, and foster parents who work with foster adolescents understand and implement the provisions of the Foster Care Independence Act of 1999 as well as work effectively to support these youths' preparation for independent living. In keeping not only with the letter of the new law but also with its spirit, First Voice reflects a new philosophy in working with foster youths and an approach consistent with this new philosophy.

Philosophy

The project name, First Voice, illustrates the philosophy driving the entire initiative: that *the first voice to be heard must be that of the youth*. All those who work directly or indirectly with foster adolescents can contribute to better outcomes by helping these youths develop and use their voices and by honoring their expressed needs and desires for the future. We believe that through collaboration in teams made up of workers, caregivers, and youths, youths can envision better futures and build the skills that will help them make those futures a reality.

First Voice supports hearing the youths' voice throughout the process of preparation for independent living, which we define in reality as *informed interdependent living*. For our adolescents in foster care, asking for help or even knowing when and whom to ask can be extremely difficult. By sharpening their ability to listen to, understand, and respect the voices of these youths, the adults charged with overseeing their preparation for young adulthood can forge a genuine, respectful working partnership with them.

Application of Philosophy

Though the shape of the program has changed since it began, three primary emphases have remained consistent:

- collaboration (among youths, their foster parents, and the professionals who work with youths and foster parents)
- envisioning a future
- preparing for a future

These emphases are apparent in the three levels of the training design, which was formed from the following:

- what we know from national research on foster youths and from local studies, focus groups, and meetings involving South Carolina foster youths and some of their caregivers
- what we identified, in partnership with DSS and other agencies and professionals, as the training and support needs of South Carolina's social service providers
- the other initiatives forming or already in place throughout the state that First Voice could fit into and supplement, such as the DSS initiative Aging Out

The approach is tailored to forge a strong basic collaboration between these youths and those who work with them and, building from that, to support the youths' increasing voice and role in working toward successful young adulthood according to their own visions of that future.

As the levels of the training progress, they increasingly contain elements that generally appeal to adolescents: music, colorful posters, balloons, and hands-on creative and imaginative activities. These elements are used to help foster parents and professionals reconnect with their own

adolescence and the emotions of that life stage. Ideally, this promotes collaboration and supports a closer bond between the foster adolescents and those who work with them.

Curriculum Evolution

The first curriculum we created was *Listening*, believing then that it was logically the first to be presented. It was intended to be a three-day training geared toward caseworkers and some supervisors and administrators. As we conducted a more thorough needs assessment through focus groups with foster care workers and began to work with an advisory committee that included foster parents and group home staff, among others, we realized our plan was flawed. We saw that, in their daily interactions with these adolescents, the primary caregivers played a crucial role in helping them envision their futures and creating the conditions needed to make these visions reality. Thus caregivers must also be included in our training.

Our original plan was to have foster adolescents, foster parents, and professionals (caseworkers, group home staff, and supervisors if they wished to be involved) attend the first two modules of the four-module *Listening* together to learn about the new law governing provisions for independent living and how to use the Ansell-Casey Life Skills Assessment (ACLSA) instruments (then being recommended by DSS) to measure readiness for independent living and help tailor a relevant plan for the acquisition of needed skills. The remaining modules of this level of training were designed for foster parents and professionals. The two modules in this latter part of training covered relationship issues from two perspectives: how foster adolescents' relationships with others are affected by trauma and loss during child and adolescent development and how foster parents and professionals could apply this knowledge to forge and maintain stronger relationships with the foster adolescents in their care. Primary objectives throughout the original four modules were to help workers and foster parents

- work in true collaboration with foster adolescents and
- help these adolescents envision a positive future and plan toward making their vision come true.

In real life, it proved difficult to convene everyone as planned. For example, workers could come on weekdays, but then most foster parents were at work and foster adolescents were in school or, during summer break, also at work. We adapted by training foster parents on weekends, apart from workers. Usually foster adolescents have not been present, unfortunately. However, other programs forming along the way or already in place have at least partly accomplished the goals we had for them in our plan.

As we approached the end of the grant, workers over the state were generally well aware of the new legislation and its provisions, and agencies were beginning to address them. Foster parents and adolescents similarly were becoming aware of the changes and their benefits. Concurrently, the agency was losing staff because of state budget cuts. Since the first part of *Listening* was training specifically on the law, we were able to cut that from the agenda and shorten the training to one day, which was a help to workers with greatly increased caseloads and new duties.

Project staffed struggled over how much of an impact we could actually have with youths in our state. Youth groups were a part of The Center's vision and program for First Voice. At the same time (and in some cases much earlier), however, other organizations and agencies had the same idea and had begun to establish groups. At one point, the then State Director of DSS made "Aging Out" groups mandatory for youth in DSS care. We realized that we could not realistically provide youth groups but that a better role for us was to provide training to the many group

facilitators and individuals who were forming these groups. The product of this realization is *Learning Together*.

Learning Together is a three-day training in establishing and running groups for youths ages 13-21. This training involves highly experiential activities that may be used in such groups to help youths

- prepare for independent living, based on their visions for their futures;
- receive and process information that will help them make sound decisions and acquire needed skills to make those visions become reality;
- build networks of support for the future; and
- begin to acquire knowledge and skills that will serve them well as they venture into independent young adulthood.

By the end of the grant period there were many groups for foster youths. We must emphasize, however, that although *Learning Together* was developed specifically for such groups, it is equally useful and appropriate for anyone who wants to work with youths in a group setting.

There was still another part to come. With our preliminary evaluation information starting to come in, we kept seeing and hearing one theme over and over from workers. They really liked the methodology and the tools we were teaching them, but it requires time to work with adolescents to accomplish the aims and mandates of the new legislation and use the tools we were introducing. Project staff and our DSS collaborators then realized we had over looked a crucial group in our implementation effort: supervisors. Supervisory understanding and support of the law and of the First Voice philosophy and methodology are a big key to the program's success. With this in mind we developed *Leading*. In this level of First Voice, which superceded *Listening* as the first level, supervisors gain a sense of what will be taught in the second and third levels of the program and gain an understanding of the importance of relationships and the time required to form and maintain them. They may or may not want to attend later levels of the process, but through this day they can at least learn how they can support and lead their workers and others who are involved in helping foster adolescents prepare to transition into independent living.

Final Program Model

Independent living initiatives can take many forms. First Voice, in its final version, is based on the concept that these initiatives should be approached from three angles: supervisor support, one-on-one relationships, and social learning. These areas are addressed in the three levels of training, Leading, Listening, and Learning Together.

Positive relationships are the key to independent living. As foster youth voice their ideas about their future, they need support from the system, the adults in their lives, and their peers. Adults must guide youths as they envision the future and work toward that vision, and foster youth groups can be formed to encourage youth to take responsibility for the direction their lives and future take. Adults need support in maintaining relationships as well. Thus all three levels of First Voice have a strong focus on relationships.

