

Improving the Readiness of Transition-age Youth for Independent Living

Lee Sang Jung



People
with People
in Mind



KOREA INSTITUTE FOR HEALTH AND SOCIAL AFFAIRS

【Project Head】

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Transition-age Youth for
Independent Living

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I

Introduction

I Introduction

There are approximately 28,000 youth in out-of-home care. Over 98 percent of these out-of-home care youth live in institutional care, group homes, and foster homes. Of these, about 2,600 leave out-of-home care every year, 56 percent of whom do so because they reach the age of 18 (Heo, 2018). Being 18 years old, however, hardly means these youth are ready and able to deal, in a responsible way, with the financial, emotional, and social issues involved in becoming and living as an independent adult. Youth who have been in out-of-home care for a long time and have effectively had their family ties severed, meeting their birth parents less than once a year (Lee et al. 2017), cannot reasonably expect emotional or financial support from their original families. Leaving out-of-home care at the age of 18 can thus present a significant challenge to these children, more so than to those who have grown up in general family situations, and expose them to greater risks of maladaptation, crime, homelessness, and unemployment.

To help youths who leave out-of-home care successfully attain independent adulthood, it is critical to provide them with the necessary training and aid them in making the necessary preparations, while they are still in out-of-home care, to ease

their transition. The out-of-home care system should be designed to provide systematic support for every stage of out-of-home care youth's transition. At present, however, the Korean government does little more than provide short-term and one-off standardized programs, such as "Ready? Action!", to help these youths with the transition. Any governmental support is also limited to youths aged 15 or older, mostly staying at large-scale institutional care centers. Youths who have grown up in group homes or foster care therefore have less opportunities for such support. Much of the support and related services available from public and private sources also exclusively target youths who have already aged out of out-of-home care system. These independent living services offered after aging-out, however, are incapable of making substantial differences in the short term. The effectiveness of these services can be ensured only when children are given adequate training and support while in care.

There is also a dearth of research on the readiness and capability of out-of-home care youths for independent living. This lack of studies further complicates the design of systematic support for children in care as well as the development of effective policy resources that cater to these children's actual needs. It is therefore paramount that we now begin to examine the readiness and needs of youth in different types of out-of-home care as well as the status of available programs and resources. Only on the basis of thorough investigation can we start to im-

prove the support system for the needs and independent living of out-of-home care youths.

The purpose of this study is to investigate out-of-home care youth's readiness for independence, experiences with receiving support and resources for independence, and demand for support for independent living. In addition to investigating youth's needs, this study also examines the support system for youth leaving out-of-home care and provides a comparative analysis of the independence-readiness of youths across different types of out-of-home care, with a view to exploring how best to improve the support system.



II

Literature Review

- A. Research on the Independent Living of
Transition-Age Youth in Out-of-Home Care
- B. Preparation for Independent Living among
Youth in Out-of-Home Care

II Literature Review

A. Research on the Independent Living of Transition-Age Youth in Out-of-Home Care

Independent living is understood as the state of being “able to support oneself without depending on, or being subjugated by, others” and is therefore viewed as a financial concept (Kim and Lee, 2015, p. 12). Financial independence, however, requires psychological and social independence from others as well. An independence is therefore best understood as entailing financial, psychological and emotional, and social independence (Kim and Lee, 2015; Roh, 2003). It is also a continuous process rather than a fixed outcome, and experiences thereof are personal and unique (Jeong et al., 2019). Therefore, we need to understand the independent living of out-of-home care youth in the perspective of individual’s life cycle, and tailor support to their special circumstance of having been cared in-out-of-home care other than their own family (Jeong et al. 2019). The out-of-home care system in South Korea is a varied mix of institutional care, group homes, and foster care, unlike those of other countries, where foster care tends to dominate. The mixed nature of the Korean support system means that policy-makers should devise and provide various resources and support

that reflect the diversity of protected children's circumstances.

However, the existing literature on the independence of out-of-home care youth has focused on institutional care and youth who have already aged out of the system. These studies mainly explored the experiences and difficulties youth faced after leaving out-of-home care, highlighting the financial, social, and psychological and emotional challenges they have had to face so abruptly after leaving care. Successful transition into independent adulthood, however, requires systematic training and preparation while in out-of-home care. Although a few studies also investigated the situation of youth from out-of-home care arrangements other than institutional care, such as group homes and foster care (Kim et al., 2015; Lee, 2011; Shin and Kang, 2017), they have not yet produced meaningful results that reflect the particular differences of these arrangements. Jeong et al. (2019) is a noteworthy recent exception, as it examined the independence-readiness of out-of-home care youth in various situations (institutional care, group homes, and foster care) and emphasized the need for support and resources that each situation should provide. The study also stressed the need to provide continued and systematic support for children's independence while they are still in out-of-home care, so as to ensure their successful transition after they leave. Jeong et al. (2019), however, focused on youth's readiness and understanding of independent living support from a limited perspective and

failed to examine what specific services or programs should be provided for youth in order to guide their transition effectively after out-of-home care.

