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I. INTRODUCTION

Adolescence is a critical period of human development with important implications for adult well-being. It is a time of identity development, of attainment of critical educational credentials and work skills, and of fostering important relationships. A key marker of the successful transition from adolescence to adulthood is acquiring the ability to support oneself through stable and adequately compensated employment. For many youth, however, the path to economic self-sufficiency can be difficult and a wide range of challenges can impede a successful career trajectory.

Physical and psychological changes make adolescents prone to behaviors that can jeopardize their prospects of achieving self-sufficiency. Hormonal and biological changes reduce the ability of adolescents to exercise good judgment and make wise decisions just as they are beginning to develop a greater need for independence and a sense of identity. Teens and young adults might respond to these changes by engaging in risky behaviors with the potential for long-term negative consequences, such as unplanned pregnancies, criminal activity, or drug use. Youths' experiences, resources, and choices help determine whether they will develop into independent adults or whether they will become dependent on public assistance, incarcerated, homeless, or otherwise unable to provide for themselves and their families.

The families and communities in which youth live can also affect their well-being and their chances for achieving self-sufficiency in adulthood. Parents in low-income families may lack the resources to compensate for inadequate education or services. Unstable families might provide little supervision to guide their children toward positive behaviors. Exposure to violence in families and communities is particularly deleterious to adolescents' well-being and can cause physical and psychological harm that reduces their chances of success as adults. Low-income communities might have lower-quality schools and lack employment opportunities for youth and young adults, creating obstacles to self-sufficiency even for youth without other psychological barriers or skill deficiencies.

Programs within the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (DHHS) present an opportunity to prepare at-risk youth for self-sufficiency and improve their workforce career trajectories. Within ACF's Administration on Children, Youth, and Families (ACYF), the Family and Youth Services Bureau (FYSB) assists homeless and runaway youth, and the Children's Bureau (CB) serves children involved in the child welfare system including youth aging out of foster care. Other ACF programs, such as the Temporary Assistance to Needy Families (TANF) program and the Office of Child Support Enforcement (OCSE), also serve youth directly or indirectly. Additional ACF offices sponsor a range of other programs that reach youth.

Several ACF program offices have expressed potential interest in working with ACF's Office of Planning Research and Evaluation (OPRE) to develop research-based conceptual frameworks that can be applied to programs to strengthen their potential effectiveness and focus on the workforce trajectories of the youth they serve. Interventions that draw on a foundation of research and build on evidence-based programs can help at-risk youth improve their well-being, make positive choices, and acquire the skills and knowledge needed to get and stay on a path toward self-sufficiency.

This report provides a synthesis of research and existing ACF resources for serving at-risk youth. It describes what we know from research about at-risk youth. It then describes how at-risk youth are currently being served by ACF programs and by programs outside of ACF that have been

shown to put youth on a path toward self-sufficiency. Based on the review of research and resources, it identifies issues to consider in creating conceptual frameworks for developing and enhancing ACF programs that can or do serve at-risk youth. In the remainder of this chapter, we state the key questions that guide the synthesis, define some key concepts, and describe a number of at-risk youth populations served by ACF programs.

A. Review Questions

The following questions guide the synthesis of research and resources:

1. What characteristics and circumstances of adolescents place them at risk for not achieving self-sufficiency as adults?

2. How does theory inform potential approaches for improving the well-being of at-risk youth and increasing their odds of self-sufficiency as adults?

3. What evidence-based programs have been shown to improve the well-being of at-risk youth and prepare them for self-sufficiency?

4. What programs and resources are available within ACF to serve at-risk youth?

5. How can research and evidence of program effectiveness be used to inform the development of conceptual frameworks for existing and potential ACF programs?

B. Key Concepts

This synthesis focuses on the development of economic self-sufficiency among at-risk youth as they transition to adulthood. The research literature has defined concepts of economic self-sufficiency and risk in many ways. In this section, we explain how those terms will be used throughout this synthesis.

1. Economic Self-Sufficiency

A key marker of a successful transition to adulthood is the ability to support oneself and one's family financially, in other words, to be able to provide for one's own needs and the needs of one's dependents without financial assistance from other people or public assistance. Economic self-sufficiency is typically achieved through labor force participation, and most self-sufficient young adults have stable employment for which they are adequately compensated. Dependence on public assistance, such as TANF, food stamps, subsidized housing, or Medicaid/Children's Health Insurance Program (CHIP), often characterizes a lack of economic self-sufficiency.

Economic self-sufficiency can change throughout adulthood. Because of job loss or other negative circumstances, adults can transition out of economic self-sufficiency after they have achieved it. Furthermore, some adults—such as those married to an employed spouse—might not be dependent on public assistance, even though they do not have jobs.

Many young adults do not achieve self-sufficiency until they are well into their twenties. However, it is important for at-risk youth to be on the road to self-sufficiency by the age of majority because many programs stop providing services for at-risk youth by age 18 or 21. Thus, our

synthesis includes a focus on the factors and interventions that can lead to long-term economic self-sufficiency.

2. Risk Factors

There is no official definition of at-risk youth. We use the term to refer to young people for whom the probability of successfully transitioning to adulthood and achieving economic self-sufficiency is low. To design effective programs for youth, it is critical to understand the challenges youth face and how those challenges vary across different youth subpopulations. In this section, we synthesize information from three sources to identify the most relevant risk factors among youth. We draw from two key reports, the Adverse Childhood Experiences (ACE) Study and the 2009 Institute of Medicine (IOM) report, "Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities." We also include the input of experts in the field of at-risk youth who contributed to this effort as members of the YDD Technical Working Group (TWG), which was convened in October 2010.

The ACE Study and IOM Report. The ACE study focused on the relationship between the experiences of severe family risk factors in childhood and physical, mental, and behavioral outcomes in adulthood. Using a survey of 17,000 adults, the ACE study was one of the first to identify and document childhood precursors to the development of physical and mental health disorders. The study identified childhood abuse, neglect, and family dysfunction (such as witnessing domestic violence, parental divorce or separation, and mental illness in parents) as primary risk factors for poor adult outcomes. Study participants with more risk factors were more likely to report unhealthy behaviors as an adult, including drug and alcohol abuse, smoking, risky sexual habits, inactivity, obesity, or depression (Felitti et al. 1998). These risk factors were also associated with the development of many chronic health conditions such as diabetes, heart disease, cancer, and liver disease. The ACE study was sponsored by the Centers for Disease Control.

The 2009 IOM report included a broader array of risk factors than did the ACE study, including those at the family, school, and community levels. It drew on the research knowledge of leading experts in the fields of public health, mental health, education, and family and child development, to describe how mental, emotional, and behavior disorders can be prevented. Such disorders can put adolescents on a trajectory toward poor adult outcomes, and are often first diagnosed when they are adolescents. Development of the IOM report was supported by several government agencies, including the National Institute of Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, the National Institute of Mental Health, and the Substance Abuse and Mental Health Services Administration.

Both the ACE Study and the IOM report include extensive reviews of the literature to identify risk factors that have been shown to be strongly associated with poor outcomes in adulthood. There is substantial overlap in the risk factors identified in both reports. Below we describe the risk factors that are commonly observed in disadvantaged youth.

Poverty. In 2008, almost one in five children in the United States (14 million children) lived in a poor family, defined as a family whose income is below the federal poverty level (Wight et al. 2010). Sixteen percent of adolescents (4 million) lived in poor families (Wight et al. 2009). Poverty rates are especially high among children of color. Approximately one in three African-American and Latino children lives in a poor family compared with only about one in ten white children (Wight et al. 2010).

Growing up in poverty is associated with a multitude of negative childhood and adolescent outcomes, which have implications for later self-sufficiency in adulthood. Compared with children who are not poor, poor children are more likely to have chronic health conditions (Bradley and Corwyn 2002;); to score low on standardized tests and to be retained in school (Roscigno 2000; Bradley and Corwyn 2002; Dahl and Lochner 2005; Smith et al. 1997); and to exhibit internalizing and externalizing behavior problems (Huffman et al. 2000; Moore and Redd 2002; McLeod and Shanahan 1993). As adolescents, they are more likely to drop out of high school (Teachman et al. 1997; Brooks-Gunn and Duncan 1997; Wald and Martinez 2003) and more likely to engage in delinquency (Bradley and Corwyn 2002) and risky health-related behaviors, including early initiation of sexual activity (Afxentiou and Hawley 1997; Lammers et al. 2000; Haveman et al. 1997; Brooks-Gunn and Duncan 1997), compared to nonpoor youth.

The timing, depth, and duration of poverty during childhood and adolescence play important roles in the likelihood of experiencing negative outcomes. Chronic, as opposed to episodic, poverty, and extreme poverty, defined as household income under 50 percent of the federal poverty level, are particularly deleterious. The timing of poverty also seems to be important, at least for certain outcomes, such as school completion (Smith, Brooks-Gunn and Klebanov 1997; Brooks-Gunn and Duncan 1997; Duncan et al. 1994; Duncan et al. 1998; Lipman and Offord 1997).

Family Instability. Growing up in a stable, two-parent family is associated with better health outcomes and more positive behaviors (Tinsley and Lees 1997), improved academic performance and educational attainment (Epstein 1991; Fehrmann et al. 1987), better social skills and peer relationships (Ladd and Pettit 2002), and emotional well-being (Campbell 1995). Some research suggests that a stable family environment can compensate for the harmful effects of other factors, such as poverty (McLoyd 1998). Although family stability is important at all stages of development, it can be particularly critical during adolescence, when young people's desire to separate from their caregivers must be balanced against continued dependence on their caregivers for material and emotional support (Eccles et al. 1997).

Though family instability can result from many factors, changes in family structure associated with the formation and dissolution of marital or cohabiting relationships have been the focus of most research on family instability. High rates of parental divorce, cohabitation, and remarriage have increased the chance that children will experience multiple transitions in the structure of their families (Amato 2000; Bumpass and Lu 2000; Bumpass et al. 1995; Graefe and Lichter 1999; Raley and Wildsmith 2004). Studies have found a negative relationship between multiple family structure transitions and academic success (Cavanagh et al. 2006; Kurdek et al. 1995; Pong and Ju 2000), and problem behaviors (for example, Capaldi and Patterson 1991; Cavanagh and Huston 2006; Wu and Martinson 1993; Wu 1996).

Family Dysfunction. Though family dysfunction can take on a multitude of forms, two types of dysfunction, in particular, have been shown to place children and youth at high risk. Both the IOM report and ACE Study indicate that witnessing the violent treatment of one's mother is particularly traumatic. It is associated with long term negative outcomes, including health risk behaviors, such as alcoholism and drug use, and mental health problems (Felitti, Anda, et al., 1998).

The second key risk factor is criminal activity among children's family members. Family criminal activity is associated with poor adult outcomes, including higher rates of suicide and substance abuse (Dong et al 2004). The incarceration of a parent results in family dysfunction and

can be associated with many of the same negative outcomes as parental separation or divorce (Felitti, Anda, et al., 1998).