Leading is a one-day curriculum for supervisors of caseworkers concerned with helping foster adolescents prepare for independent living. Supervisors are in a position to help workers get the flexibility and time they need to develop good relationships with adolescents in their cases. In addition, supervisors can implement, or support the implementation of, foster youth groups. It is

important, therefore, for supervisors to understand the importance of relationships and have a sense of what will be taught in the second and third levels of First Voice. It is preferable to train supervisors before training their workers. As noted above, supervisors may also attend *Listening and Learning Together*.

Listening, the second level of the initiative, is a one-day curriculum developed to focus on two issues: (1) the importance of the relationship between foster adolescents and the adults who work with them and (2) specific tools adults and adolescents can use as the latter prepare for successful young adulthood. In particular, the ACLSA package can be the cornerstone of assessment and treatment plans. This training would be useful to any adults who work with youth, particularly caseworkers, foster parents, and group home providers.

Listening was originally a two-day curriculum that included a module on the independent living legislation. When the legislation became more broadly known, it was no longer necessary to teach it in depth, and we were able to design an effective one-day version. We have included the original version in an appendix to the curriculum in case anyone wants to teach the law or present an expanded version of the training.

In addition to strong relationships with adults, youths need peer support and community involvement as they develop independent living skills. Foster youth groups can be another avenue toward meeting youths' needs and ensuring their future is bright. These groups provide a nonthreatening environment in which adolescents learn everything from leadership skills to money management techniques. Guest speakers and field trips can help these adolescents form connections within their communities. Each group would need one or two facilitators, but the groups should be youth-run as much as possible. A facilitator might be a caseworker, foster parent, or community volunteer. First Voice is designed with the hope that these foster youth groups will be formed.

Learning Together, the third level of First Voice, is a three-day curriculum designed to train facilitators who will guide these groups of adolescents in foster care as they prepare for independent living. The ten modules of this curriculum focus on building relationships with and among youths, and the curriculum moves participants from awareness to application as they practice developing and presenting their own activities that can be used during foster youth group meetings. Ideally, participants in *Learning Together* will have previously been trained in *Listening*.

First Voices is contained in its entirety on a CD-rom for easy distribution, adaptation, and presentation.

Major Activities and Accomplishments

This is the first time that The Center has placed multilevel curricula on a CD-rom (enclosed). This includes the three First Voice curricula, a video that brings the voices of former foster youths to training participants, posters and other visuals, participant handouts, and evaluation instruments.

First Voice has been well received by both the private and public child welfare system in South Carolina. We provided training for more than 150 therapeutic foster parents and Growing Home staff members after a Growing Home staff member attended one of the First Voice trainings and invited us to present in-service training for their agency. In addition, Connie Maxwell, a private group home in South Carolina, sent most of their staff through First Voice after one staff member

attended the training and praised the content. At the State level, SCDSS Independent Living staff used First Voice video segments at a meeting that included individuals in the following positions: Deputy Director, Human Services Director, Human Services Assistant Director, Human Services Program Manager, Human Services Assistant Program Manager, MTS Regional Director, Director of Governmental Affairs, DSS legal staff, Media Relations Coordinator, Foster Care/Independent Living Coordinators, MTS Program Coordinators, and MSW interns. During the Federal Child Welfare reviews, First Voice was mentioned as a strength of South Carolina's Child Welfare system. The training has been incorporated into the 2005 training contract The Center has with the SCDSS and will continue to be delivered to DSS staff and foster care providers.

Our work with GOALL (SCDSS's youth advisory committee), which was involved in the creation of First Voice, continues today and into the future. This work includes facilitating the monthly meetings, assisting with recruitment of new members, and helping when the youths present at conferences. (See GOALL Report, following this document.)

The addition of our in-house evaluation team was a tremendous asset to this project's success. This team conducts an annual survey for DSS to gather data on youth transitioning out of care and were familiar with IL services in South Carolina and the youths' perspective on these services. The team worked closely with project staff to develop individual logic models for each of the three levels of First Voice training. These logic models kept us focused and helped us identify strengths and weaknesses in our training early enough in the process to modify our information and delivery. They also developed follow-up participant evaluations to determine if the anticipated behavioral changes were occurring in individuals who had participated in training. While our attendance was lower than we had hoped it would be, our evaluation results were positive. (See Evaluation Report in this packet). We believe the low attendance can be directly linked to issues discussed under State Problems, below.

Center staff members involved with the development, implementation, and evaluation of First Voice are participating in the National Evaluation project awarded to Boston University. Mary Collins and Sunny Shin from Boston University conducted a site visit August 21 – 25, 2004. They attended a GOALL committee meeting, interviewed various staff, and observed a session of the *Listening* training.

Center staff will continue to strive to meet the needs of youths receiving independent living services in the future. Four staff members serve on a statewide independent living committee chaired by SCDSS.

Challenges Along the Way

State Problems

The state budget crisis continued to be the most difficult external obstacle we experienced in the project's implementation. While the state budget did not directly impact our project, the added stress, strain, and higher caseloads created for frontline staff did. It is difficult to get individuals to buy into new ideas and strategies for working with youth when they are concerned about their own jobs and families and are carrying high caseloads because of state hiring freezes. The budget crisis forced cutbacks or eliminations in some programs that we had been recommending, such as the 4-H weekend camp initiatives for foster youths. During federal year 2002 – 2003 over 200 DSS employees took an early retirement incentive, and a reduction in force was enacted in September that affected an additional 150 county positions and 100 state positions. All DSS employees were required to take a 10-day furlough without pay between October 1, 2003, and September 30, 2004. With people worried about their jobs, it has been difficult to attract participants to a training that is not state-mandated.

At one point in the budget crisis DSS disseminated a memo saying that all training was canceled and that staff would not be allowed to attend outside training. Though this memo was not intended to apply to training offered by The Center, staff understood it to include Center training. At the same time, and with the budget crisis in mind, DSS requested that The Center provide training that required staff to be away from their jobs as little as possible. For this reason and because workers across the state were becoming more familiar with the law, partly because of our earlier training, we modified *Listening* into a one-day training.