We thus need a more comprehensive study that explores out-of-home care youth's readiness and capability for independent living in multiple domains, including the financial, psychological, and social. Furthermore, we need an empirical analysis on what types of resources are made available to youth in different out-of-home care systems, how those resources correlate to children's readiness and capability, and whether the current support system effectively helps youth successfully attain independent livelihoods.

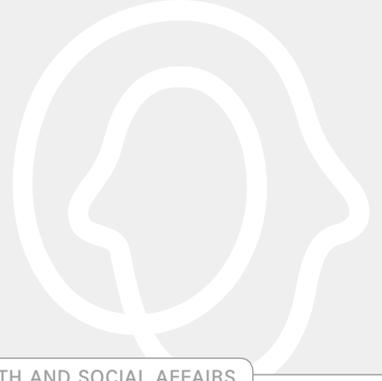
B. Preparation for Independent Living among Youth in Out-of-Home Care

McDaniel, Courtney, Pergamit, and Lowenstein (2014) examined the established literature and identifies five key areas of developmental focus for out-of-home care youth. These areas were: skills necessary to take care of one's own financial, health, and nutritional status; social capital; human capital, such as education and vocational training; psychosocial skills; and access to material resources, including housing, clothing, cash, and healthcare (p. 8). Achieving these core tasks of develop-

ment during transition resulted in positive outcomes in adulthood, in relation to education, employment, health and well-being, stable relationships, social skills, and housing (McDaniel et al., 2014). Caspi et al. (1998) identified employment as the single most important developmental step in one's transition into adulthood. Because employment exerts far-reaching financial, psychological, social, and control-related effects (Jahoda, 1981; Frunham, 1994), it plays a critical role in out-of-home care youth's ability to become productive adults (Caspi et al., 1998). Most out-of-home care youth gain employment at some point after they leave out-of-home care, but they are prone to unemployment and partial employment, faring poorly in comparison to non-out-of-home care youths in terms of both employment rates and income (Hook and Courtney, 2011). It is therefore critical for out-of-home care youths to gain private, human, and social "capital" as part of their development of employment capability (Caspi et al., 1998, p. 426).

Private capital consists of behaviors and attitudes that shape one's motivation and capability for independence (Caspi et al., 1998), while human capital includes skills, knowledge, education, and training experiences as resources that one has acquired toward achieving independence (Caspi et al., 1998). Social capital refers to the relationships and networks that provide access to the variety of resources needed for independence (Caspi et al., 1998). Capital necessary to gain employment en-

compasses both the obstacles to the independent living of out-of-home care youths (Cho, 2008) and the core developmental tasks of out-of-home care youths in transition (McDaniel et al., 2014). This study examines the preparedness of out-of-home care youths in Korea for independent living in a comprehensive manner, particularly in terms of the acquisition of human, private, and social capital emphasized by Caspi et al. (1998), with a view to finding implications for substantially improving the independent living support system for transition-age youth in out-of-home care.



III

Transition–Age Youth and Independent Living Support System

- A. Transition–Age Youth
- B. Independent Living Support System

III Transition–Age Youth and Independent Living Support System

A. Transition–Age Youth

As the currently available data on out-of-home care youths do not provide information on children by age, it is difficult to ascertain, with exactitude, the number and status of youth who are about to leave out-of-home care and prepare for independent living. Under the Child Welfare Act (CWA), we may define children in out-of-home care aged 15 or older as “youth in preparation for independent living.” In 2018, there were 11,865 such youth, accounting for 47.2 percent of all out-of-home care youths, including youth living in institutional care and group homes and attending middle schools as well as all children aged 15 or older and living in foster care.

These transition-age youth face emotional and mental challenges, stemming from negative experiences with their original families before out-of-home placements. Poverty, divorce, and abuse, which has been increasingly reported, mostly result in the separation of these children from their families, leaving them traumatized. Most important for the successful development and independence of out-of-home care youths after they leave the care are the psychological counseling and substantial mental health support they receive while in care to help them over-

come their trauma.