Child Maltreatment. According to the most recent Child Maltreatment report, which is based on National Child Abuse and Neglect Data System (NCANDS) data, approximately 702,000 children were substantiated victims of maltreatment in FY 2009 (DHHS 2010a). The vast majority of maltreated children, 78 percent, were victims of neglect. Importantly, these figures include only children who were found to be victims of maltreatment following a Child Protective Services' investigation. Many children experience maltreatment that is never reported. According to the most recent National Incidence Study (NIS-4), which includes not only children whose maltreatment was investigated by CPS agencies, but also children whose maltreatment was not reported to CPS or whose maltreatment reports were screened out without an investigation, an estimated 1,256,600 children experienced maltreatment during the 2005–2006 study period. This corresponds to one child in every 58.[1]

Abuse and neglect place children at grave risk for many negative outcomes, including poor physical and mental health, poor cognitive development and educational attainment, and poor social development and behavior. For example, both neglect and abuse have been linked to lower cognitive functioning, delays in language development, and poor school performance (Augoustinos 1987; Fantuzzo 1990; Guterman 2001; Kolko 1992; Eckenrode et al. 1991; Wolfe and Mosk 1983). Both have also been linked to difficulties forming attachments and developing relationships (Guterman 2001; Kaufman and Cicchetti 1989; Dodge et al. 1994; Carlson et al. 1989; Egeland and Sroufe 1981) as well as depression and low-self-esteem (Guterman 2001; Kaufman 1991; Kaufman and Cicchetti 1989; Oates et al. 1985). Physical abuse, in particular, has been linked to aggression (Kaufman and Cicchetti 1989; National Research Council 1993; Trickett and Kuczynski 1986; Widom 1989; Herrenkohl and Herrenkohl 1981; Maxfield and Widom 1996).

The effects of child maltreatment can persist into adolescence. Compared with their non-maltreated peers, adolescents who have a history of being neglected or abused are more likely to engage in delinquency, become pregnant, use drugs, experience mental health problems, and have low academic achievement (Kelley et al. 1997). They are also more likely to engage in sexual risk-taking behaviors (Johnson et al. 2006) and to be arrested (English et al. 2004.) All of these effects have implications for the ability of maltreated youth to achieve self-sufficiency.

Exposure to Violence in the Community. Low-income inner-city children and youth of color are especially likely to be exposed to serious violence in their community (Kracke and Hahn 2008; Gladstein et al. 1992; Fitzpatrick and Boldizar 1993; Gorman-Smith and Tolan 1998; Miller et al. 1999; Richters and Martinez 1993; Schwab-Stone et al. 1995). Witnessing violence has been linked to increased depression and aggressive behavior (Gorman-Smith and Tolan 1998; Freeman et al. 1993; Margolin and Gordis 2000; Mazza and Overstreet 2000); to anxiety, posttraumatic stress, and psychological trauma (Singer et al. 1995); and to antisocial behavior (Miller et al. 1999). Other consequences of exposure to violence include poor academic performance as measured by grades,

[1] These figures are based on the Harm Standard, which generally requires that an act or omission result in demonstrable harm to be classified as abuse or neglect. If the less stringent Endangerment Standard is used, the estimated number of maltreated children is 2.9 million, or one child in every 25.

standardized test scores, and attendance (Henrich et al. 2004; Schwartz and Gorman, 2003; Hurt et al. 2001; Mathews et al. 2009); and delinquency (Nofziger 2004). It can also negatively affect the expectations youth have for their own futures and their moral development (Garbarino et al. 1991; Margolin and Gordis 2000; Margolin and Gordis 2004).

School Resources and Environment. Schools can place students at risk of poor outcomes by leaving them without the academic skills necessary to succeed in the workplace or by leaving them unprepared to enter higher education. Schools with fewer resources are more likely to be characterized by factors that are associated with poor academic outcomes, such as low teacher-student ratios, low per student spending, and poor overall academic performance (Gershoff, Aber, and Raver 2003.) Schools can also create risky environments for youth if they do not address serious social issues, such as bullying, behavioral problems, or substance abuse among students. Bullying, in particular, can lead to disengagement, which puts students at risk for behavioral problems and school dropout (Hawkins and Catalano 1992).

Community Resources. Because poverty constrains a family's housing options, poor children and their families often live in high poverty neighborhoods (Sampson and Morenoff 1997; Wilson 1987). It is estimated that 49 percent of children whose families are in poverty, live in high poverty neighborhoods, which are often characterized by high rates of crime and violence (Gorman-Smith and Tolan 1998), persistent joblessness, limited resources, and underperforming schools (Roscigno 2000). Though family characteristics have a much greater effect on children's outcomes than do neighborhood characteristics, very high concentrations of neighborhood poverty can be harmful for children because youth who live in these neighborhoods might be less likely than youth who live in low-poverty neighborhoods to perceive work as normative (Wilson 1995), and hence less likely to be motivated to succeed in school (Albee and Gullotta 1997). Thus, neighborhood characteristics must be taken into account when discussing at-risk youth.

Residential Mobility. Frequent residential moves, especially when they are not by choice, can have negative consequences for youth. Moving can be particularly detrimental for low-income children whose families experience multiple short-distance moves as a consequence of social or economic crises (Schafft 2009). These families often have relatively few resources and fewer social networks upon which they can rely for support (Coleman 1988, 1990; Tucker et al. 1998). Residential mobility during adolescence has been linked to a number of adverse outcomes, including lower academic performance (Pribesh and Downey 1999), high rates of school dropout (Teachman et al. 1996), drug and alcohol abuse (Hoffman and Johnson 1998), and emotional or behavioral problems (Tucker et al. 1998). Frequent residential moves are also associated with an increased likelihood that adolescents will engage in premarital sex (Stack 1994; South et al. 2005), have multiple sex partners (Baumer and South 2001), or exhibit violent behavior (Haynie and South 2005).

Minority Youth. Minority youth, particularly African-American and Latino youth, face multiple barriers to adult self sufficiency, which white youth are less likely to face. Racial discrimination can hinder job opportunities and can magnify the consequences of negative behaviors. Furthermore, because of ongoing residential segregation, African American and Latino youth are much more likely to live in neighborhoods with high concentrations of poverty and to attend low performing schools than are white youth. As described above, these neighborhoods and schools often lack the resources that can help youth overcome other risk factors.

Immigrant youth, many of whom are Latino, face additional barriers to adult self sufficiency. In particular, they are more likely to face language and even legal barriers to adult success. Sixty-three percent of Latinos under age 18 are either immigrants themselves or have a parent who is an immigrant (Fry and Passell 2009). Seven percent of Latino children are not authorized to live in the United States, which means they will be unable to work legally as adults in the United States, regardless of their educational credentials. Furthermore, many Latino immigrants are not fluent in English because Spanish is the primary language in the home. In fact, one in five second generation Latinos is not fluent in English, as are close to half of first generation Latinos (Fry and Passell 2009).

Co-Occurrence of and Cumulative Risk. Individually, each of these risk factors can have negative effects on children and youth; however, many children and youth experience more than one. Ecological and life course models of disadvantage recognize that risk factors frequently co-occur (Bronfrenbrenner 2005; Bronfrenbrenner and Morris 1998; Elder et al. 1985, 1995). Furthermore, researchers have found that childhood risk factors often occur simultaneously, such that the presence of one risk factor increased the probability of exposure to another risk factor (Felitti et al. 1998). Likewise, the cumulative risk model posits that it is the buildup of risk factors over time rather than the presence of any single one that adversely affects outcomes (for example, Rutter 1979; Rutter and Quinton 1977; Sameroff 2000). According to this perspective, the more risk factors to which youth are exposed, the greater the chances are that they will not become self-sufficient (Jones et al. 2002).

3. Protective Factors

Unlike risk factors, which are more broadly recognized in the research literature, protective factors have typically been inconsistently defined and measured (IOM 2009). Although there has been less research devoted to identifying protective factors, the IOM (2009) report documents what are considered to be the key protective factors, at the individual, family, and school level. These and other protective factors may reduce the negative impact of risk factors. Protective factors at the individual level include such characteristics as cognitive ability and coping strategies, internal control and high self esteem, and social problem solving skills. At the family level, they include positive parenting and parental attachment. At the school and community level, they include positive peer support, school engagement, and adult role models. We discuss protective factors in greater detail in section II.A, on risk and resilience.

4. At-Risk ACF Youth Populations

The at-risk youth population includes many groups that face one or more of the challenges described earlier. In this section, we describe groups of at-risk youth who are the focus of ACF programs. Of course, these subgroups often overlap and many youth belong to more than one risk group. And, some youth will face risks to economic self-sufficiency for reasons other than those typically addressed by ACF programs, such as low educational achievement. Moreover, though each of these subgroups is in some respects, unique, they tend to face many of the same risk factors.

Youth Aging Out of Foster Care. Approximately 29,500 youth aged out of foster care in 2009 (DHHS 2010b), typically at age 18 or 21, depending on the state in which they reside. Too old for the child welfare system, these youth are expected to be independent at an age when many young

people are still receiving substantial amounts of financial and emotional support from their families (Courtney et al. 2010). Foster youth aging out of care face multiple barriers to self-sufficiency. Many have been traumatized by childhood maltreatment. As wards of the states, they may experience frequent changes in placement, which can disrupt their schooling and relationships.

Until quite recently, foster youth in most states aged out of care on or shortly after their eighteenth birthday. A few states, including Illinois, New York and Washington, D.C., routinely allowed young people to remain in foster care until their twenty-first birthday. Since October 2010, states have been able to claim federal reimbursement for foster care payments made on behalf of 18- to 20-year old Title IV-E eligible youth due to a provision in the Fostering Connections to Success and Increasing Adoptions Act of 2008. As a result, a small but growing number of states have extended or are considering extending foster care until age 21.

Runaway and Homeless Youth. An estimated 1.5 to 2 million youth under age 18 are homeless and unaccompanied by a parent or guardian for at least one night each year (National Alliance to End Homelessness 2009; Ringwalt et al. 1998). Furthermore, 750,000 to 2 million young people between the ages of 18 and 24 years old also experience homelessness (Ammerman et al. 2004). Some youth run away from home without parental permission, some are abandoned by their parents or forced to leave home, and some become homeless after being discharged from the child welfare or juvenile justice system (Toro et al. 2007). Homeless youth need a safe and stable place to live; however, many also lack basic life skills (Aviles and Helfrich 2004), have limited education (Thompson et al. 2003) and the job skills that would allow them to secure adequately compensated employment (Ammerman et al. 2004). Homeless youth suffer disproportionately from physical health problems, including HIV/AIDS and other STDs, and mental health problems and drug and alcohol abuse (Halley and English 2008; DHHS 2001).

A risk factor for homelessness among youth includes being gay, lesbian, bisexual, or transgendered (GLBT). GLBT youth are more likely than their heterosexual peers to become homeless due to physical abuse at home (Cochran et al 2002). Gay and lesbian youth who run away or are thrown out by their parents, face the same dangers as other homeless youth in addition to risks associated with their sexual identity. Cochran et al (2002) indicated that GLBT youth experience greater violent victimization while homeless, including (for males) rape and sexual assault. The GLBT youth in this study were more likely than heterosexual youth to report signs of social problems, delinquency, aggression, internalizing behavior, and externalizing behavior, and were more likely to engage in substance abuse and unprotected intercourse.

Youth Receiving TANF. Approximately one million youth receive TANF either directly or, more commonly, as part of their parents' TANF grants (DHHS 2004). These youth are more likely to engage in risky behaviors, have academic problems, and experience long-term welfare dependency than their peers who do not receive such assistance (Kaplan 2004). Most parents who receive TANF must participate in work activities, which might increase the risk that their teenage children are left without adult supervision and thus may increase their opportunity to engage in risky behaviors. In addition, their families' low income reduces their access to safe neighborhoods, enriching activities, and high quality schools.