In addition to the state budget crisis we encountered several other problems during our implementation of First Voice, some of which have been mentioned in earlier sections of this report:

- Our original plan was to design First Voice based on state independent living policy and procedures. SCDSS was in the process of establishing policy and procedure to address the new federal changes in the law but experienced delays in getting approval for these. Center staff could not delay First Voice implementation any longer, so we built our curricula on federal guidelines and included the Ansell-Casey instruments, which DSS originally required in their draft policy and procedure. As it turned out, the final policy did not specify use of the ACLSA. Today, however, it is being recommended for use statewide.
- Since state policy and procedures were not in place, The Center followed the advisory committee's suggestion and decided to conduct a smaller pilot of First Voice. We requested and obtained permission from both program staff and county operations staff at SCDSS to work directly with the proposed pilot counties. We contacted the nine pilot counties by mail and scheduled meetings with key county representatives to discuss implementation plans. We anticipated forming a partnership with each of our pilot counties as we implemented First Voice. While we formed a collaborative working relationship, we never reached the level of true partnership. One county withdrew from the pilot process because its staff felt overwhelmed by three other pilot projects that they were already participating in. On average, during the pilot, we had 10 participants per site although we were expecting 20 to 30 participants per site. For this reason we decided to conduct the training by region rather than by county when we implemented it statewide. It is not cost effective to train county by county.
- Foster youth groups were also being discussed at the state level and at one point were mandated by SCDSS. During our grant period the entire administration of DSS changed, and the foster youth group idea got lost in the transition; however, today foster youth groups are being formed in various regions of the state.
- Logistical difficulties of having foster parents, workers, and youths participate together in training could not be overcome. Workers were not available for training in the evening or on weekends. Most foster parents work, and most youths were in school, so these two groups were unavailable on weekdays. There also appeared to be some resistance among these groups to participating in training together.

Federal Problems

The most difficult obstacle we experienced with the grant administration was the delay in our carry-over funds. Although we received a verbal approval for our carry-over request from year one, we did not receive the funds, and for this reason we could not move forward with our plans. We were told the

problem occurred within the payment management system, but no one could specify the exact cause of the problem and it continued into years two and three. During our last year, we finally received our carry over funds in time to do a no-cost extension year. During this no-cost extension, we were able to establish resource libraries for workers and foster parents in each of the 46 counties in South Carolina and place our curricula on CD-rom, including a video featuring foster youths.

Funding was provided to grantees in both North Carolina and South Carolina, and both grantees had SCDSS staff as a primary target group. Some of our advisory committee members were also on North Carolina's advisory committee, which complicated things further. For a while we did not know if we or North Carolina would be training SCDSS staff. Though South Carolina and North Carolina worked independently, one of our staff did attend North Carolina's Training of Trainers in January 2003.

There have been three different federal liaisons for this project during the grant period. Without consistency, at times it was difficult to obtain information.

Significant Findings and Events

First Voice has proved to be one of the more complex projects in The Center's history. We encountered many differences in philosophies and boundaries, including those of our own staff members. Our staff struggled with where The Center's role in the implementation of First Voice should end and how much could we directly impact the outcomes for the youths. These differences affected us each step of the way in our development process, and we found we had to revisit these issues periodically.

At the same time we were struggling internally with these issues, we had external issues to contend with. DSS and other programs were struggling to implement the new law and mandates as we were trying to create training about the new law and mandates, and we wanted to include SCDSS policy and procedures and programs in our training. Also, various independent living initiatives were being developed within the state; however, there was no effort to coordinate or disseminate information gained through these initiatives. We struggled with who could be trained together—youths, foster parents, workers, supervisors, group home staff—and what barriers stood in our way.

We also changed evaluators, and our evaluation design was taking place as we dealt with the issues described. The project evolved in such a way as to complement other initiatives in South Carolina, such as Aging Out, which provides training in job skills and education; Foster Youth Association development; and 4-H Weekend Camp initiatives for foster youth. We have struggled to create a training program that will support and encourage the use of these available programs while introducing or reinforcing the use of best-practice skills in building and maintaining relationships with youths and including the youths' voices and visions in the IL planning process. While we are very excited about this training program, we found it hard to let go of the idea that we would be able to see measurable results in youth outcomes at the end of our project.

In our attempt to use computer technology, our process paralleled the grant program's efforts. The federal government tried to use computer technology to maintain contact among grantees and to support sharing of information. Many of the grantees did not take full advantage of these efforts. In a similar fashion, we planned to use technology with our advisory committee to maintain contact and cut down on travel requirements since we had individuals representing various regions of the state. Members of the advisory committee informed us that they did not use their e-mail or the Internet. Thus we decided not to set up a listserv or blackboard to maintain contact with the advisory committee. This resulted in slow turnaround time on review of information and in limited communication with advisory members between meetings.

Dissemination Activities

We submitted an article to *Reclaiming Children and Youth* and are planning to distribute copies of the First Voice CD-ROM to child welfare organizations nationwide. We have submitted a proposal to the National Conference on Child Abuse and Neglect. We continue to submit proposals to present information on First Voice at national conferences. Listed below are our dissemination and continuation efforts.

- We presented annually at South Carolina Foster Parent Association.
- We participate as members in DSS Independent Living Task Force.
- We presented annually at the Independent Living Conference.
- We presented the first year at the Safe and Stable Families Conference.
- We presented at the 10th Annual South Mississippi Child Abuse Conference and CASA MS State Conference, August 26-27, 2002.
- During the federal review process, First Voice was mentioned as a strength in the state's child welfare system.
- We broadened our in-state dissemination efforts and targeted residential care facilities and private therapeutic foster care agencies directly rather than through DSS.
- First Voice will be included in the 2005 DSS training contract with The Center.
- *Listening* has been incorporated into the Foster and Adoptive Family Training Institute, a DSS and Center training initiative for foster parents.

Recommendations for Future Policies, Programs, and Evaluations

For Program Administrators

- The evaluators recommended creating strategies for "shortcuts" in working with the tools. The other program staff favors developing policies and strategies to incorporate the use of these tools into everyday practice. The ACLSA package can replace existing paperwork. More important it can bring the adolescent, caseworker, and foster parent together in the process and track work towards skills acquisition throughout the case. The other tools, introduced to adolescents in teachable moments, can become life long skills.
- Create an independent living treatment-planning page that is universal. It could be attached to a program's regular treatment plan to help ensure that independent living issues are addressed.
- Coordinate training calendars to help disseminate training information and prevent overlapping events. In our case we did coordinate, but if we had not we could have interpreted a lack of participation as a lack of interest and drawn many wrong conclusions about South Carolina. DSS implemented a new mandatory assessment training, which overlapped with some of our training. We were aware that this training was being implemented in January 2002 so delayed the start of our pilots until late February. However, the implementation of this mandatory training carried over into February and March 2002.
- Do not overload particular counties or regions with pilot projects. Change is hard for staff, even if it is seen as positive. Placing more than one pilot project in an area may generate misinformation about a project's effectiveness.

- Create a mechanism to encourage communication and information sharing among initiatives, both public and private. Various independent living programs were begun in the state during the grant period, and there was a general lack of knowledge on everyone's part about them.

For Program Funders

- Do not have a federal mandate and funding for training on it within a period of a year. State policy makers did not have time to get changes in policy and procedure implemented before training dollars were disbursed. It would have been better to delay funding of training or give states more time to implement their individual policies and procedures. The new federal laws gave the states much leeway in interpretation and implementation, so we could not train counties on specifics until state policies and procedures were in place.
- In the future, if two submissions are selected for funding and they have overlapping target audiences, ask one of them to alter its target audience—for example, SCDSS could have been eliminated from the North Carolina grant.