Most out-of-home care youths in Korea spend long periods of time in out-of-home care, until they reach the discharge age of 18 legally. One problem with long-term stays in out-of-home care is that children who are separated from their original families have no other sources of support to turn to after they leave out-of-home care. Although the law requires follow-up with out-of-home care youths for five years after they leave care, it is understandably difficult for workers to get in touch with these youth even once a year after they age out of care. In other words, just because they turned the discharge age, out-of-home care youths find themselves abruptly forced to live in the absence of adults or a support system that they may consult or depend on for emotional and psychological support.

The existing manual on independent living support indicates that these youth are to receive systematic support across three stages after they enter the out-of-home care system, based on a standardized program that is intended to equip them with the skills they need to live independently. However, only a few organizations with professional personnel and adequate resources can provide this system of support, with the vast majority of group and foster homes finding it nearly impossible to provide the kind of support the manual calls for. Group homes, for one, are not equipped with personnel trained to support the in-

dependent living of former out-of-home care youths. Foster families may turn to the support personnel of local centers, but a typical center oversees too broad an area and therefore struggles to provide effective help for every youth. Therefore, youth leaving group homes or foster care are effectively deprived of the professional support they need to live independently. Even worse, they may even lack access to information on the support that is available to them.

B. Independent Living Support System

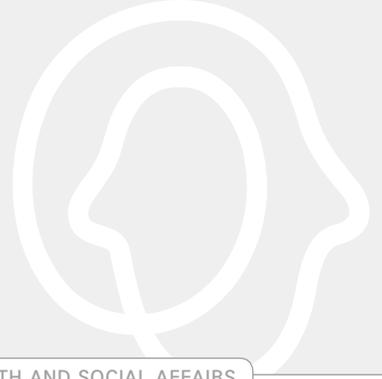
Under Article 40 of the CWA, the state and local governments “may entrust all or part” of “such affairs as the establishment and operation of a database related to support for self-reliance, development and dissemination of self-reliance support programs, management of cases, etc.” to “a corporation, organization, etc.” Aside from a national agency, only 10 of the 17 metropolitan cities and provinces across Korea (58.8 percent) operate agencies that support the independent living of out-of-home care youths. Moreover, these agencies do not constitute “child welfare facilities” under the current law. This lack of status invites confusion over their functions and roles and denies them national funding. The law and its enforcement decree are also silent on the specific criteria by which these

support agencies are to be run and staffed, causing local governments to deal with these agencies in a passive manner.

Article 38 of the Enforcement Decree of the CWA limits the eligibility for support for independent living to youth in out-of-home care and youth for whom no more than five years have passed since they age out of the care. Setting the maximum duration of state support at only five years, however, can cause numerous problems, especially because the duration of support each youth requires will vary depending on his or her situation and needs. The five-year period of support may, on the one hand, lead the state to intervene excessively in youth's affairs, or, on the other, abruptly end the support before the given youth reaches a state of self-reliance and independence either because the youth left out-of-home care system before he or she turned 18 or otherwise lacks the needs and conditions that warrant more extensive support.

The current public system of support is based on a three-tiered service delivery system, with the central government at the top, metropolitan cities or provinces in the middle, and local municipalities at the bottom. Of the 17 metropolitan cities and provinces, however, many lack a independent living support agency. The absence of legal provisions that clearly define the respective roles and responsibilities of the central and local governments also serves to undermine the efficiency and effectiveness of available services. Local-level agencies are required

by law to not only provide support for the independent living of youth in institutional care, group homes, and foster care, but also directly serve “youth at risks,” in addition to following up with youth that have left out-of-home care. Redundancy and confusion over the functions of these local agencies are bound to arise when public out-of-home care case management teams are launched at the municipal level (Government of the Republic of Korea, Child Policy for an Inclusive State, May 23, 2019) in the future.



IV

Research on the Readiness for Independent Living among Transition–Age Youths

- A. Study Method
- B. Readiness for Independent Living:
Comparison of Different Types of
Out-of-Home Care

IV Research on the Readiness for Independent Living among Transition-Age Youths

A. Study Method

(1) Survey Method

Because the population for this study is limited (estimated to be 11,865 youth in total) and different types of care institutions have different levels of representation in participation, this study reached out to all available institutional care center, group homes and foster family support centers in Korea to seek their participation. The population was then subjected to purposive sampling so as to obtain as large a sample as possible. Making up the sample are youth who were 15 years old or older and living in out-of-home care (institutional care, group homes, and foster care) as of August 31, 2019. The survey was conducted from September 5 to October 3. Trained researchers telephoned and wrote to all eligible homes and facilities in Korea (241 institutional care centers, 493 group homes, and 17 foster family support centers) to ask for their cooperation, and the youth in the facilities and homes that accepted the invitation were surveyed.