Teenage Parents. Nearly 450,000 teenage girls become parents each year. Approximately 35 percent of those teens are under age 18 and more than three-quarters are unmarried. A majority do not have the economic or social resources to provide for themselves or their children. An estimated 60 percent of teenage mothers have incomes below the poverty level and 80 percent receive public

assistance at some point. Early childbearing often leads to dropping out of high school, resulting in lower levels of educational attainment (Hoffman and Maynard 2008). Combined with the challenges of parenting at a young age and a lack of work experience, this can make it difficult for teen mothers to find and keep a job that pays enough to support their families (Coley and Chase-Landale 1998; Klepinger et al. 1997; Hotz et al. 1997).

Early fatherhood can create barriers to self-sufficiency. It might be difficult for young fathers to complete their education, which limits their employment opportunities (Brien and Willis 2008). Recent increases in child support enforcement efforts can place an additional burden on young fathers who struggle to meet their financial obligations to their children just as they are beginning to establish themselves as young adults.

Juvenile Offenders. In 2008, an estimated 2.11 million arrests of persons younger than age 18 were made by law enforcement agencies in the United States. These youth are disproportionately youth of color (Puzzanchera 2009). Engaging in antisocial or criminal behavior is a strong predictor of poor adult outcomes (Wiesner and Windle 2006). Juveniles who engage in criminal behaviors are more likely to be arrested as adults, which can impede their ability to become employed and achieve self-sufficiency (Kalb and Williams 2001).

Although most juveniles who are arrested are not incarcerated, approximately 200,000 juveniles and young adults, ages 10 to 24 years, are released from secure detention or correctional facilities and reenter their communities every year. Most of these individuals are not high school graduates and most have never held a job. Many have physical, mental health, or substance abuse problems (Teplin et al. 2002), yet few young offenders receive high quality health and human services while in custody. Moreover, they often return to neighborhoods with high rates of poverty, unemployment, and crime (Mears and Travis 2004).

This review of risk factors and risk groups provides an overview of the population that is the focus of this synthesis of research and resources. In the next chapter, we describe two theoretical perspectives which have implications for how to improve at-risk youths' well-being and best prepare them for economic self-sufficiency in adulthood. We also describe intervention approaches that have grown out of these two perspectives. Chapter III focuses on the current status of funding sources and programs within ACF that serve at-risk youth populations. Chapter IV draws out key issues, based on the review of research and resources, for the future development of conceptual frameworks for existing and potential ACF programs.

II. THEORETICAL PERSPECTIVES AND INTERVENTION APPROACHES

Interventions vary widely in their approaches to improving the well-being of at-risk youth, and ultimately fostering their ability to become self-sufficient adults. For example, programs may provide counseling for youth traumatized by abuse, tutoring and mentoring for youth falling behind in school, or job skills training for high school dropouts. Underlying each of these approaches, however, are explicit or implicit assumptions about what at-risk youth need to succeed.

In this chapter, we describe two complementary theoretical perspectives on the needs of at-risk youth. The first perspective, which is based in psychology, focuses on developing resilience among at-risk youth through improving psychological health, forming nurturing attachments with caring adults, and identifying role models within communities. The second perspective, which is rooted in sociology and economics, focuses on developing the human, social, cultural, and economic capital that at-risk youth will need to succeed in educational and employment settings. Though there are many theories about youth development, we focus on these two perspectives because they are particularly relevant to the population of at-risk youth served by ACF.

After describing each theoretical perspective, we provide an overview of related intervention approaches. We describe examples of interventions, including the target population, the delivery method, and the setting in which the intervention is delivered, that are associated with each approach. In addition, if the intervention has been evaluated, we report what is known about its effectiveness.

A. The Risk and Resilience Perspective

Resilience refers to the ability of youth to successfully withstand adverse circumstances. More specifically, resilience is defined as mastering salient, age-appropriate developmental tasks despite serious threats to adaptation (Masten 2001; Rutter 1990; Werner and Smith 1982, 1992). Resilience can be developed by promoting protective factors and/or reducing risk factors that threaten healthy development.

Over the past 40 years research in psychiatry and psychology has focused on identifying the internal and external factors or mechanisms that protect children and youth from the risks to which they are exposed. These protective factors fall into three broad categories: (1) individual characteristics, such as cognitive ability, temperament, and social skills; (2) characteristics of the family and home environment, including parental discord and monitoring; and (3) community or school characteristics, such as external support systems, peer associations, and community resources. Factors in each of these categories interact with one another to affect the developmental trajectories of youth.

Early perspectives on resilience implied that there was something extraordinary about resilient children, and that unless at-risk children are *by nature* invulnerable, there is little that can be done to overcome their adversities. However, more recent empirical research suggests that unless all of their basic adaptational processes—brain development and cognition, child-caregiver relationships, emotion and behavior regulation, and motivation to engage in learning and their environment—are undermined, all children who are at risk have the capacity to be resilient (Masten 2001). In other words, though some at-risk youth, such as those exposed to violence, might experience adaptational issues because of earlier traumatic experiences, they can still become resilient by drawing on remaining internal and external resources. The assets that encourage positive development in

stressful, high-risk environments are, in many cases, the same ones that promote competence in nonstressful, low-risk environments (Masten and Coatsworth 1998).

Research investigating risk and resilience has helped to identify internal and external factors or mechanisms that appear to protect children from the consequences of risk. According to Werner and Smith (1982), developmental outcomes are determined by the balance among risk factors, protective factors, and stressful life events. This balance is determined not only by the number of risks and protective factors, but also by their relative duration, frequency, and severity, and the developmental stage at which they occur.

1. Individual Level Factors

Cognitive ability and temperament are the most frequently cited individual-level characteristics contributing to resilience (Condly 2006). Other individual-level characteristics that promote resilience include social skills, coping strategies, a positive sense of self, and high expectations.

Cognitive Ability. Among the many predictors and correlates of resilience, cognitive ability is the most widely recognized (Garmezy and Rutter 1983; Masten and Coatsworth 1998; Masten et al. 1999; Tiet et al. 1998). Cognitive ability can promote children's understanding of what is happening to them; their ability to determine what is (and is not) under their control; and their selection of effective coping mechanisms and supportive environments (Block and Kremen 1996; Cederblad et al. 1995; Sameroff et al. 1987; Scarr and McCartney 1983). Strong problem-solving and critical thinking skills are particularly important to resilience (Werner 1995; Anthony 1987; Murphy and Moriarty 1976). Problem-solving can encourage children to take on adversity actively rather than passively accept their circumstances (Punamaki 1987) and enable them to identify creative solutions to challenges. Critical thinking skills can help children avoid overly simplistic and self-defeating interpretations of their experiences (Garbarino et al. 1991). The school setting tends to reward cognitive ability with praise and recognition from teachers as well as better grades. These rewards can promote school engagement, motivate children to learn, and decrease antisocial or delinquent behavior (Condly 2006).

Temperament. Children who are alert, good-natured, and easy to care for and soothe are more likely than children with more difficult temperaments to form secure attachments with their primary caregivers (Masten and Coatsworth 1998). They are more likely to engage positively with the world (Werner 1993, 1995), resulting in more positive developmental outcomes. An easy temperament, in combination with intelligence, might also enable children to understand their situation, seek out coping mechanisms, and persevere through adversity to adapt well (Condly 2006).

Social Skills. Resilient youth are often described as having above-average social skills, a greater sense of social responsibility, and higher social expressiveness (Murphy and Moriarty 1976; Garmezy and Rutter 1983; Luthar 1991; Winfield 1991). Children's social competence with their peers is crucial in promoting resilience (Masten and Coatworth 1998) and is predictive of future social competence, higher achievement in schools, greater job competence, and better mental health. Alternatively, peer rejection is associated with a number of negative outcomes, including aggressive and disruptive behaviors and poor achievement.

Coping Strategies. Coping strategies include self-regulation, emotional regulation, and the use of executive functions. Self-regulation, which can involve thought, affect, behavior, or attention (Karoly 1993), enables individuals to guide their goal-directed activities over time and across changing contexts. It is critical to the development of competence starting early in childhood

(Masten 2001; Masten and Coatsworth 1998) and through the teen years (Buckner et al. 2003). Emotion regulation is also critical to adaptive behavior and coping (Cicchetti et al. 1995; Cicchetti et al. 1991; Cicchetti et al. 1993). Youth with good emotional control are able to manage their emotional states, direct their emotions properly, and display their feelings in socially appropriate ways. Frequently, children who have good self- and emotion-regulation abilities also have good executive functioning skills, including the ability to initiate and terminate actions, to monitor and change behavior as needed, and to plan future behavior (Pennington and Ozonoff 1996).

Positive Sense of Self. Self-esteem and self-efficacy are key to promoting resilience and competence among at-risk youth (for example, Buckner et al. 2003; Bandura 1989; Werner and Smith 1992; Masten and Coatsworth 1998). These traits are associated with school success, physical health, and the ability to overcome adversity (Scales et al. 2000; Shulman 1993). They are also associated with decreased susceptibility to life stress (Weist et al. 1995), better relationships with parents and peers (Deihl et al. 1997), interpersonal success, greater autonomy, and higher levels of social support (Eccles et al. 1997).

High Expectations. Resilient youth set high expectations for themselves, often in concert with the support of caring and supportive adults (Aronowitz 2005). Building on their high expectations for the future, resilient children engage in goal setting and plan for ways to achieve those goals (Boyden and Mann 2005; Losell and Bliesener 1990; Rutter 1987). Youth who successfully achieve their goals engage in "goal-directed motivation," (also called, "agency thinking") which is similar to self-efficacy and related to self-confidence, will power, and perseverance in the course of goal attainment (Sun and Lau 2006).

2. Family and Caregivers

Along with individual protective factors, researchers have identified an array of family and caregiver characteristics that can buffer the effects of stress and promote resilience in children and adolescents. These include positive parenting practices, attachment with a caregiver, low parental discord, and parental monitoring.

Parenting Practices. Several parenting practices are important from childhood through adolescence, namely parents' involvement in the child's life, clear family communication patterns, and consistent care and discipline (Howard 1999; Wyman et al. 2000). Relative to the parents of maladjusted children, parents of resilient children report more nurturing involvement with their children during the preschool and school-age years, more consistent and authoritative discipline, more positive expectations for their children's futures (Wyman et al. 1999); more appropriate developmental expectations (Egeland et al. 1993); and more empathy for their children's needs (Bavolek 1984).

Attachment to Caregiver. Having caring and supportive relationships with caregivers throughout childhood and adolescence is a powerful predictor of resilience (for example, Rutter 1979; Werner and Smith 1982). In fact, researchers have found that having a warm relationship with even one caregiver can mitigate the effects of other risks and stressful life events (Bernard 1991; Rutter 1979). For example, attachment to at least one parent has been found to moderate the link between exposure to deviant peers and delinquent behavior (Mason et al. 1994; Vitaro et al. 2000).

Low Levels of Parental Discord. Learning theory posits that children learn about interpersonal relationships by observing and modeling their parents' behavior (Belsky 1981). Thus, children living in families with high levels of discord can learn inappropriate and aggressive conflict-

solving strategies (Johnson and O'Leary 1987). Discord between parents has been found to predict higher levels of antisocial behavior and lower levels of adjustment among both inner-city youth and youth living in two-parent families (Tiet et al. 2010). Parental discord might also affect children by causing deterioration in the parent–child relationship (Shamir et al. 2001).