Recommendations to Independent Living Field

- Independent living preparation does not start when children are 13; it is a lifelong learning process. We should work with every child, in or out of foster care, to prepare him or her to function in this world. When we let program guidelines drive our practice, we lose and the child loses. We should strive to find ways to not only meet immediate needs of children but also to prepare them for their life's journey.
- Everyone needs to feel connected to something, and we should work to keep children as connected as possible to the people, things, and places in their world that are important to them.

First Voice Evaluation Report

First Voice Evaluation Report

In July of 2002, Joel Philp, PhD, and Christy Derrick, MPH, in-house evaluators at The Center for Child and Family Studies (CCFS), began an outcome evaluation of *First Voice*. Their framework uses a modified version of Bennett and Rockwell's (1999) evaluation model entitled *Targeting Outcomes of Programs* (TOPs). TOPs is a seven-level hierarchy similar to a standard logic model or theory of action. Starting at the bottom-center and working back up the right side of Figure 1, the first three levels of the model represent areas for **process evaluation** in which we determine the fidelity between the program in theory and the program in action. The primary questions here are "to what extent has *First Voice* been delivered as planned? What resources were used to deliver what activities to whom?" These and similar questions are addressed in the Executive Summary. The last four levels of the model identify areas for **outcome evaluation**. Here the focus is to determine the effects that can be reasonably attributable to the training. These effects are assessed according to the reactions of the trainees, gains in knowledge, skills, attitudes, and intentions (KASI) immediately following the training, and changes in trainees' work-related practices that are evident three months following the trainings¹. This report addresses primarily issues related to our outcome evaluation. Each outcome-based level is described below.

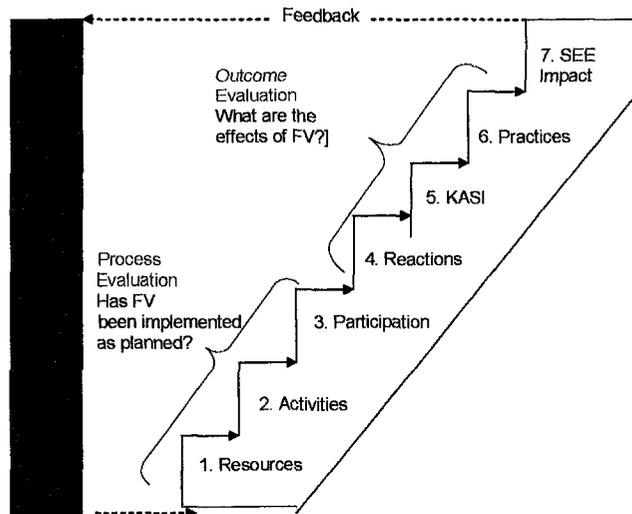


Figure 1. First Voice Evaluation Framework

The framework has a built-in feedback loop that serves as a conduit for translating evaluation results into program improvements. We view this feedback loop as critical, not only for purposes of continual quality improvement but also for ongoing monitoring and management. For instance, after training, the evaluators tabulated the results from the reaction assessment and presented their findings to the project team so that modifications could be made as necessary.

Evaluation Methodology

Outcomes were assessed at three levels for each of the three levels of training. The outcome level is described below as well as depicted there in the TOPS Framework.

Reactions. At this level, we assess the trainees' reactions to the content of the training, the quality of instruction, the amount of support they believe they have to implement what is presented in the training, and their overall satisfaction with the training experience. Having trainees react positively to the training is a necessary but not sufficient ingredient to achieving outcomes at the next two outcome levels.

Changes in knowledge, attitudes, skills, and intentions (KASI). Immediately after training, trainees should show positive gains in certain targeted areas. For examples, if the training is successful, they should have improved their skills, modified their attitudes, changed their intentions, or acquired some new knowledge.

Changes in practices. If trainees react positively to the training and show some positive gains in their knowledge, skills, attitudes, or intentions immediately following the training, then the stage is set for

¹ Documenting outcomes at the Social, Economic, and Environmental (SEE) levels presents an immense challenge to the evaluator. SEE outcomes can only be assessed longitudinally using tightly controlled designs. This is beyond the scope of most evaluations.

transfer of training and they will begin to apply in their day-to-day jobs what they have learned. These will be manifested as changes in practices, actions, or behaviors.

One of the first steps in any outcome evaluation is to work with the program staff to develop the program's logic model. A logic model is a graphic representation that serves as a roadmap for both program development and program evaluation. It links activities to immediate, intermediate, and long-term outcomes. In the present case, our logic model links the *First Voice* training modules to immediate changes in a trainee's knowledge, skills, attitudes and intentions and then to changes in his/her practices that are evident three months posttraining. In turn, these are linked to a primary long-term goal that is specific to each level of the training. Our final goal, to improve youths' chances of success for up to one year after they leave care, unites the tripartite model under one overarching mission. (There is a copy of the logic model following this report.)

Developing the logic model proved a worthwhile endeavor. Meetings were held monthly over the course of 12 months to develop the logic model, construct indicators, develop instruments, and finalize the evaluation plan. In the program development and piloting phase, the logic model was constantly revisited so that appropriate outcomes would match any changes made to the curriculum. These changes often occurred in response to the results from the reaction assessment provided through our feedback loop.

Instruments

Reaction questionnaire. We designed a 33-item reaction questionnaire to solicit feedback from the trainees that would help guide our modifications prior to beginning the outcome assessment. The reaction questionnaire contains both quantitative and qualitative information, is administered at the end of the each training, and can be completed in less than 15 minutes.

Outcome questionnaires. We designed two outcome questionnaires. One questionnaire is administered immediately after the training and one three months after the training. Outcomes were created in concert with the curriculum developer for each level of the training. The questionnaires were designed to measure (1) immediate changes in participants' knowledge, skills, attitudes, and intentions and (2) intermediate-term outcomes that involve changes in practices or maintenance of immediate gains. Because each level of *First Voice* has its own distinct outcomes, we created three unique sets of outcome instruments. Each set contained a retrospective pretest questionnaire and a follow-up questionnaire. (The instruments follow this report and the logic model.)

Design

We measured outcomes through a retrospective-pretest design with a three-month follow-up. The first outcome questionnaire was administered at the conclusion of each training. Embedded in the questionnaire is a retrospective pretest that asks the respondent to reflect back and rate his/her skills, knowledge, and intentions prior to the training and again now that the training has been completed. The follow-up questionnaire was mailed to each trainee three months later to determine the degree to which short-term outcomes were maintained and the extent to which the skills learned in training were being used in practice.