The structured questionnaire for the survey was distributed

online. Upon the request of certain facilities willing to guarantee eligible youth's participation in the survey, children filled out hard copies of the questionnaire and mailed or emailed them back, with the facility staffers' help. A total of 957 children participated to an effective extent, including 935 participating online and 22 participating by email or regular mail. Specifically, 427 of these were in institutional care centers; 215, in group homes, and 315, in foster care homes.

(2) Characteristics of Study Participants

Of the 957 respondents, 454 were girls (47.4 percent) and 503 were boys (52.6 percent). The average age was 17.4 years old (SD = 1.99), ranging from 15 to 29 in age (there were two 29-year-old respondents in total). Of these, 79.1 percent were 18 years old or younger, and 20.9 percent were aged 19 and older (eligible for extended custody). Middle-school students made up 10.6 percent of the sample; high-school students, 64.1 percent; first-year college students and above, 17.3 percent; and others who have dropped out of school or who have graduated and were working toward securing their first full-time jobs, 8.0 percent. In other words, 92 percent of all respondents were enrolled in school.

(Table 4-1) Characteristics of Study Participants

Subject		N.	%
Overall		957	100.0
Age (years)	15	147	15.3
	16	195	20.4
	17	215	22.5
	18	200	20.9
	19+	200	20.9
School	9th grade or below	101	10.6
	10th grade	175	18.3
	11th grade	196	20.5
	12th grade	242	25.3
	1st year of college+	166	17.3
	Other	77	8.0
Enrollment status	Enrolled	880	92.0
	Not enrolled	77	8.0
Sex	Male	503	52.6
	Female	454	47.4
Out-of-home care type	Foster care (Grandparents)	315	32.9
	(Other relatives)	199	20.8
	(General)	82	8.6
		34	3.6
	Institutional care	427	44.6
	Group homes	215	22.5
Prior out-of-home care	Yes (No. of homes)	286	29.9
	(Length of stay)		(1.3)
			(5 years, 1 month)
	No	671	70.1
Length of stay in current out-of-home care			9 years, 7 months
Overall length of stay in out-of-home care			11 years, 1 month

Of these respondents, 427 (44.6 percent) were living in institutional care centers, and 215 (22.5 percent) were in group homes. In other words, two-thirds (67 percent) of all respondents were in institutionalized care. There were 315 youth in foster

homes (32.9 percent), including 199 (20.8 percent) living with their grandparents, 82 (8.6 percent) living with other relatives, and 34 (3.6 percent) living in general foster homes. There were 286 respondents (29.9 percent) who had experiences of staying in out-of-home care prior to settling in their current facilities or homes, while the other 70 percent had not experienced any change in their out-of-home care settings. Respondents had been staying in their current out-of-home care arrangements for an average of nine years and seven months. The average length of stay increased to 11 years and one month when the length of stay in prior out-of-home care settings was factored into the calculation.

B. Readiness for Independent Living: Comparison of Different Types of Out-of-Home Care

(1) Private Capital

1) Life Satisfaction

Children living in group homes had the highest life satisfaction score, at 8.5 points (out of 10.0), while those living in institutional care and foster care had similar scores, at 7.8 and 7.7 points, respectively. In fact, children in foster care with general foster families had the second-highest score, at 8.1, while

those in foster care with their grandparents and other relatives scored 7.7 and 7.6, respectively, showing little different from those in institutional care.

2) Subjective Wellbeing

The types of out-of-home care presented significant correlations to all aspects of youth's subjective wellbeing, except for eudaimonia. Youth in group homes scored 7.1 overall, 0.4 to 0.5 points higher than youth in institutional care and foster care. Children in foster care were also the most worried, followed by those in institutional care, while those in group homes were the least worried. Among youth in foster care, those living with their grandparents were more worried than others. Foster youth were also the most depressed, followed by those in institutional care, while youth in group homes were the least depressed. Among foster youth, those living with their grandparents again emerged as the most depressed. Youth in group homes also rated their quality of life the highest, at 7.0, while those in institutional care and foster care gave their quality of life lower ratings. Foster care children living with their grandparents showed the lowest quality of life score, at 6.1.