Parental Monitoring. Parental monitoring of where children are and who they are with is especially important in preventing the development of behavior problems from late childhood to early adolescence (Pardini et al. 2007), a period during which peer groups might encourage antisocial attitudes and behaviors. In fact, a lack of parental monitoring is a predictor of increased delinquency (Sampson and Laub 1994; Laird et al. 2003).

3. Peers, Schools and Communities

Children's and adolescents' social environment, including their peers, schools, and communities, can have a profound effect on their resiliency and ability to cope with negative experiences. Peers who provide good role models, high quality schools, and tight-knit communities are protective.

Peers. Peers can exert a strong positive or negative influence during adolescence. Interacting with peers who model normative or prosocial behavior is associated with better adjustment (for example, Clark et al. 2003; Lynskey and Fergusson 1997) and avoidance of delinquency (Huizinga et al. 2003). On the other hand, adolescents who report weak relationships with nondelinquent peers also tend to report strong relationships with delinquent peers, and these relationships are, in turn, associated with delinquent behavior (Tiet et al. 2010).

School and community. Schools and communities can serve as "protective shields" for children from high-risk environments by providing relationships with caring and supportive adults and by having high expectations for behavior (Comer 1984; Garbarino 1980; Rutter 1979). Attachment and commitment to school are associated with lower levels of substance use, delinquency, gang membership, violence, academic problems, and sexual activity (Catalano et al. 2004). Disadvantaged communities characterized by strong social networks, such as prosocial peer groups and intergenerational relationships, have lower rates of crime and delinquency (Garbarino 1980). Many impoverished communities, however, are characterized by multiple strains on social networks, such as high crime rates, non-intact families, and distrust of neighbors. As with families, schools and communities that provide youth with caring and supportive relationships also exhibit high expectations for youths' behavior and provide opportunities for meaningful participation; in this way, they afford key protective factors that promote the youths' resilience.

B. Intervention Approaches to Increase Resilience

Based on the risk and resilience perspective, promoting the well-being and fostering the future self-sufficiency of at-risk youth will require intervention approaches that improve youths' psychological health, help them to regulate their own behaviors and emotions, and enable them to form attachments with adults who can serve as role models. Although well-being and psychological health is more than the absence of emotional and behavioral problems, many effective interventions for at-risk youth at the individual and family levels focus on reducing aggressive and antisocial behaviors, helping youth cope with trauma, and reducing the use of alcohol and other drugs. Interventions that promote well-being and draw on community-level resources include school and community-based mentoring, which encourages supportive relationships with caring adults. As

noted in the following description, the interventions span multiple systems of care, such as health care, human service providers, and educational settings.

1. Programs to Reduce Problem Behaviors and Promote Psychological Well-Being

Some interventions to help children cope with trauma, reduce antisocial and aggressive behaviors, and prevent alcohol and other drug use have been shown to improve the emotional and behavioral outcomes of at-risk youth. Appendix Table A.1 provides brief descriptions of such programs. Below we highlight a few examples of these interventions, drawn from the Interagency Working Group on Youth Programs' (IWGYP) review of programs. These programs are considered to have some evidence of effectiveness in promoting the well-being and self-regulation of youth.

Trauma Treatment. Many at-risk youth experience trauma in childhood. Early childhood trauma can occur when a child witnesses or experiences an event or series of events that involve "actual or threatened death, serious injury, or threat to the psychological or physical integrity of the child or others" (Zero to Three: Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood [2005]). A 2007 review of the literature on children's experiences of complex traumas, which are defined as sustained experiences of multiple traumas, identified seven primary "domains of impairment." These include attachment, biology, affect regulation, dissociation, behavioral regulation, cognition, and self-concept (Cook, et al. 2007). Thus, children suffering from trauma face complex developmental challenges that transcend singular diagnoses such as post-traumatic stress disorder or anxiety disorders. Childhood trauma can disrupt the development of self-regulation and social interaction abilities, and undermine children's ability to cope with stress. Early trauma can adversely impact brain development such that traumatized children may not develop the biological capacity to cope with stress.

As described above, healthy child development requires a dependable, nurturing relationship with an adult caregiver. This bond forms the foundation through which children discover their own emotions, learn to regulate themselves, and develop a sense of safety and security. When childhood trauma occurs as a result of parental abuse or neglect, this bond does not form and these developmental processes are interrupted. Traumatized children lacking consistent nurturance may fail to develop coherent frameworks for understanding their emotions and experiences. They may avoid relationships and display dissociation, in which they lack conscious awareness of their thoughts and emotions. Children may attempt to cope with traumatic experiences through reenactment, through aggressive or sexualized behaviors harmful to themselves or others. Many traumatized children lack the ability to regulate their own behavior. Childhood trauma is associated with reduced cognitive functioning, manifesting in low academic achievement and IQ. Reduced cognitive and emotional competencies combined with the absence of a positive, nurturing adult relationship often leads to feelings of worthlessness that may persist into adulthood (Cook, et al. 2007).

Several treatment programs for children and youth who have been exposed to violence or experienced other types of trauma have been developed. For example, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) aims to help children ages 3 to 18 with emotional or behavioral problems recover from traumatic life events, such as physical or sexual abuse, loss of a loved one, domestic or community violence, natural disasters, or serious accidents or injuries, by helping them talk directly about their traumatic experiences. At least one responsible, nonabusive parent or guardian must participate in the parent component and the child–parent sessions of this intervention. TF-CBT also treats participating parents for depression or other distress associated with the traumatic life event. The largest evaluation of TF-CBT found a significantly greater

reduction in trauma symptoms among sexually abused children randomly assigned to receive 12 weeks of TF-CBT than among sexually abused children randomly assigned to conventional treatment. Parents in the treatment group also experienced less depression and exhibited more supportive parenting practices than parents in the control group (Cohen and Deblinger 2003). Examples of other programs that been used to treat traumatized children include Multidimensional Treatment Foster Care and Prolonged Exposure Therapy.

Interventions to Reduce Aggression and Antisocial Behavior. Effective interventions to reduce aggression and antisocial behavior range widely in their settings, target population, and focus. There are intensive family-based interventions for families with youth exhibiting serious behavior problems, such as Multisystemic Therapy (MST). Alternatively, there are school-based curricula, such as Too Good for Violence, which target a broad range of students and aim to prevent future involvement in antisocial and aggressive behaviors.

MST is often provided in the home setting, and is intended to help families identify and address factors such as parental substance abuse, dysfunctional relationships, or stress that contribute to negative youth behaviors. It is also designed to identify and strengthen the natural support systems of families, including neighbors, relatives, or church groups. MST therapists generally have contact with families several times a week and are always on call. Treatment typically lasts about four months.

Although positive impacts are not consistent across evaluations of MST, several have found significantly greater reductions in criminal behavior among juvenile offenders receiving MST than among juvenile offenders receiving standard therapy services. A National Institute of Mental Health study found that MST significantly reduced re-arrest rates and weeks of incarceration for the experimental group compared with the group receiving usual services. Treatment group families also reported greater cohesion and decreased aggression than control families (Henggeler et al. 1992, and Henggeler et al. 1993). However, a systematic review of MST concluded that despite the use of rigorous random-assignment research designs, many evaluators (such as Bourduin et al. 1995) analyzed the effects of MST only on those who completed the treatment, rather than all those assigned to the treatment group, a methodological shortcoming that can bias the findings Littell, Popa, and Forsythe 2005).

Too Good for Violence is a school-based prevention program targeted to all students from kindergarten through 12th grade. The program consists of age-appropriate curricula designed to reduce aggression, improve behavior and conflict resolution skills, and lead to more responsible decision making. Trained program staff members deliver interactive lessons incorporating workbooks, class discussions, theater and musical presentations, songs, role playing scenarios, and games. Lessons focus on developing eight key character traits: caring, cooperation, courage, fairness, honesty, respect, responsibility, and self-discipline. The course duration ranges from seven weekly lessons in kindergarten to 14 weekly lessons in high school. Curricula also include information and home exercises for parents to work through with their children. Each lesson is fully scripted with defined objectives. The program has been evaluated in five separate, independent studies, including at least one large randomized trial. Exposure to *Too Good for Violence* was associated with indications of improved protective factors in posttest questionnaires. High school students in one study reported reduced intentions to use alcohol, tobacco, and marijuana. Students displayed enhanced

emotional competence, communication skills, and conflict resolution skills. Results were consistent across socioeconomic statuses, racial and ethnic groups, and genders.[2]

Examples of other programs that have some evidence of effectiveness include Fast Track, Focus on Families, Functional Family Therapy, Parenting with Love and Limits, and Strengthening Families, as shown in Appendix A.1.

Interventions to Reduce Drug and Alcohol Use. Interventions to reduce alcohol and other drug use include school curricula, parent training programs, and informational hand-outs. For example, as part of Family Matters, parents of children ages 12 to 14 are mailed pamphlets on topics such as parenting styles, communication skills, and factors that influence alcohol and tobacco use among teens. Health workers follow up by calling the parents and encouraging them to read the pamphlets and engage in activities with their children. The focus is on helping parents understand how setting rules, communication, and other aspects of the family environment influence the decisions adolescents make about using alcohol and tobacco. A random assignment evaluation found that Family Matters reduced alcohol and tobacco use at 3 and 12 months post-intervention. The effect sizes were modest, but consistent with other school-based curricula. Examples of other programs aimed at reducing alcohol and other drug use include Guiding Good Choices, Keepin' it R.E.A.L., and Project Toward No Drug Abuse.

2. Mentoring Programs

The resilience perspective suggests that mentoring, through its focus on developing stable attachments with caring adults, can bolster youths' interpersonal skills and their sense of self worth (Rhodes et al. 2006; Rhodes 2005). By providing a model of effective communication and relationships in which youth can discuss things of import to them and practice expressing themselves constructively, mentors can help youth to understand, express, and regulate their emotions in ways that strengthen other relationships (Pianta 1999, Rhodes 2002). Supportive relationships can also help youth expect more supportive responses from others and approach new relationships with a more positive perspective. Attachment theorists believe that the cognitive representations of relationships, or working models, that children build over time can change in response to shifting life circumstances (Belsky and Cassidy 1994; Sroufe 1995). Thus, even if a child has had a troubled relationship with his or her parent, supportive interactions with other adults could change the child's expectations of relationships and how he or she approaches relationships going forward.

In addition to gaining interpersonal skills, consistently spending time with a supportive adult in a mutually trusting relationship can help youth develop a sense of support and positive self-worth that they can then take to other relationships. Through this positive relationship, a child begins to feel a greater sense of social acceptance and worth and to perceive higher levels of social support (see Rhodes 2005). Individuals who feel more supported tend to have more positive self-concepts (for example, Hoffman et al. 1988) which, in turn, are associated with better adolescent adjustment (Oyserman 1993).

[2] www.findyouthinfo.org

Community- and School-Based Mentoring. Community-based (CBM) and school-based (SBM) one-on-one mentoring are the most common and the most studied types of formal mentoring. Big Brothers Big Sisters (BBBS) is the oldest and largest mentoring organization serving youth internationally and through close to 400 affiliate agencies in the United States. However, the mentoring field extends well beyond the boundaries of the BBBS program. By 2005, an estimated three million adults were involved in mentoring relationships with youth through formal programs; this number is increasing (MENTOR 2006).