We selected this design for two reasons. First, the retrospective pretest eliminates the need to assess baseline levels prior to training, as is the case with traditional pretraining -posttraining designs. There is no pretraining assessment. Rather, after training is completed, trainees are asked to retrospectively rate their independent living (IL) knowledge and skills before the training and then are asked to rerate themselves now that they have completed the training. Not only does the retrospective pretest save time by eliminating the need for two administrations of the assessment instrument (i.e., a pretest before training and a posttest after training), but it also avoids the problem of response shift bias inherent to pretest-posttest designs. Response shift bias occurs when pretest indicators are overestimated because trainees lack a clear understanding of the knowledge and skills that the training is attempting to improve. Response shift bias increases the probability of a Type II error. In the present case, it would result in our inability to detect any positive effects of the training when, in fact, positive effects are truly present.

Reactions

We assessed reactions to the trainings throughout the spring of 2003. A total of 74 trainees (Level I, 32; Level II, 29; Level III, 13) completed a reaction questionnaire.

Reactions were very positive to each of the three levels of training. As show in Figure 2, trainees rated the trainings very favorably in terms of its content, quality of instruction, and overall value. Furthermore, trainees believed that their counties would be generally supportive of their efforts to implement the ideas presented in the training.

Their overwhelming endorsements of each statement presented below in Table 1 provides further evidence of their enthusiasm.

Figure 2. Mean reaction score, by area and training level.

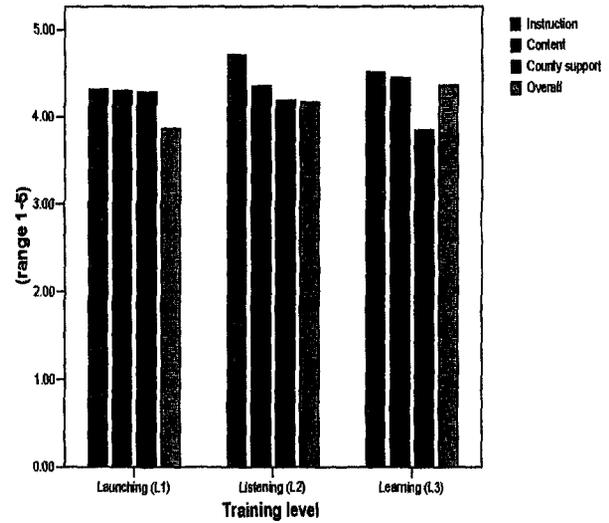
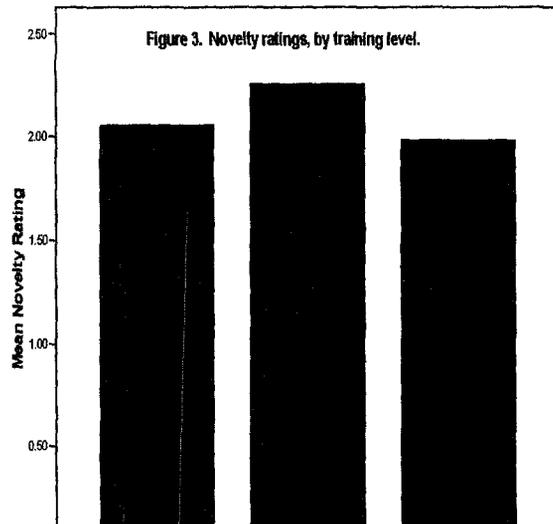


Table 1. Trainees' endorsements of First Voice, by level of training.

Statement	Percentage of Trainees Responding "Yes"		
	LI: Launching (n=32)	LII: Listening (n=29)	LIII: Learning (n=13)
Do you believe that the training...			
Enhanced your appreciation of your work with youth (or youth professionals)?	91%	96%	92%
Enhanced your ability to work with youth (or supervise youth professionals)?	81%	100%	83%
Enhanced your understanding of the issues facing youth (or youth professionals)?	91%	91%	83%
Would you recommend that others like yourself attend this training?	94%	100%	92%

In order to maintain interest and enthusiasm, we wanted to be sure that First Voice presented new information to the trainees. The trainees were asked to rate the novelty of the information provided on a scale of 1-*not at all new* to 3-*all or mostly new*. We compiled these ratings into a simple bar chart.

The average ratings are shown in Figure 3 at right. Perhaps the information that proved to be most useful for improving the training came when we examined intragroup variation. For example, we



discovered that trainees in Level II had very little prior exposure to the IL training tools that were being presented but reported having had a great deal of prior instruction concerning issues of trauma and loss. The curriculum was modified accordingly so that added emphasis was placed on the IL tools and less instruction was afforded to issues concerning trauma and loss.

Surprisingly, we found very few differences between the training levels. A series of four one-way analyses of variance found no differences in novelty ratings or the perceived level of county support across trainings. However, difference emerged in the overall ratings ($F(2, 71) = 4.43, p < .05$) and in the instructional ratings ($F(2, 71) = 3.86, p < .05$). Specifically, our post hoc comparisons found that Level III trainees rated their overall training higher than trainees in Level I, and trainees in Level II rated their instruction significantly higher than trainees in Level I.

We compiled the qualitative data from the reaction questionnaires and reported the findings to the curriculum developers and trainers for feedback. The answers to these questions were used to modify the content (e.g., "What should be added to the training? What should be dropped?"); identify the most significant features of the training so that they could be strengthened or reinforced (e.g., "What was most useful? What had the most impact?"); and identify specific practices and their barriers that would provide evidence for transfer of training (e.g., "What will you do differently? What needs to change for you to use what you learned?").

Outcomes

1. Level I- Leading (supervisor's training)

For reasons described in the Executive Summary, the number of trainees who attended the Level I trainings is disappointing. Thus, we have outcome data on only 10 trainees, and of these only 3 returned a follow-up questionnaire. Because of the small sample size there are very few definitive conclusions we can make concerning the outcomes achieved at Level 1. Nevertheless, we present some tentative findings.

Question 1. Did trainees achieve a criterion score of 75% correct (or more) on a knowledge test of the Chafee Act? Did they maintain their score at follow-up?

Yes. Trainees correctly answered 87% of the questions on a 19-item knowledge test of the Chafee Act. The average score of the 3 respondents who responded at follow-up was 81%.

Question 2. Did trainees enhance their appreciation of the adolescent-caseworker relationship? Did they maintain this level of appreciation at follow-up?

Yes. Based on a 4-item scale and using the retrospective pretest methodology, the importance supervisors placed on the caseworker-adolescent relationship significantly increased from pretest to posttest from a mean of 5.57 to a mean of 6.65 ($t(9) = 4.8, p < .001$). The range of this scale is 1-7. The mean for the 3 respondents at follow-up is 6.8, which provides some evidence that these gains were maintained three months later.