3) Resilience

The types of out-of-home care also showed some correlation to various aspects of resilience, including causal thinking (ability to identify and analyze causes), emotional self-restraint, impulse control, satisfaction with current living situation, communication skills, and empathy. Foster youth scored the highest in terms of causal thinking, emotional self-restraint, impulse control, communication skills, and empathy, while those in group homes scored the lowest. By contrast, youth in group homes scored the highest in terms of satisfaction with current living situation, while those in foster care scored the lowest. Among foster care children, however, those living with general foster families scored higher than children living in group homes in general. As for relationships, however, general foster youth scored the lowest, while those living with relatives scored the highest.

4) Self-Efficacy

Youth in institutional care scored the highest in self-efficacy, followed by those in foster care and group homes, in descending order. There were no significant differences among youth in different types of foster care.

(2) Human Capital

1) Education Status

Youth in group homes showed the highest enrollment rate, while youth in foster care showed the highest drop-out or withdrawal rate. Among foster youth, those in general foster homes showed the highest enrollment rate, followed by those living with their grandparents. Youth in foster care with their grandparents also showed a higher proportion of those who had graduated from school and were preparing to get a job than other groups of youth.

2) Future Plans

Among youth in out-of-home care, 44.2 percent of those in institutional care, 32.2 percent of those in foster care, and 28.7 percent of those in group homes wanted to seek employment after graduating from school. On the other hand, foster youth showed the highest proportion of those wishing to go to university (42.2 percent), followed by youth in group homes (38.0 percent) and those in institutional care (24.3 percent). Among foster youth, those living with relatives were the most desirous of finding jobs after graduation, while youth in general foster homes were more inclined than others to want to go to a two-year college. Among youth in foster care with their grandparents, 48.0 percent wanted to go to university.

3) Subjective Assessment of Academic Performance

Youth in foster care rated their own academic performance most favorably, relatively speaking, by giving themselves a score of 5.6 (out of 10.0) on average, while those in group homes and institutional care rated their own performances at 4.8 and 4.6, respectively. Among foster youth, those living with their grandparents and relatives rated themselves 0.6 to 0.7 points higher than those living in general foster homes.

4) Preparation in Vocational Qualifications

Among youth in out-of-home care, 78.11 percent of those in group homes had experiences of preparing for writing examinations for vocational qualifications and certificates, as did 77.3 percent of those in institutional care and 71.1 percent in foster care. While the proportion of youth with such experiences was the smallest in foster care, there was no statistical significance to this finding. Among foster youth, those living with relatives showed the lowest proportion of preparing for vocational qualifications (63.4 percent), as opposed to 70.6 percent of those in general foster homes and 74.4 percent of those living with grandparents. Here again, no statistical significance was found.

(3) Social Capital

1) Contact with Original Family

Youth in group homes showed the largest proportion of those remaining in contact with their original families, at 87.1 percent, followed by 80.6 percent of youth in institutional care and 65.1 percent of youth in foster care. Among foster youth, the percentages of those living with their grandparents and relatives maintaining contact with their original families were significantly lower, at 66.4 percent and 56.9 percent, respectively, than those living with general foster families, 77.3 percent of whom remained in touch with their original families.

2) Social Support

The level of social support enjoyed by out-of-home care youths also varied by the type of care settings they were in. Youth in group homes showed the highest overall level of social support, followed by those in institutional care, with youth in foster care having the lowest level. Among foster youth, those living with relatives had greater social support than did either those living with their grandparents or those with general foster families.

3) Support Network

The strength of the support networks available to out-of-home care youths also varied by type of care. Overall, youth living in institutional care had the strongest support network, while those in foster care with their grandparents had the weakest. Youth in institutional care indicated over 10 persons on average to whom they could turn for advice, help, trust, and encouragement, and 6.1 persons on average whom they could ask for financial help in an emergency. Among foster youth, those living with general foster families had the highest numbers of persons they could turn to for help, trust, and encouragement. Youth in group homes showed relatively high numbers of persons they could rely on for advice and emergency financial help.