Multiple experimental evaluations have shown that CBM and SBM improve children's relationships with their parents (Karcher et al. 2002; Rhodes et al. 2005; Rhodes et al. 2000) and their peers (Rhodes et al. 1999; Karcher 2008; Wheeler et al. 2010). CBM appears to affect a wide range of outcomes (Tierney et al. 1995), whereas the impact of SBM appears to be greatest on outcomes related to school (Herrera et al. 2007; Wheeler et al. 2010). Moreover, the size of these impacts for both CBM and SBM are quite modest (Wheeler et al. 2010; DuBois et al. 2002). **Factors that Affect Mentoring Effectiveness.** Programs vary in ways that can affect how, for whom, and under what circumstances mentoring works (Karcher et al. 2006). For example, the duration of the relationship and the frequency of meetings between mentor and mentee are related to the effects of mentoring. Slicker and Palmer (1993) found that youth who met with a mentor at least three times a week had lower drop-out rates than youth in a control group who did not have mentors. In addition, youth whose relationships with their mentors terminated prematurely had *lower* self-concept scores compared with controls. Similar findings have been reported by Grossman and Rhodes (2002), Lee and Cramond (1999) and the Opinion Research Centre (1995). These findings should be considered with caution, however, as youth who self-select into more frequent meetings or longer duration in the mentoring program might experience better outcomes than their peers.

The program's support for the mentor is associated with greater effectiveness of mentoring. Stronger positive effects have been observed when mentoring programs incorporate training and ongoing supervision of mentors, expectations of more frequent and longer meetings between mentors and youth, program-sponsored activities to enhance the development of the mentoring relationship, parent support and involvement, and supplemental programs and services (DuBois et al. 2002; Herrera et al. 2007; Jolliffe and Farrington 2007). In fact, programs that deployed a majority of these practices reported benefits nearly three times as strong as more typical programs without such supports. Mentor support and training, as well as the provision of adequate resources, have also been linked to longer, higher quality matches in school-based mentoring programs (Herrera et al. 2007).

A number of youth characteristics, including the presence of existing problems and level of academic achievement, also contribute to mentoring outcomes. For example, youth with fewer existing academic, behavioral, or emotional difficulties appear to have longer-lasting mentoring ties (DuBois et al. 2002; Grossman and Rhodes 2002; Langhout et al. 2004). Those youth who are most at-risk academically may also receive fewer benefits from participation (Herrera et al. 2007; Karcher 2004). In line with these findings, recent research suggests that youth who, at baseline, have satisfactory, but not particularly strong, relationships with other adults and peers benefit more from mentoring than youth characterized by either strongly positive or negative relationships (Schwartz et al. in press). Youth likely need basic relationship skills to create a beneficial relationship with a mentor, but those who already have an abundance of these relationships have less to gain from a mentoring relationship.

Focusing on risk and resilience draws attention to the psychological characteristics of at-risk youth and the qualities of their relationships to family and community that enhance well-being and foster behaviors and experiences that lead to self-sufficiency. Intervention approaches developed from this framework include those that help at-risk youth regulate their behaviors and emotions and programs that can connect them with caring adults who can provide support and model positive behaviors. In the next section, we turn to an alternative but complementary perspective, building capital, which focuses on the skills and knowledge that youth need to succeed in educational settings and the workplace.

C. The Capital Development Perspective

The capital development perspective suggests that youth need certain types of knowledge, skills, and resources to succeed in school and the workplace. In particular, this perspective suggests that many at-risk youth may lack one or more of four key types of capital: human, social, cultural, and economic capital. As described in more detail in this section, within the context of this synthesis, human capital refers to individual-level skills, social capital refers to social connections that provide educational and employment opportunities, cultural capital refers to the knowledge of how educational and employment systems work, and economic capital represents the financial resources necessary to pursue education or job training. These four types of capital are thought to work synergistically. Each type of capital enhances the ability to build or use the other types (Bourdieu 1977, 1986; Farkas 2003; Portes 1998).

The capital development perspective parallels the resilience perspective in its emphasis on addressing risk at the individual, family, and community levels. However, the perspectives differ in key ways. The capital development perspective focuses primarily on the resources and knowledge needed to succeed in education and in the workplace; the resiliency perspective focuses more on improving the social and emotional well-being of youth, which presumably can free them to devote more attention to education and work preparation. Youths' relationships to adults are important in both perspectives. Although the resilience perspective focuses on the importance of high quality attachments to caring adults for the development of youths' well-being, the theory of capital development focuses on the importance of adults as a resource to connect youth to education and employment opportunities (Clausen 1991; Wulczyn 2008; Bartee and Brown 2007; Coleman 1988; Kim and Schneider 2005; Lin 1999).

1. Human Capital

Human capital refers to both cognitive skills—such as knowledge and the ability to read, write, or do math—and so-called "noncognitive" skills, including persistence, reliability, and self-discipline (Heckman 2000). The theory of human capital emphasizes skills that are directly related to attaining educational success, such as the knowledge necessary to succeed in school and trade skills necessary to obtain employment. Recent research suggests that the development of noncognitive skills could be especially important for promoting self-sufficiency among at-risk youth. Noncognitive human capital skills overlap with those that contribute to resiliency, as described in Section A; however, the theory of human capital more specifically focuses on those skills that lead to success in education and employment. Noncognitive traits exhibited during high school, such as leadership, good study habits, industriousness, and perseverance, are strong predictors of economic success in the labor market even after controlling for academic ability and socioeconomic status (Jencks et al. 1979). Noncognitive skills might also have a greater effect than cognitive skills on the employment outcomes of recently hired welfare recipients (Holzer et al. 2004).

Individuals accumulate human capital over the course of a lifetime (Becker 1962; Comay et al. 1973; Weisbrod 1962) through a variety of formal (that is, education and training) and informal learning situations (Becker 1992; Heckman 2000). However, youth from socially and economically disadvantaged backgrounds often face significant barriers to human capital development (Comay et al. 1973). Research suggests that if at-risk youth are to develop human capital, they will need more than traditional classroom education (Adelman 1998; Edelman et al. 2006; Heckman 2000; Heckman and Lochner 2000; Ivry and Doolittle 2003; Kane and Rouse 1999; Schneider 2000; Scrivener et al. 2008; Settersten 2005; U.S. Department of Labor 1995).

2. Social Capital

Social capital is defined as the resources and opportunities that are available through connections to social networks. Interpersonal relationships and resource-rich social networks can provide access to important information and guidance (Bourdieu 1986; Portes 1998). For example, knowing someone employed at a desirable workplace or knowing an alumnus of a prestigious college can help youth gain access to otherwise unavailable employment and educational opportunities. Social capital has become increasingly important to a successful transition to adulthood (Auspos et al. 2000; Coleman 1988; Conchas 2006; González et al. 2003; Johnson et al. 2000; Lin 1999; Meier 1999; Sandefur et al. 1999; Teachman et al. 1996, 1997).

Social capital might be of even greater value to at-risk youth transitioning to adulthood (Fernandes 2007; Furstenberg and Hughes 1995; Ivry and Doolittle 2003; Settersten 2005). Many at-risk youth do not have the opportunity to develop sufficient social capital because their social networks are, generally speaking, resource-poor (Furstenberg and Hughes 1995; González et al. 2003; Stanton-Salazar 1997). Key, then, to helping at-risk youth build and leverage social capital, is connecting them to resource-rich social networks through community organizations, social service providers, and educational institutions.

3. Cultural Capital

Cultural capital is the knowledge and practice of culturally-derived behaviors and values that are needed to succeed in educational and employment settings. It is formed and reinforced by participating in the family, school, and other social groups (Bourdieu 1977, 1986; Portes 1998; Farkas 2003) and expressed through manners, speech patterns, and other means of self-presentation. Examples of cultural capital that promote positive educational and employment outcomes might include expecting to attend college because members of one's social group attended college; knowing which high school classes to take and extracurricular activities to participate in to be most competitive in the college application process; or understanding how the job application process works because ones' family members or friends are employed.

Cultural capital that promotes education and employment is critical if at-risk youth are to succeed in school and work (Bartee and Brown 2007; Portes et al. 2005; Stanton-Salazar 2001). However, at-risk youths' culturally derived knowledge, values, and norms, which have been developed through their association with peers and family members who typically have not succeeded in employment or higher education, are often not conducive to success in the labor market or postsecondary education (Bartee and Brown 2007; Bourdieu 1986; Farkas 2003; Fordham 1999; Portes et al. 2005; Stanton-Salazar 1997, 2001; Zhou and Bankston 1994). Recent studies highlight how the lack of cultural capital can limit the postsecondary educational attainment of at-risk youth. For example, many at-risk youth do not understand the college application process

(Roderick et al. 2009) or how to navigate their way through college programs when they are in college (Rosenbaum et al. 2006).

4. Economic Capital

Economic capital refers to the financial resources necessary to invest in self-development. Acquiring human capital through postsecondary education and training requires an investment of financial resources. Not only do at-risk youth often lack this economic capital, but in addition, they might not know where or how to access it. This limits their ability to pursue the postsecondary education and training needed to improve their prospects for labor market success.

The need for economic capital is a particularly important consideration for Latino or first-generation immigrant youth who perceive themselves as having a responsibility to contribute directly to their family's financial well-being (Castellanos et al. 2003; Lee et al. 2003). For these youth in particular, immediate opportunities to make money through employment or in the underground economy could outweigh the potential long-term benefits of investing in human capital development. Knowing where to look for and how to access economic capital is critical if at-risk youth are to develop their human capital. This idea is supported by studies showing that underrepresented students receiving multiple sources of information about financial aid are more likely to pursue postsecondary education than those who do not receive that information (Berkner and Chavez 1997).

D. Intervention Approaches Focused on Capital Development

The families of at-risk youth and the communities in which they live often lack resources to support at-risk youth or to provide them with role models who can guide them at critical junctures during their transition to adulthood (Furstenberg and Hughes 1995; González et al. 2003; Stanton-Salazar 1997; Wilson 1987). Based on the capital development perspective, moving youth toward adult self-sufficiency is likely to require intervention at all four levels of capital. Programs could focus on (1) increasing human capital by promoting educational attainment, employment credentials, and development of workplace "soft skills;" (2) increasing the social capital of youth by connecting them to adults who can provide access to educational and employment opportunities; (3) improving youths' cultural capital through exposure to settings in which they can learn about expectations and normative behaviors; and (4) increasing economic capital by providing information about and access to financial resources and related supports.

Many educational and career programs have been shown to be effective in helping students progress in school, obtain key employment credentials, or employment placement. Appendix table A.2 provides an illustrative set of programs that have been found to be effective, culled from several reviews of the evidence base. Below, we describe and provide examples of some of the intervention approaches for improving educational outcomes and job training. In cases in which evaluations have been completed, we provide information about the evidence supporting each approach.

1. Educational Programs for At-Risk Students

In this section, we describe a number of interventions designed to promote the educational attainment of at-risk youth. They include alternative schools, out-of-school time programs, and middle and early college high schools and precollege outreach programs.