Question 3. Did the supervisors increase their ability to support their workers in using IL tools for helping adolescents with IL? Is this maintained at follow-up?

Yes. On a scale measuring their understanding of the IL tools, trainees retrospective pretest scores averaged 2.4. At posttest, scores significantly increased to an average of 5.9 ($t(9) = 12.8, p < .001$). At follow-up, the mean for the 3 respondents who returned their questionnaires was 5.33, again suggesting that these gains were maintained. Eight questions make up this scale with a mean range of 1-7.

Question 4. Were trainees able to identify two or more strategies they intend to use to support their workers in using the IL tools and two or more strategies they intend to use to develop positive relationships with adolescents?

Yes. Trainees identified an average of just over 5 (range 4-7) strategies that they intend to use to promote positive relationships between foster care youth and their caseworkers. At follow-up, the 3 trainees reported having implemented an average of 5 strategies. Similarly, trainees identified an average of 6.8 strategies they intended to implement to support caseworkers in using the IL tools (range 2-9). At follow-up, this number remained virtually unchanged (mean 6.7; range 5-9).

Question 5. Did supervisors review more IL tools with their caseworkers three months after the training compared to the three months prior to the training?

Our questionnaire asks trainees how many of each IL tool listed they had reviewed with their caseworkers. These tools include the ACLSA, social network maps, problem-solving modules, and goal-attainment scaling. Trainees reported having reviewed a total of 7 IL tools in the three months prior to training; at follow-up, trainees reported having reviewed a total of 15 tools in the three months posttraining.

2. Level II – Listening (caseworker training)

Between January 2003 and July 2004, 125 caseworkers attending the Level II trainings completed a questionnaire at the conclusion of these trainings. We excluded 15 trainees from the analysis because they either did not attend all the training (13) or did not carry a caseload of youths at the time they completed the questionnaire (2). Of the remaining 110 trainees, 39 (36%) returned a follow-up survey three months later. We included all 110 trainees in the analysis of immediate outcomes.

Question 1. Did trainees achieve a criterion of 75% correct (or more) on a knowledge test of the Chafee Act? Did they maintain their score at follow-up?

Yes. On average trainees answered 89% of the questions correctly on a test measuring their understanding of the Chafee Act administered immediately after training ($n=110$; mean =89.2; $sd=7.9$). Scores for the 39 trainees who returned a follow-up questionnaire remained virtually unchanged three months later (mean posttest score: 88.6%, sd 7.7; mean follow-up score 88.5%, sd 6.8).

Question 2. Did trainees enhance their understanding of the IL tools? Do they intend to use these tools? At follow-up, do they maintain their intentions, and to what extent have they actually used the tools in the previous three months?

Answer. Trainees did enhance their understanding of the IL tools. We asked trainees to rate their ability to use the IL tools prior to the training (retrospective pretest) and then asked them to rerate themselves now that they had completed the training (posttest). Their average self-efficacy ratings increased from 3.0 to 5.8 ($t(109)=20.4$, $p<.001$). These ratings are based on an 8-item scale with a range of 1-7.

On a 1-7 scale measuring intention to use each of these IL tools, trainees averaged a score of 5.1 (sd 1.3) after training, suggesting that they had a moderate to high intention of using these skills in the next three months. At follow-up, however, their intention to continue using these tools had significantly decreased to a mean of 3.9 ($t(38)=5.6$, $p<.001$). As we describe later on, caseworkers cited a lack of time as the major barrier preventing them from using the tools more often than they did.

We found strong evidence to indicate that trainees changed how they worked with youths and families preparing for IL in the three months after the training. That is, they changed their practices. Specifically, we found a significant increase in the number of caseworkers using the IL tools and the number of times caseworkers applied the tools. For instance, prior to training, only 2 of 39 caseworkers reported using the ACLSA with a caregiver a total of 4 times in the previous three months. Three months after training, 10 of 39 caseworkers reported having used this same instrument and reported a total of 23 administrations. When we looked at all the IL tools, prior to training trainees reported 13 applications of the IL tools in the previous three months. At follow-up, trainees reported a total of 118 applications within the previous three months, an increase of over 900%. See Table 2 below.

Table 2. Caseworker's reported use of IL tools three months prior and three months after Level II training.

Tool	3 mo. prior to training		3 mo. after training	
	# Cwrks/39	#Applications	# Cwrks/39	#Applications
ACLSA- Caregiver	2	4	10	23
ACLSA- Youth	4	9	15	37
Social Network Map	0	0	5	9
P-S Model	0	0	10	32
GAS	0	0	7	17
Total		13		118

Question 3. Did trainees believe that the training had enhanced their understanding of the impact of trauma and loss on adolescents in foster care? Did trainees maintain these gains at follow-up?

Answer. Yes. Trainees significantly increased their self-reported understanding of the impact of trauma and loss, from a retrospective pretest mean of 3.0 (sd 1.4) to a posttest mean of 6.0 (sd .7), ($t(108) = 20.3$, $p < .001$). Our data also suggest that these gains were maintained. The means of the 39 trainees submitting a follow-up questionnaire are similar and did not significantly decrease from posttest to follow-up.

3. Level III – Learning Together (youth professionals)

Between August 2003 and March 2004, 16 Level III trainees completed a retrospective questionnaire at the conclusion of the training. Of these, 4 trainees indicated they had not attended all of the training and had to be removed from the analysis. All 12 are used in the analysis of short-term outcomes. Nine of the remaining 12 trainees returned a follow-up questionnaire, but 3 trainees reported that they were no longer working with youth preparing for IL and were removed from the analysis. Because this left us with only 6 sets of retrospective-follow-up questionnaires, our findings must be read with caution.

Question 1. Did trainees enhance their ability to conduct youth groups? Did they intend to conduct any youth groups in the next three months? At follow-up, did trainees report having conducted any youth groups?

Answer. Yes. On a 7-item scale (mean range 1-7) measuring skills in conducting a youth group, trainees rated their skills significantly higher at posttest (mean 6.4) than they did on the retrospective pretest (mean 4.5; $t(11) 4.8$, $p < .001$). At follow-up, scores did not significantly decrease from their posttest levels. It is important to note that these trainees were not novices. On the contrary, 11 of the 12 trainees reported having conducted a youth group in the three months prior to training, and all 11 trainees reported that they intended to conduct at least one youth group over the next three months. This makes these gains in self-reported abilities all the more commendable.

At follow-up, 4 trainees reported that they conducted 11 youth groups with a total of 94 youth in the three months after training. The two trainees who had not conducted any groups reported that there was “no longer a need” or the “there was not enough youth” in their respective counties. Before training, these same six trainees reported having conducted 19 groups with a total of 133 youth in the previous three months. Thus, perhaps due to contextual circumstances in their particular counties, these youth professionals were not reaching more youth after the training.