(Table 4-2) Preparation of Independent Living of Transition-Age youth across Different Types of Out-of-Home care

Capital	Indicator		Institutional care		Group homes		Foster care		t(F)/x2	
			N	Mean (SD), %	N	Mean (SD), %	N	Mean (SD), %		
Private capital	Life satisfaction		427	7.8(2.2)	214	8.5(2.1)	315	7.7(2.1)	9.998***	
	Subjective wellbeing	Happiness	426	6.7(2.2)	215	7.1(2.1)	314	6.6(2.3)	3.444*	
		Worry	426	4.5(2.7)	215	3.8(2.8)	314	5.5(2.6)	19.006***	
		Depression	426	3.0(2.6)	215	2.5(2.6)	314	4.0(2.7)	20.795***	
		Satisfaction with living	426	6.7(2.1)	215	7.0(2.2)	314	6.1(2.2)	8.158***	
		Eudaimonia	426	6.1(2.2)	215	6.6(2.4)	314	6.7(2.4)	1.103	
	Resilience	Causal thinking	427	11.1(2.2)	215	11.0(2.5)	313	11.5(2.1)	4.223*	
		Emotional control	427	11.1(2.2)	215	10.9(2.5)	313	11.5(2.2)	4.246*	
		Impulse control	427	10.4(2.0)	215	10.0(2.4)	313	10.5(2.0)	3.728*	
		Gratitude	427	11.7(2.4)	215	12.0(2.6)	313	11.9(2.3)	1.163	
		Satisfaction with living	427	10.6(2.7)	215	10.9(2.6)	313	10.3(2.7)	3.401*	
		Optimism	427	11.5(2.2)	215	11.5(2.3)	313	11.5(2.3)	0.01	
		Relationships	427	12.3(2.5)	215	12.4(2.6)	313	12.1(2.7)	0.74	
		Communication skills	427	10.5(2.3)	215	10.3(2.4)	313	11.0(2.3)	7.959***	
		Empathy	427	11.3(2.2)	215	11.0(2.4)	313	11.7(2.0)	5.847**	
	Subtotal	427	100.4(15.0)	215	100.1(16.3)	313	102.0(14.6)	1.352		
	Self-efficacy		427	11.4(2.2)	215	10.9(2.6)	315	11.1(2.3)	0.655	
	Human capital	Enrollment status	Enrolled	394	92.3%	204	94.9%	282	89.5%	13.505**
			Drop-out	9	2.1%	6	2.8%	20	6.3%	
Other			24	5.6%	5	2.3%	13	4.1%		
Future aspirations		Job-seeking	151	44.2%	49	28.7%	64	32.2%	34.836***	
		Vocational college	50	14.6%	30	17.5%	30	15.1%		
		University	83	24.3%	65	38.0%	84	42.2%		
		Undecided	52	15.2%	21	12.3%	13	6.5%		
Other		6	1.8%	6	3.5%	8	4.0%			
Subjective academic performance		394	4.6(2.2)	203	4.8(2.4)	282	5.6(2.2)	14.764***		
Preparation for professional qualification		427	77.3%	215	78.1%	315	71.1%	4.815		
Social capital	In contact with original family	Yes	237	80.6%	162	87.1%	151	65.1%	31.914***	
		No	57	19.4%	24	12.9%	81	34.9%		
	Social capital subtotal		427	18.8(3.2)	215	19.0(2.6)	315	3.0(0.6)	7.687***	
	Support network (number of persons who can be relied on)	For advice	427	10.2(18.1)	215	8.8(16.5)	315	18.0(3.7)	4.432*	
		For help	427	10.4(18.5)	215	7.7(11.9)	315	6.4(11.0)	6.887**	
		For emergency financial help	427	6.1(14.9)	215	5.4(10.3)	315	3.8(7.5)	3.460*	
For trust and encouragement		427	10.5(19.5)	215	8.3(14.8)	315	6.4(12.2)	5.673**		

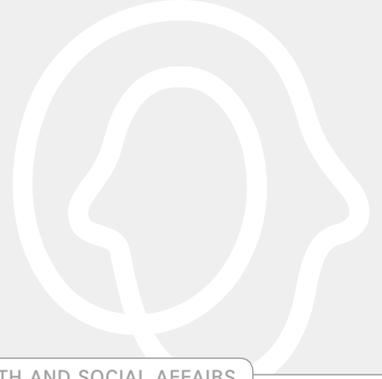
*** $p < .001$, ** $p < .01$, * $p < .05$.