Alternative Schools. Alternative schools were developed as an educational option for students who have not been successful in the traditional public school setting (Kleiner et al. 2002; Lehr et al. 2004). These schools typically serve students who are at risk of dropping out because of poor grades, truancy, disruptive behavior, suspension, or pregnancy (Paglin and Fager 1997; Lehr et al. 2003). Alternative schools are typically smaller and more flexible than regular public schools; students often receive one-on-one instruction and enrollment tends to be fluid. Although the curriculum might lead to a regular high school diploma, alternative schools also offer social services, crisis and behavioral counseling, career counseling, or community- or work-based learning (Lehr et al. 2003; Kleiner et al. 2002).

There is some evidence that alternative high schools are effective at promoting educational attainment among at-risk students. Many evaluations of alternative schools lack methodological rigor (Carruthers et al. 1996; Cox et. al. 1995). However, based on a systematic review of the evidence, the High School Redirection program, in effect in six states from 1968 to 2004, is an example of an alternative high school program that has been shown to be effective at helping students stay in school and reducing the incidence of dropping out (Dynarski and Wood 1997).

Middle and Early College High Schools. Middle and early college high schools have been used to promote college awareness and keep at-risk youth motivated and engaged. They are typically located on college campuses and provide extensive exposure to college. Middle college high schools provide personalized instruction, support services to students, and access to college courses within a small-school setting. Early college high schools offer students opportunities to earn not only a high school diploma but also up to two years of (tuition-free) college credit (including an Associate's degree) while still in high school (Nodine 2009). Examples of early and middle college high schools include 26 programs in the Gateway to College network funded by the Bill & Melinda Gates Foundation.

Rigorous evaluations of this approach have not been undertaken. Several longitudinal studies currently follow cohorts of early college high school students. Preliminary outcomes suggest that these students are more likely to graduate from high school, more likely to enroll in college immediately after graduation, and more likely to enroll in a four-year college if they pursue postsecondary education than the average high school student (Nodine 2009). This comparison cannot distinguish the effects of the program from pre-existing differences between those who choose to participate in the program and other students.

Out-of-School-Time Programs. Out-of-school-time (OST) programs include traditional after-school programs and programs that take place before school, in the evening, on weekends, and when school is on summer or holiday breaks (National Institute for Out of School Time 2000). OST programs provide a safe place where young people can participate in supervised activities that prevent them from engaging in risky behaviors during nonschool hours (Larner et al. 1999).

OST programs vary widely in their focus and activities. Some OST programs provide opportunities for youth to learn about college and gain work experience. These OST programs have the potential to help at-risk youth stay out of trouble and prepare them for postsecondary education and employment (Grossman et al. 2002; Arbreton et. al. 2009). Many OST programs also provide a variety of opportunities for positive youth development (Larner et al. 1999; Eccles and Gootman 2002; Simpkins 2003), to explore interests, and develop life skills (Gambone and Arbreton 1997).

Rigorous evaluations of the OST approach have shown mixed results. Moreover, when gains in achievement have been found, it has been difficult to identify the practices contributing to those gains. The effectiveness of the program depends on the structure of the OST program and the activities undertaken (Institute of Educational Sciences 2009). Other problems, such as low levels of program participation and small sample sizes, have also complicated the interpretation of results (Beckett et al. 2009).

Precollege Outreach Programs. Precollege outreach programs, such as Upward Bound, Talent Search, and Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR-UP), aim to increase the college-going behaviors and attitudes of educationally and economically disadvantaged youth by helping them develop the human, social, and cultural capital needed to access and persist in college (Perna 2002; Gandara et al. 1998; Horn and Chen 1998; Vargas 2004). The programs include interventions that focus on academic preparation and developing positive attitudes and beliefs about postsecondary education. Participants receive a range of services and supports, including information about and assistance with college admissions; motivational activities, such as visits to college campuses; and academic enrichment, such as tutoring or college entrance examination preparation (Gullat and Jan 2003; Cunningham et al. 2003). Parental involvement is also generally recognized as a critical component (Perna and Swail 2002).

Evaluations of precollege programs have shown some impacts on educational attainment. A quasi-experimental evaluation of Talent Search programs in Florida, Indiana, and Texas found that Talent Search participants were more likely than nonparticipants to have applied for federal financial aid and to have enrolled in public postsecondary institutions. Although significant differences in high school completion were also found in the two states for which data were available (Florida and Texas), the researchers cautioned that those differences could be attributable to selection effects (Constantine et al. 2006).

An experimental impact evaluation of 67 Upward Bound programs found that seven to nine years after students were expected to graduate from high school, participation in Upward Bound did not have a statistically significant effect on the rate of postsecondary enrollment, the likelihood of applying or receiving financial aid, or the likelihood of earning a bachelor's or an associate's degree. However, participation in Upward Bound did increase the likelihood of earning a postsecondary certificate or license from a vocational school. It also increased postsecondary enrollment and completion rates for some subgroups of students, particularly students with lower educational expectations at baseline. Longer participation in Upward Bound was associated with higher rates of postsecondary enrollment and completion; however, this finding was based on a nonexperimental design that cannot isolate the effects of participation from selection effects. The high rate of participation of the control group students in other precollege outreach program could have contributed to the null findings (Seftor et al. 2009).

2. Promoting Technical and Employment Skills in Educational Settings

The programs described in this section include those that provide youth with job training for a specific career. These training programs are delivered within educational settings and typically lead to credentials that are necessary for entry-level jobs.

Career Academies. Career Academies combine academic and technical curricula around a career theme, are organized as small learning communities to create a more supportive learning environment, and partner with local employers that provide opportunities for work-based learning. There are estimated to be more than 2,500 Career Academies across the country.

A random assignment evaluation of Career Academies found that the programs had no impact on high school graduation, on college enrollment in the first year after high school graduation (Kemple 2001), or on educational attainment four years after students were expected to graduate from high school (Kemple and Scott-Clayton 2004). However, the evaluation found substantial gains in earnings among young men (but not young women) who graduated from a Career Academy. Four years after graduation, male participants earned 17 percent more (or an average of $3,731 more per year) than males in the control group (Kemple and Scott-Clayton 2004).

Career and Technical Training. Career and technical education (CTE)—or what has traditionally been called vocational training—helps students explore career options and equips them with marketable job skills. CTE is provided in a variety of settings, including regular high schools that offer CTE either on or off site; full-time CTE high schools; and area CTE schools that offer CTE part-time to students who receive their academic instruction at their home high schools (Silverberg et al. 2004). Most public high schools (88 percent) offer some type of career and technical training. Although these programs tend to focus on the development of human capital, they might also contribute to the development of social and cultural capital by promoting knowledge of work opportunities and appropriate workplace behaviors (Melendez and Harrison 1998; U.S. Department of Labor 1995; Schneider 2000).

Few studies have used experimental or quasi-experimental research designs to study the effects of CTEs. Some studies suggest that vocationally-oriented high school programs are effective at preventing students from dropping out (for example, Wonacott 2002); however, other studies show mixed results (Rasinski and Pedlow 1994; Plank 2001; Agodini and Deke 2004). Vocational education is associated with higher earnings for as many as seven years after high school graduation, though the effect on later earnings is smaller (Agodini and Deke 2004).

Community Colleges. Community colleges are critical to providing postsecondary education for youth. Among all undergraduates, 40 percent are enrolled in community colleges; (McIntosh and Rouse 2009); associate's degrees, typically awarded at community colleges, account for about one-third of all postsecondary degrees (NCES 2007). According to the Bureau of Labor Statistics (2008), 19 of the 30 occupations with the largest anticipated job growth over the next decade will require only an associate's degree. Moreover, low-income youth are more likely to attend community colleges than four-year colleges (McIntosh and Rouse 2009). Vocational training programs are available at community colleges and provide key certifications for many fields.

3. Career and Employment Programs

This section describes intervention approaches that focus on employment. Some of these programs provide guidance about choosing careers; others provide real workplace experience. Unlike some of the interventions discussed in other sections, most of these approaches have not been rigorously evaluated.

Career Exploration. At-risk youth often lack a clear understanding of the connection between the decisions they make about their education today and careers that they will be able to pursue (Orfield and Paul 1994; González et al. 2003; McDonough 1997; Arbona 1994). Some at-risk youth might be able to turn to institutional agents, such as guidance counselors, for assistance (Sandefur et al. 1999; Kim and Schneider 2005; Stanton-Salazar 2001; Stanton-Salazar and Dornbusch 1995), but guidance counselors in under-resourced public schools are frequently overtaxed (McDonough 2004, 2005). As a result, many at-risk students fall through the cracks and receive little or no advisement regarding their college and career plans. Providing at-risk youth with guidance regarding their college

and career options might begin to address these disadvantages and build the cultural capital needed to navigate the worlds of higher education and employment successfully.

Few career exploration programs have been rigorously studied. A randomized evaluation of one, the Philadelphia's Summer Career Exploration Program (SCEP), found some impacts on employment outcomes. Those who received SCEP were more likely to obtain summer jobs than youth in the control group. However, the impact on summer employment did not translate into gains in education or employment one year after random assignment. There were no significant differences between the treatment and control groups in the percentage of youth that planned to attend college, that were employed during the following school year, or the wages they earned if they were employed. Furthermore, the two groups had held similar attitudes toward work and felt equally capable of reaching their career goals (McClanahan et al. 2004).

Career Mentoring. Career mentoring programs assist youth in preparing for the world of work by helping them develop the skills needed for particular career paths. Adults from the business and professional community meet individually with youth to help them plan for their future, explore college and career options, and serve as role models. Mentors might show youth how to conduct a job search, help youth write resumes and cover letters, engage youth in mock interviews, teach youth "soft" skills, help youth set educational and career goals, or arrange internships or other work experiences. An example of a career mentoring program is the Ready to Achieve Mentoring Program (RAMP), which is funded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and is being implemented at 12 sites across the country. RAMP uses a combination of group, peer-to-peer, and one-on-one mentoring to help youth plan for and make that transition. This program is still being implemented and no evaluations have been published.

The Ready4Work prisoner reentry program is another example of a career mentoring program for ex-prisoners. Ready4Work also provides job training and placement and case management. Those who participate are mostly young adults, with an average age of 26. A recent nonexperimental evaluation showed those in the mentoring program remained in the program longer, and through their retention in the program, were more likely to obtain a job, found that job faster, and were retained longer in that job than those who did not have a mentor. Participants were also less likely to recidivate within a year of their release (Bauldry et al. 2009).

Work-Based Learning Programs. These programs are designed to improve the school-to-work transition. Examples of this approach include job shadowing, workplace field trips, youth apprenticeships, school-based enterprises, cooperative education, and service learning. These programs provide students with hands-on workplace experience and opportunities to learn work-related skills that they could not learn in a classroom. Such programs are distinguished from other approaches in that the activities are school-supervised. Many are provided through Career and Technical Education programs (CTE) discussed above. A 1990 evaluation of the Career Beginnings Program showed improvement in college attendance within one year of high school graduation and increased occupational aspirations for participants, although there was considerable variation across sites (Cave and Quint, 1990).

Internships. Internship programs offer hands-on learning in real work settings over an extended period of time. They can be paid or unpaid. They are designed to give youth a better sense of the jobs within a particular business or industry; to provide information about all aspects of the business or industry; and to aid them in understanding how each part of a company assists another in meeting the goals and objectives of a business or industry. Internships can create human, cultural, and social capital by providing at-risk youth with work experience and by connecting them to

professional role models. Currently, there is little conclusive research about the effectiveness of internship programs, in part because they can vary greatly in structure. As internships are becoming more widely used as a strategy to help youth bridge the gap toward adult self-sufficiency, it will be useful to evaluate their impacts on employment.