Question 2. Did trainees enhance their appreciation of the need for consistency, commitment, and genuineness in adult-youth relationships? Did trainees maintain this level of appreciation at follow-up?

Yes. On a 6-item scale measuring understanding of youth-adult group interactions, trainees' posttest scores significantly increased compared to their retrospective pretest scores ($t(11), 3.8, p < .05$). These scores did not significantly decrease at follow-up, suggesting that the gains are being maintained.

Question 3. Did the trainees enhance their awareness of alternative learning techniques? Did they maintain this level of awareness at follow-up? Did 50% or more of the trainees report having used alternative learning techniques at follow-up?

Yes. On a single-item question measuring awareness of the tools and games that are available to facilitate youth groups, trainees significantly increased their level of awareness from retrospective pretest mean of 3.8 to a posttest mean of 6.3 ($t(11) 4.8, p < .001$). These gains were maintained at follow-up. Last, all 4 (100%) of the trainees who conducted at least one youth group within the first three months after training reported having used the tools and techniques they learned while conducting the group.

Data Quality

As with any evaluation, the quality of the data can have an effect on the credibility of the results. Clearly, the small sample size we have from the Level I and Level III trainings is our biggest concern. The outcome results for Level I are based on the responses from 11 trainees, only 3 of whom returned a follow-up survey, and the results for Level III are based on a sample of 12 trainees, 9 of whom returned a follow-up questionnaire. It is worth noting once again that these small sample sizes are due to poor attendance at the trainings rather than from nonresponse or incomplete questionnaires. On the contrary, we had very little spoiled data, and the trainees reported no trouble in completing our questionnaires.

While the sample of the Level II trainees is sufficiently large ($n=110$) to allow us to make definitive statements regarding the immediate impacts of the trainings, at follow-up only 39 (36%) trainees returned a questionnaire despite our best efforts². This raises the specter of response bias. We cannot be certain that the trainees who responded at follow-up are representative of the population of DSS caseworkers who attended the training. They may be, for example, more motivated than other caseworkers, or they simply may have had more time available to complete the questionnaires. We cannot rule out that these responders who chose to complete a follow-up questionnaire represent a unique group of individuals. However, such a response rate is common in follow-up surveys of child welfare workers.

Last, our results are based solely on self-report. We did not attempt to confirm these self-reports with other sources of information, such as case records, in part because of confidentiality issues.

Summary

Trainees reacted positively to all three training levels. Although there was little variation across the levels, we did find that the Level III training with youth professionals had highest overall rating, while the Level II training targeted to caseworkers had highest instructional rating. Generally this reinforced relationship issues and taught skills related to using new IL tools.

The training produced immediate gains in knowledge, skills, and intentions. We found immediate gains across all three levels of training. At Level I, we found significant increases in supervisors' appreciation of the importance of a healthy adolescent-caseworker relationship, and an increase in the importance of supporting caseworkers in the use of the IL tools. At Level II, the training significantly increased caseworkers' self-reported understanding of how trauma and loss affect the youth-adult relationship, and significantly increased the caseworkers' skills in using specific IL tools with youth. The Level III training also showed immediate gains in trainees' self-efficacy ratings. They believed the training enhanced their ability to conduct a youth group and their appreciation of the need for consistency, commitment, and genuineness in the adult-youth relationship. At Level I and Level II, trainees achieved the criterion of 75% correct on a test of their knowledge concerning the Chafee Act.

² These efforts include repeated telephone calls to the trainees, including incentives with the follow-up survey such as small gifts or a dollar bill, and personalizing the cover letter to the follow-up questionnaire with a picture of the trainer.

Most immediate gains are maintained, and there is evidence to indicate that caseworkers have changed their work-related practices. Three months after training, we looked for maintenance of these immediate gains as well as evidence that the trainees were using in their daily work the skills they had learned in training (i.e., transfer of training). Again, for the Level I and Level III training, the small sample size prohibits us from making definitive conclusions. Nevertheless, there is some evidence to suggest that trainees maintain the short-term gains three months after training. For example, at follow-up the supervisors maintained their posttest knowledge level regarding the Chafee Act, and their appreciation of the importance of a positive adolescent-caseworker relationship remained high. Similarly, Level III trainees maintained their immediate gains in their ability to conduct youth groups as well as their appreciation of the need for consistency, commitment, and genuineness in adult-youth relationships. In terms of practice, all trainees who responded at follow-up reported using the tools and techniques they learned in the training in their last youth group. However, the Level III trainees did not report an increase in the number of youth groups they conducted in the three months following the trainings.

Our conclusions concerning the intermediate impact of the Level II training are more definitive, primarily because the evaluation sample was large enough to allow for inferential testing. Not only did the self-reported efficacy scores regarding the use of IL tools and the understanding of the issues of trauma and loss significantly increase from retrospective pretest to posttest, but these gains were maintained at follow-up. Perhaps most impressive is the extent to which the caseworkers have incorporated these skills into their day-to-day jobs. The 39 caseworkers who completed a follow-up survey reported a total of 13 applications of the IL tools in the three months prior to the training. Three months after the training, these same caseworkers reported a total of 118 applications, an increase of over 900%. This is solid evidence that First Voice- Level II promotes *transfer of training* with DSS caseworkers.

The connection between program implementation and outcomes

As outlined in the logic model, within each training level specific outcomes are linked to specific modules. As described in the results section, there is evidence to indicate that the training achieves virtually all the intended short-term outcomes. Furthermore, trainees maintained many of these gains up to three months later.

What barriers exist to implementing what is taught in *First Voice*? In a multiple-response type format³, the follow-up questionnaire asked supervisors (Level I) and caseworkers (Level II) to identify the barriers that impeded their ability to apply what was presented in the training to their everyday work. For Level I, supervisors (n=3) identified time (either their own or that of their caseworkers) as the single biggest barrier to using the IL tools. Similarly, for the Level II training 50% of the caseworkers identified a lack of time as a major impediment to using the IL tools; 27% identified an increase in their caseloads; 23% identified a change in their program responsibilities; 12% said engaging the youths with the tools was too difficult, and 23% said there were no barriers to using the IL tools. The follow-up questionnaire also asked caseworkers to identify the ways in which their counties had supported them in using the tools. Of the 39 follow-up respondents, 39% of the caseworkers reported that their supervisors offered flexible work hours, 39% reported that their supervisors stressed the importance of using the ACLSA, and 39% stressed the importance of information sharing between caseworkers. Only one caseworker (4%) reported that his or her supervisor reviewed the results of an ACLSA or any other tool with him or her. In terms of support in promoting positive youth-adult relationships, the caseworkers report that their supervisors offered flexible work hours (45%), stressed the importance of honesty and sensitivity (39%), regularly discussed with them ways to build relationships (38%), stressed the importance of spending time with youths (34%), encouraged networking with other caseworkers (35%), sent others to the *First Voice* training (24%), or set up a reward system (3%).