36 Improving the Readiness of Transition-age Youth for Independent Living

(Table 4-3) Preparation of Independent Living of Transition-Age youth across Different Types of Foster Care

Capital	Indicator		Grandparents		Relatives		General		t(F)/x2
			N	Mean (SD), %	N	Mean (SD), %	N	Mean (SD), %	
Private capital	Life satisfaction		199	7.7(2.1)	82	7.6(2.1)	34	8.1(2.3)	5.392***
	Subjective wellbeing	Happiness	199	6.6(2.4)	82	6.7(2.1)	34	6.7(2.5)	1.740
		Worry	199	5.5(2.6)	82	4.8(2.7)	34	5.0(2.6)	10.503***
		Depression	199	4.0(2.6)	82	3.9(2.8)	34	3.8(3.0)	10.427***
		Satisfaction with living	199	6.1(2.2)	82	6.5(2.1)	34	6.6(2.3)	4.548**
		Eudaimonia	199	6.5(2.4)	82	6.7(2.3)	34	6.3(2.5)	0.774
	Resilience	Causal thinking	198	11.5(2.1)	81	11.5(1.9)	34	11.4(2.6)	2.131
		Emotional control	198	11.5(2.2)	81	11.4(1.9)	34	11.5(2.6)	2.192
		Impulse control	198	10.5(2.0)	81	10.5(2.0)	34	10.5(2.3)	1.864
		Gratitude	198	11.7(2.3)	81	12.3(2.2)	34	11.5(2.4)	1.584
		Satisfaction with living	198	10.1(2.7)	81	10.5(2.7)	34	11.0(2.7)	2.770*
		Optimism	198	11.5(2.3)	81	11.6(2.2)	34	11.8(2.8)	0.169
		Relationships	198	12.1(2.7)	81	12.7(2.4)	34	11.0(3.4)	3.002*
		Communication skills	198	11.0(2.4)	81	11.0(2.2)	34	11.2(2.2)	4.012**
		Empathy	198	11.7(2.0)	81	11.7(2.1)	34	11.7(2.3)	2.933*
	Subtotal	198	101.5(14.9)	81	103.4(12.7)	34	101.5(16.9)	0.907	
Self-efficacy		199	11.2(2.3)	82	11.1(2.3)	34	11.0(2.7)	0.372	
Human capital	Enrollment status	Enrolled	176	88.4%	76	92.7%	30	88.2%	15.705*
		Drop-out	13	6.5%	4	4.9%	3	8.8%	
		Other	10	5.0%	2	2.4%	1	2.9%	
	Future aspirations	Job-seeking	36	28.8%	21	39.6%	7	33.3%	48.934***
		Vocational college	16	12.8%	8	15.1%	6	28.6%	
		University	60	48.0%	19	35.8%	5	23.8%	
		Undecided	9	7.2%	1	1.9%	3	14.3%	
		Other	4	3.2%	4	7.5%	0	0.0%	
	Subjective academic performance		191	5.6 (2.2)	82	5.7 (2.3)	34	5.0 (2.4)	7.974***
	Preparation for professional qualification		148	74.4%	52	63.4%	24	70.6%	8.584
Social capital	In contact with original family	Yes	101	66.4%	33	56.9%	17	77.3%	36.150***
		No	51	33.6%	25	43.1%	5	22.7%	
	Social capital subtotal		198	17.8(0.6)	82	18.4(3.2)	34	18.1(3.5)	4.322**
	Support network (number of persons who can be relied on)	For advice	199	6.0(9.1)	82	7.9(14.3)	34	7.4(16.5)	2.460*
		For help	199	5.7(9.2)	82	6.5(6.3)	34	10.2(22.9)	4.106**
		For emergency financial help	199	3.5(5.8)	82	4.1(4.5)	34	5.1(17.0)	1.874
		For trust and encouragement	199	5.8(10.8)	82	6.6(8.1)	34	9.8(23.1)	3.283*

*** $p < .001$, ** $p < .01$, * $p < .05$.



V

Conclusions and Policy Implications

- A. Improving the Independent Living Support System
- B. Improving the Quality of Independent Living Services

V Conclusions and Policy Implications

A. Improving the Independent Living Support System

This study reveals various policy implications. First, the support system for the independent living of out-of-home care youths is in great need of improvement. In establishing the Care Leaver Strategy (2013), the UK government, for example, had a clear goal—that is, centralizing the available services around local governments based on close collaboration among all central government departments involved. The strategy details the respective roles and responsibilities of the eight departments involved, including the justice, labor, and education departments, as well as local governments, expressly including support for the independent living of out-of-home care youths as part of each department or government’s tasks. Korean policymakers, likewise, need to articulate the clear goal of supporting the independent living of out-of-home care youths, and to share that goal across the national government and with local governments so as to improve officials’ understanding of the situations out-of-home care youths are in as well as minimize obstacles to interdepartmental collaboration, toward providing adaptable and centralized independence-supporting services.