Subsidized Jobs. Programs that provide subsidized jobs present another opportunity for hands-on learning in real work settings. Employers have a financial incentive to hire at-risk youth because an external funding source subsidizes all or part of their wages. Subsidized jobs can build human capital by giving youth an opportunity to learn and internalize new behavioral expectations such as punctuality, reliability, collaboration, and goal setting. They can provide work experience and might lead to unsubsidized employment. Equally important, subsidized jobs can create social capital by connecting at-risk youth to successful adults (Conchas 2006; Erickson 1996; Lin 1999; Mehan et al. 1996). Finally, subsidized jobs can provide youth with economic capital that they can then invest in education or training. A related benefit is that because youth are paid while in subsidized jobs, they reduce the opportunity costs that youth face when they forgo employment to enroll in unpaid training programs. The Supported Work Demonstration found that the program did not have significant impacts on the long-term employment and earnings of participating youth, but it did find that the program had more positive effects for younger youth than older youth (MDRC 1980).

4. Examples of Comprehensive Approaches

Although each of the previously described youth-focused interventions has the potential to increase the human, social, cultural, or economic capital of at-risk youth, a more promising approach might be to combine several of these interventions into a single package. Next, we provide examples of more comprehensive programs designed to address the needs of at-risk youth and help them to transition successfully to self-sufficient adulthood. Some of these interventions have been subject to rigorous evaluation and appear to be effective at improving educational or employment outcomes.

Job Training and Educational Preparation Through the Workforce Investment Act. The Workforce Investment Act (WIA) provides federal funding for job training programs nationwide. Administered by the U.S. Department of Labor, WIA includes funding for youth development services, with the goal of preparing low-income youth ages 14 to 21 for postsecondary education or employment. To be eligible for WIA-funded services, youth must fit one of the following categories: (1) high school dropout; (2) deficient in basic literacy skills; (3) runaway, homeless, or in foster care; (4) pregnant or parenting; (5) an offender; or (6) in need of help completing an educational program or securing and holding a job. Some funds can be used to serve youth who are behind in school, have learning disabilities, or face other serious barriers to employment or high school completion.

WIA encourages the integration of local workforce development services for youth through its One-Stop service delivery systems. Comprehensive educational and employment services are typically provided, although funding for year-round services is sometimes limited. Educational services include tutoring, study skills training, dropout prevention, instruction leading to high school completion, and alternative school services. Work preparation activities include summer employment linked to academic and occupational learning, paid and unpaid work experiences including internships and job shadowing, and occupational skills training. Leadership development is a focus of some programs, which might include community service and peer-centered activities encouraging prosocial behaviors. Supportive services include mentoring, guidance, and counseling, which may include counseling for drug and alcohol abuse, and follow-up services for at least 12 months post-participation.

Job Corps. Job Corps is a large, federally-funded residential education and job training program administered by the U.S. Department of Labor. The program provides a comprehensive array of services and supports to economically disadvantaged youth ages 16 to 24 to help them develop and maintain secure, stable, and high-paying jobs. There are currently 124 Job Corps centers throughout the United States that serve approximately 60,000 at-risk youth each year.

Unlike many job training programs, enrollment in Job Corps does not have a fixed duration; on average, participants spend approximately eight months in the program. The program provides an individualized mix of vocational training and academic instruction, primarily GED preparation, which enables participants to progress at their own pace. They also receive services to enable them to live independently, including residential living services and health care.

A four-year randomized evaluation found that participation in Job Corps increased receipt of GEDs and vocational certificates, improved functional literacy, and reduced criminal justice system involvement. Although the program did generate short-term gains in earnings, those gains did not persist over time, except for the oldest participants. As a result, the benefits of the program—including increased earnings, reduced use of education and training programs, reduced receipt of public assistance, and reduced crime over the four year study period (less than $4,000 per participant)—did not outweigh the costs ($16,500 per participant) (Schochet et al. 2006, 2008).

Career Beginnings. The Career Beginnings program, a collaboration involving local colleges or universities, public secondary schools, and the business community, was developed to enhance the life options of low-income urban high school students. It targets high school juniors with college potential who would be unlikely to pursue college because of their grades and economically and educationally disadvantaged family backgrounds.

The goal of the program is help these youth enroll in college or find better jobs than they would otherwise obtain over the course of 15 months. To achieve this goal, Career Beginnings provides tutoring, help with college admissions or financial aid applications, career development workshops, career-specific training, summer work experiences and career fairs. The program also connects students with adult mentors from the business and professional community.

A random assignment evaluation found that, compared with Career Beginnings applicants who were assigned to the control group, participants were more likely to attend college during the first post-high school year. Those who received Career Beginnings also reported higher occupational aspirations. The program allowed for a great deal of flexibility, so there was considerable variation across sites. Those that implemented the program most successfully produced the largest impacts; those with the least successful implementation had the smallest impacts (Cave and Quint 1990).

The National Guard Youth ChalleNGe Program. The Department of Defense oversees this program, which targets unemployed, drug-free high-school dropouts ages 16 to 18 who have not been involved in the criminal justice system, except for juvenile-status offenses. The program's primary goal is to improve the education, life skills, and employment potential of participants. There are currently 29 ChalleNGe programs located in 24 states and Puerto Rico. These programs receive both federal and state funds.

Core program components include obtaining a high school diploma or its equivalent; developing leadership qualities and the ability to work as part of a team; demonstrating citizenship; developing coping skills; exploring careers and developing job skills; and improving physical fitness, health, and hygiene. The program begins with a 22-week highly disciplined residential (or Pre-

ChalleNGe) phase followed by a 12-month mentoring post-residential phase. Each cadet is also required to perform a minimum of 40 hours of community service. A random assignment evaluation that is currently underway of the National Guard Youth ChalleNGe shows preliminary signs of success with respect to educational outcomes (Bloom et al. 2009).

YouthBuild. Administered by the Department of Labor's Employment and Training Administration, YouthBuild provides opportunities for low-income youth ages 16 to 24 to work toward their GED or high school diploma while learning job skills by constructing or rehabilitating affordable housing for needy families in their own neighborhoods. Many of these young people have particularly high risk levels, in that they come from the foster care, juvenile justice, or welfare system or have experienced homelessness. YouthBuild participants spend 6 to 24 months in the full-time program, alternating weeks between working full-time at a construction site in the job-training component and attending a YouthBuild alternative school on a full-time basis. Strong emphasis is placed on leadership development and community service. There are now 273 YouthBuild programs in 45 states, Washington, D.C., and the Virgin Islands.

YouthBuild has not been subjected to a rigorous evaluation. However, the U.S. Department of Labor's Employment and Training Administration recently awarded a contract to undertake a national evaluation of the program. Impact study enrollment will begin in the spring of 2011 and 30- and 48-month impact reports are planned for 2015 and 2017, respectively.

Conservation and Youth Service Corps. This full-time program provides young people with a combination of education and work experience. Currently, about 120 Conservation and Youth Service Corps (CYSC) programs serving about 26,000 young people annually. The target population is out-of-school 17- to 26-year-olds. The typical participant is an educationally or economically disadvantaged young person of color. Although participation is designed for 6 to 12 months, the average stay is 4 to 5 months. A mix of federal, state, and local funds support the program.

CYSC participants spend approximately 80 percent of their time engaged in short-term community service projects designed to address human service, educational, or environmental needs. They work in teams of 8 to 15 participants under the direction of adult staff. During the remaining time, youth participate in activities designed to improve their prospects for education and employment. These activities include work-preparedness training, job training, basic and remedial education, life skills training, and training in communication and interpersonal skills. These services can be provided by the program itself or by outside agencies. The program provides some economic support, in that corps members are paid a stipend, though it is typically minimum wage. A small number of programs also provide lodging, though most are nonresidential.

A national random assignment evaluation found several modest, but positive impacts on employment and education outcomes 15 months after entry. The treatment group members were more likely to be working for pay and working for more hours than applicants who were assigned to a control group. They were also less likely to have been arrested. The impacts were particularly strong for African-American males (Jastrzab et al. 1997).

5. Family-Focused Strategies

In addition to programs that provide at-risk youth with educational opportunities and job skills training, the capital development perspective suggests that promoting family- and community-based interventions could improve outcomes for at-risk youth. Capital development interventions include those that aim to increase parental involvement in the education of at-risk youth and promote

postsecondary education among parents. Not all of these intervention approaches have been translated into specific programs for parents of at-risk youth, nor have they yet been evaluated for effectiveness.

Encouraging Parental Involvement in the Education of At-Risk Youth. Children and adolescents are more successful in school when their parents are involved in their education (Harvard Family Research Project 2010; Fan and Chen 2001; Jeynes 2003, 2007; Greenwood and Hickman 1991; Hill and Tyson 2009; Eccles and Harold 1993; Henderson 1987). For example, greater parental involvement is associated with more favorable attitudes toward school (Trusty 1996); higher levels of motivation (Steinberg et al. 1992); higher levels of academic achievement (Lee 1993; Sui-Chu and Williams 1996; Paulson 1994; Steinberg et al. 1992; Trusty 1996; Christenson et al. 1992; Epstein 1991; Singh et al. 1995); and higher rates of high school completion (Barnard 2004; McNeal 1999; Rumberger et al. 1990).

Parental involvement is no less important when it comes to postsecondary education. Students whose parents are involved in their education are more likely to have college aspirations and more likely to enroll in college than students whose parents are not involved (Cabrera and La Nasa 2000; Horn 1998; Hossler et al. 1989; Hossler et al. 1999; Perna 2000; Perta and Titus 2005).

Increasing parental involvement in the education of at-risk youth has the potential to build the social capital of at-risk youth through the relationships that are formed between their parents and other adults connected to the school that the at-risk youth attend (Dika and Singh 2002). The latter would include not only teachers and administrators but also the parents of other students at the school. Of course, schools vary with respect to how much parental involvement is encouraged and the resources or opportunities that can be accessed via the school's social networks (Bourdieu 1986; Lin 2001a, 2001b). This is important because at-risk youth frequently attend schools in which the level of resources available through social networks to promote college enrollment is low (Stanton-Salazar 1997).

Providing Parents of At-Risk Youth with Information About Postsecondary Education. Most low-income, minority, or immigrant parents, particularly those who are not college educated, have high aspirations for their children's education (Haro et al. 1994; Delgado-Gaitán 1990; Steinberg 1996). However, many lack knowledge of and experience with the higher education system and cultural capital, and they lack personal or institutional connections to those familiar with the system (social capital). Knowledge, experience, and connections are needed to help children turn their aspirations into reality (Bourdieu 1973; Wimberly 2002; Lareau 1987; Steinberg 1996).

These parents might be unaware of the steps that have to be taken to prepare for college (TRPI 2004; Horn and Nunez 2000), might not understand the college application processes (Vargas 2004), and might lack information about the costs of postsecondary education and financial aid resources (Roderick et al. 2008; Perna and Swail 2002). Because they are often not college educated themselves, such parents cannot draw upon their own experiences to assist their children and might lack access to the social networks that can provide this information (Pathways to College Network 2004). Consequently, their children are at a distinct disadvantage relative to the children of college-educated parents when it comes to higher education (Schneider and Stevenson 1999; González et al. 2003; Kim and Schneider 2005; Roderick et al. 2008; Swail et al. 2003; Hossler et al. 1999; Cabrera and La Nasa 2000; Orfield and Paul 1994). Unable to turn to their parents for the help that they need, these young people must rely on their high school teachers and guidance counselors for information (Epps 1995; Stanton-Salazar 1997; Stanton-Salazar and Dornbusch 1995; Furstenberg et

al. 1999; Lareau 1987). Unfortunately, the schools these young people attend often lack resources and can provide only minimal assistance with college planning or applications.