In all, these results suggest that caseworkers are being supported by supervisors in their work with youth preparing for IL. The question is whether this support is sufficient in quality and quantity to really make a

³Because a multiple-response question allows the respondent to select more than one categorical answer, cumulative percentages will add up beyond 100%.

difference. Certainly caseworkers welcome the opportunity to work flexible hours and any guidance or encouragement supervisors can offer. However, the fact that only one caseworker reported having reviewed an ACLSA (or any other IL tool) with his or her supervisor is disconcerting. Without this type of supervision, caseworkers are not provided with any corrective feedback. Therefore, although caseworkers may be using the IL tools, the extent to which they are correctly using the IL tools is largely unknown.

Recommendations

1. *Identify and address the barriers to attendance.* To the extent possible, we need to identify why attendance at these trainings have been disappointing. Based on the results to our reaction questionnaire, it is highly unlikely that poor attendance is due to the quality of the training. Perhaps local training budgets are limited or the trainings sites are inconveniently located.

2. *Address barriers to transfer of training.* Although many trainees in the Level II training report having used what was taught, they report that they lack the time required if they are to use the IL tools more frequently. The evaluators recommend that strategies be developed that would provide "shortcuts" to using the tools in the most time-efficient manner possible.

3. *Teach supervisors how to review the results generated by use of the various IL tools.* While supervisors offered verbal support and encouragement to their caseworkers, very few caseworkers reported having reviewed any completed IL instrument with their supervisor. Supervisors need not only to be aware of what IL tools their caseworkers are using but also to sharpen their clinical skills in the use and interpretation of these tools and their understanding of how they can guide decisions.

4. *Continue to focus on strategies to improve the response rate to follow-up surveys.* The response rate to any follow-up questionnaire used in future training evaluations is likely to be disappointing if steps are not taken to address this problem. The Center has recently initiated a study to investigate the factors that contribute to a response rate among child welfare professionals.

GOALL Report

GOALL Report

Go Out and Learn Life (GOALL) was established by the South Carolina Department of Social Services in 2000 and named by the young people on the committee. Over the past five years, 25 youths in foster care have contributed to the work that GOALL has accomplished. These young adults have ranged in age from 16 to 21 and represented African American, Hispanic, and Caucasian ethnicities and heritages. Among them, they have lived in a variety of situations: rural communities, large urban areas, residential treatment programs, group homes and orphanages, and foster homes. Some have been in high school, others in college; some have been employed full time and beginning to live on their own. They have experienced the child welfare system in a variety of ways. Some have described stable living situations, with a sense of belonging and attachment to the families with whom they lived, but most have spoken of a variety of placements and limited connections to the communities around them. When they joined GOALL, most had been in foster care for at least a year, but one or two had been in care for only six months.

The GOALL committee begins each year with an orientation meeting to establish committee leadership, commitments, and guidelines and to learn decision-making tools. The orientation meeting starts with activities to develop the group's ability to work together as a team. After the initial year, all new members added to GOALL have been selected by the youths currently on the committee and through procedures they created.

As would be expected with such a diverse group, there have been numerous ideas about what was working and not working in the Foster Care and Independent Living Programs in South Carolina. Each year the youths brainstorm a list of concerns and then, applying the decision-making tools they have learned, prioritize those concerns. From this list of priorities, GOALL establishes working goals for the year.

Over the years GOALL has accomplished the following:

- Created a Bill of Rights for youths in foster care in South Carolina
- Created a brochure explaining key facts about initial placement in foster care to be given to youths 10 and older when they are removed from their homes and placed in foster care
- Reviewed grants for providing Independent Living services, such as the First Voice grant, an adoptions recruitment grant, and an alternate-living Independent Living grant. These grants were written by public and private organizations
- Reviewed the South Carolina Independent Living State Plan
- Reviewed agency policy changes for Independent Living services, services to pregnant or parenting youths in foster care, services to youths out of foster care between the ages of 18 and 21, the life journal for adolescents moving into adoptive placement, and the Education and Health Passport for youths in foster care
- Reviewed and provided feedback for the development of the surveys When I'm On My Own and Now I'm On My Own
- Prepared a position statement opposing caregivers' use of corporal punishment with youths in foster care
- Rewritten the SCDSS brochure outlining guidelines for the use of Independent Living Funds from the perspective of youths' need, youths' responsibilities, and funding and services available
- Created leaflets to give youths and foster parents quick information about Independent Living funds for education and transportation and preparing for and finding jobs

- Helped make a training video for Family Court Judges to assist with developing a judicial focus on issues of permanence for youths living in foster care
- Helped create a video to accompany the First Voice training program

GOALL members have participated in statewide training of foster parents, Guardians-ad-Litem, direct service staff and supervisors, attorneys, and Family Court judges through panel presentations about youth needs, relationship building, and successfully leaving the foster care system. Youths on GOALL attended the National Independent Living Association/Daniel Memorial Conference "Growing Pains" three years; they participated in the Youth-Speak-Out panel one year and in Youth-Creative-Expression during other conferences.

Finally, GOALL members have successfully demonstrated youths' ability to participate in the planning of programs for this age group. Over the past five years SCDSS has moved from no youth participation to inclusion of youths on all youth-related committees. Times for program planning meetings have been changed to afternoon hours to encourage youth participation. Most important, there are two other well-established Independent Living youth associations now. These associations meet monthly to continue to support the formal preparation for independence for youths in foster care in South Carolina.

CD-42444



THE CENTER FOR CHILD AND FAMILY STUDIES
COLLEGE OF SOCIAL WORK

December 20, 2004

Ms. Ruthenia Hopkins
Administration for Children, Youth, and Families, ACF
Office of Grants Management
330 C Street, SW, Room 2309
Washington, DC 20447

Reference Grant No: 90CT0062
Final Report

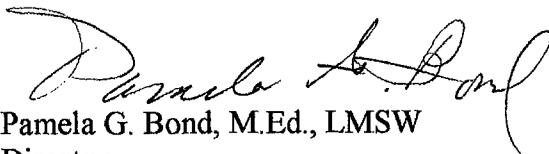
Dear Ms. Hopkins:

Enclosed are our final report for grant number 90CT0062 and our final product, a CD-rom containing the three First Voice curricula, a video that brings the voices of former foster youths to training participants, posters and other visuals, participant handouts, and evaluation instruments.

We are proud of our many accomplishments with this project and will continue to strive to meet the needs of youths receiving independent living services in the future.

Please call if you have questions or comments about the project. You may reach me at (803) 777-9400 or Anna Skipper, Project Coordinator, at (803) 777-9404.

Very truly yours,



Pamela G. Bond, M.Ed., LMSW
Director

Enclosure
cc Pamela Johnson
Mary Elizabeth Collins