Second, Korean policymakers should also find ways to help

youth leave out-of-home care according to their needs and readiness for independence, instead of forcing them to leave it immediately upon reaching a certain age. For example, youth who are ready and able to lead an independent life when they reach the age of 18 may be allowed to leave out-of-home care freely, while those who are not so prepared should be allowed to remain in out-of-home care, without limiting their eligibility, until the age of 21, as practiced in some states in the United States and the United Kingdom. All youth should be guaranteed opportunities to prepare, in stable environments, for their independence at their own pace. Furthermore, rather than limiting the availability of support to a maximum of five years across the board, the government and its agents should follow up with each individual on a sustained and careful basis to provide follow-up and support on a longer term for youth in need, such as those with borderline intellectual disorder and/or mental illness.

Third, simply allowing youth to remain in out-of-home care for a longer term could disrupt their chances at acquiring the skills and abilities necessary to achieve independent adulthood. Large-scale institutional care, in particular, are likely to struggle under an extended age requirement due to the difficulty of providing balanced care for children across a wider spectrum of ages and the need to afford greater privacy and autonomy to the older youth in their care. There could also be youth who

are eager to start out on their own, but who have not been given adequate training and preparation to do so. To respond to the needs of youth who are making the transition between system care and independence, the UK government, for instance, allows youth to settle and start out on their own in the vicinity of the care homes or facilities they leave. This system allows youth in transition to live near a place with which they feel familiar and comfortable, allowing them to continue benefitting from the available services and case management. By allowing youth to experience trial and error within the reach of custody, this system reassures newly independent youth and gives them support and assistance when necessary.

Finally, the level and quality of support provided for youth in different types of out-of-home care should be balanced. Policymakers should transcend the standardized independent living support system focusing exclusively on youth in institutional care, and diversify the support system in light of the different conditions of different types of out-of-home care toward minimizing cases where support is lacking. The support system itself should be reformed in light of the different circumstances and needs of children in different types of out-of-home care (Jeong et al., 2019). The standardized program for independent living in Korea currently serves as a metric of performance evaluation for institutional care. Such program may be necessary for children living in large facilities with limited opportunities to acquire

and practice skills of daily living in home-like settings, but not as necessary for youth living in group homes or foster care. Case management for group home and foster youth, denied professional and public support, should be publicly integrated (Government of Republic of Korea, 2019) so as to minimize the blind spots of the support system and include services for independent living as part of case management.

B. Improving the Quality of Independent Living Services

First, persons with whom youth have formed relationships for emotional and social support should work alongside such youth to help them prepare for independent living. The current system of preparing youth for independence through government-entrusted professional agents needs revision. A better alternative would involve a public and integrated system of case management centered on local governments, along with case management teams specializing in out-of-home care youths (as envisioned in the Government of the Republic of Korea, 2019). The existing support agents should be redirected to managing support programs for facilities or communities and mobilizing new services and resources to assist case managers.

Second, services are needed to foster and expand a basis of social

support for out-of-home care youths in transition. Out-of-home care youths, on average, spend a very long time (over 11 years) in out-of-home care. It means that their relationships with their parents or original families may be disconnected. The result is a significant weakening of their social support network. A teaming approach should be applied to process of preparing for independence, bringing together not just youth and their case managers, but also everyone close to youth and capable of providing the social support network they need. Youth peer support services may also be developed to enable youth who have already left out-of-home care and successfully completed their transition to independent adulthood to mentor and support their peers now in transition.

Third, the opportunities for career path exploration and necessary learning should be expanded. Only 48 percent of out-of-home care youths who participated in the survey had aspirations for higher education (whether at vocational college or university), and another 37 percent wanted to find employment. The limits of the survey¹⁾ prevent us from doing easy comparisons in absolute terms, but the percentage of out-of-home care youths desirous of higher education is staggeringly low, given the fact that 92.6 percent of non-out-of-home care youths plan to seek higher education after graduating from high school (Ahn

1) As the survey was not randomly sampled, its findings and conclusions should not be generalized to all out-of-home care youths.

and Jang, 2009). Higher education improves youth's chances of securing stable employment (Heo, 2018). Learning support should thus be improved, both in quantity and quality, to broaden out-of-home care youth's range of choices for the future and encourage them to seek higher education for better career prospects.

Finally, physical and mental health support and related local social services should be increased, as should out-of-home care youth's access to these resources. The survey found that 62.2 percent of the participating youth had experiences with obtaining psychological and emotional counseling/therapy. This means that at least six out of every 10 children in out-of-home care experience psychological and emotional difficulties. Lack of sufficient and quality mental health support increases the risks of these youth leaving school, which, in turn, increases their risk of further financial and social hardships, including poverty, homelessness, and social withdrawal.

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