Parent-involvement programs provide parents with information about opportunities for postsecondary education and teach them how to monitor their children's educational progress and support their pathway to college. Examples of such programs include Indiana Career and Postsecondary Advancement Center program and Florida's College Reach-Out Program. Parent involvement is also a component of many precollege outreach programs, such as Talent Search (Perna and Swail 2002).

6. Community Focused Interventions

Community-focused job training interventions have been implemented in some communities and have shown promise. WIA authorized funds for the Youth Opportunity (YO) Program which targeted communities with many at-risk youth. These included high-poverty urban, rural, and Native American communities, also referred to as Empowerment Zones and Enterprise Communities. Thirty six communities received funds for FY 1999 – FY 2004. Any 14- to 21-year-old living in a targeted community was eligible to receive YO services.

The infusion of resources into these communities aimed to build the capacity of their service delivery systems to the point that a positive difference would be made in the education and employment outcomes of youth. YO enrollees participated in a wide range of youth-development activities, with job readiness and life-skills training being the most common. Other activities included sports and recreation, short-term unsubsidized employment, internships, community service, and academic remediation.

A quasi-experimental evaluation of YO grant programs compared the educational and employment outcomes of youth living in 30 YO communities, regardless of whether they participated in the program, with the outcomes of two other groups of youth: those living in a group of census tracts that were selected using propensity score matching to be similar to the YO sites and youth living in the Current Population Survey's high-poverty central city census tracts. The analysis examined the difference in the change in employment and educational outcomes between the YO and non-YO communities. Several significant positive effects on employment and educational outcomes were observed. The overall employment rate for youth in the YO target communities increased more than the employment rate for youth living in non-YO census tracts. The percentage of youth who completed at least the 11th grade and the percentage of youth in secondary school rose more in the YO target communities. The percentage of disconnected youth who were both out of school and out of work, fell more in the YO target communities than in the non-YO Communities (Jackson et al. 2007).

E. Summary and Discussion

The risk and resilience and capital development perspectives point to a range of interventions that could be used to improve the well-being of at-risk youth and help them become self-sufficient in adulthood. This chapter describes the range of programs and their effectiveness. The review points to four themes that cut across the two perspectives and the intervention approaches that they suggest. Specifically, programs should reflect the needs of at-risk youth, interventions should target not only individual youth but also their families and the communities in which they live, youths' cultural diversity should be taken into account, and integrated approaches might be the most effective.

1. Programs Should Respond to Youths' Level of Risk and Expressed Needs

Adolescents' levels of risk and needs vary tremendously, from intense family instability to lack of resources in the community; furthermore, their needs change over time due to their developing identities and independence. As a result, youths' developmental needs and abilities change as they age. One type of approach is unlikely to address the range of needs among at-risk youth. Program evaluations that have assessed effectiveness for a range of youth, such as has been done for mentoring, suggest that effectiveness varies by the characteristics of the youth.

Keeping youth engaged in programs is also likely to increase program effectiveness. To do this, programs must be relevant to youths' lives. Interventions that view youth as active social agents (Boyden and Manning 2005) who can contribute valuable insights into their situation and can have a role in implementing solutions are more likely to appeal to their target audiences. Ignoring youths' perspectives can result in misplaced interventions that overlook their needs.

2. Programs Should Coordinate Interventions at the Individual, Family, and Community Levels

The risk and resilience and capital development perspectives both suggest that interventions should take into account the influence and resources available at the individual, family, and community levels. Youth frequently face multiple, overlapping risks at these different levels. Furthermore, the interventions described earlier are typically delivered through multiple systems, including educational settings, human service programs, health care providers, community-based organizations, and the workplace. To enable efficient and effective delivery of services, these systems of care should be coordinated.

3. Programs Should Account for the Need of Some Youth to Bridge Cultures

Both the risk and resilience and capital development perspectives suggest that the influence of culture is an important factor in designing interventions. According to the risk and resilience perspective, youths' interpretations of events are likely to affect how they react to them. The concept of cultural capital reflects the importance of understanding the culture of education and employment settings for success, and some youth must bridge cultures. Interventions will have to account for diversity in the cultural norms and values that some groups embrace and how they might differ from those of the workplace.

4. Programs for At-Risk Youth Should Consider Integrating Both Resilience and Capital Development Approaches

The review of evidence suggests that a wide variety of approaches, ranging from intensive family therapy to alternative high schools, can be effective at achieving desired outcomes. Both the risk and resilience and the capital development perspectives point to interventions that can improve youths' well-being. Comprehensive programs that combine multiple approaches to addressing risk and including additional supports seem to be particularly effective for youth. There is little evidence, however, about whether these programs ultimately increase adult self-sufficiency because there have been few long-term evaluations of them.

III. ACF PROGRAM RESOURCES AND EXISTING YOUTH- SERVING MODELS

As a part of its mission, the Administration for Children and Families sponsors a variety of programs to promote the positive development of at-risk youth. Some programs administered by ACF serve youth based on specific Congressional mandates and serve specific groups of youth, such as homeless and runaway youth, pregnant and parenting teens, and youth aging out of foster care. Other ACF programs serve at-risk youth as a part of their broader target populations, such as young people who are part of the general noncustodial parent population. ACF programs take a variety of approaches, with some focused on prevention (for example, for those at risk of school dropout or delinquency), and others providing intensive intervention for youth in crisis (for example, for those who are homeless). It is possible for at-risk youth to become involved with ACF through many different portals; they may participate in a wide range of programs funded through the ACF's Community Services Block Grant, and Child Care and Development Fund, or in certain programs sponsored by ACF's Administration for Native Americans, Office of Community Services, and the Office of Refugee Resettlement.

This chapter focuses on four programs or offices within ACF that serve at-risk youth, specifically runaway and homeless youth, youth aging out of foster care, youth who are noncustodial parents, and youth whose families receive public assistance. We discuss the funding streams that these ACF bureaus and offices use or could use to provide services to these youth. We then describe one illustrative program within each bureau or office. The chapter concludes with a summary of the program models, the extent to which they focus on promoting self-sufficiency, and evidence of their effectiveness.

A. ACF Resources for Serving At- Risk Youth

1. Family and Youth Services Bureau

Within ACF's Administration on Children, Youth, and Families (ACYF), the Family and Youth Services Bureau (FYSB) administers grants for the provision of services to several groups of at-risk youth through its Basic Center, Street Outreach, and Transitional Living Program as well as through its Mentoring Children of Prisoners Program. Of particular interest is the Transitional Living Program (TLP), which serves runaway and homeless youth between the ages of 16 and 22. Funding for the TLP is provided through the Reconnecting Homeless Youth Act of 2008. Grants are distributed competitively to public entities and private organizations for five-year periods and require a 10 percent match. In fiscal year 2009, 218 programs received funding awards to serve runaway and homeless youth.

2. Children's Bureau

The Children's Bureau (CB), also within ACYF, focuses on promoting the safety, permanency, and well-being of children and youth who come to the attention of state child welfare systems. Authorized by provisions in the Social Security Act, CB provides matching funds on a formula basis to help states and tribes operate their child welfare systems. These dollars are used to fund a wide range of services, including child abuse and neglect prevention, child protective services, foster care, family reunification and adoption assistance.

Through its Child Welfare Waiver Demonstration authority, the agency awards funds that states can use to test new approaches to providing and financing child welfare services. Federal authority to approve new waivers expired at the end of March 2006. However, states with approved projects

could continue to implement their waivers and requests to extend demonstrations beyond their original period could be approved at the discretion of the HHS Secretary. Three states had active waivers under short-term extensions in June 2010. CB also awards discretionary grants for program development and research on a competitive basis to states, tribes, and community-based nonprofit and for-profit organizations.

Among its other programs, CB administers two programs aimed at helping youth in foster care and former foster youth develop the independent living skills they need to become self-sufficient. Created under Title I of the Foster Care Independence Act of 1999 (PL 106-169) to replace the Title IV-E Independent Living Program, the John H. Chafee Foster Care Independence Program (Chafee Program) serves current and former foster care youth. The authorized appropriation is $140 million per year. Each state is eligible for an amount proportional to its share of the U.S. foster care population, and the federal funds must be matched at a rate of 20 percent.

The Education and Training Voucher (ETV) Program was added to the Chafee Program when the Foster Care Independence Act was amended as part of the Promoting Safe and Stable Families Amendments of 2001 (P.L. 107-133). This program provides states and tribes with federal funds to support postsecondary education and training. The authorized appropriation for the ETV program is $60 million per year. Each state receives an amount proportional to its share of the U.S. foster care population and must contribute a 20 percent match.

3. Office of Child Support Enforcement

The primary mission of ACF's Office of Child Support Enforcement (OCSE) is to enforce child support compliance in families with children, including teen and young adult parents. Standard services include assistance with paternity establishment, wage withholding, and parent locating. However, discretionary funding is available through Section 1115 waiver authority and through the Special Improvement Projects (SIP). Typically, the OCSE commissioner sets priorities for these grants to support the agency's overall national strategic plan and those of DHHS, ACF, and the White House.

Section 1115 of Title IV, Part D of the Social Security Act authorizes OCSE to grant waivers to demonstrate and test new concepts that increase cost effectiveness, reduce dependence on welfare, and increase the payment of child support by noncustodial parents. Grants are available only to state child support (IV-D) agencies, although these agencies can contract with community-based organizations, universities, or other agencies. Section 1115 grants require a 5 percent match and must include evaluation activities.

OCSE has authority to provide discretionary grants under its SIP. The purpose of these grants is to further the national mission of child support and objectives related to program performance. No match is required and grants can be awarded to nonprofit and for-profit organizations as well as state or local public agencies.

4. Office of Family Assistance

The Office of Family Assistance administers Temporary Assistance for Needy Families (TANF), a block grant program to states that provides cash assistance and supportive services to assist needy families, with a goal of helping them achieve and maintain economic self-sufficiency through employment. The TANF program was authorized by the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, which specified four purposes for TANF: assisting needy

families so that children can be cared for in their own homes; reducing the dependency of needy parents by promoting job preparation, work, and marriage; preventing out-of-wedlock pregnancies; and encouraging the formation and maintenance of two-parent families.

The 1996 legislation permitted states to use their block grants to: (1) provide supports that are considered "assistance," (temporary cash, payments, or vouchers to meet ongoing basic needs, such as food or shelter); and (2) to provide other services that do not meet the federal definition of assistance, known as "nonassistance," as long as they directly or indirectly address one of the four purposes of TANF. Because individuals and families receiving only nonassistance are not subject to welfare requirements such as time limits and work participation, nonassistance spending can be used to support a variety of innovative programs if the activities are "reasonably calculated to accomplish a TANF purpose" (DHHS 2000). In fiscal year 2006, 13 states reported using nonassistance spending to support education and youth programs, 8 reported sponsoring teen pregnancy prevention programs, and 7 reported providing employment services and work supports for low-income populations (Derr et al. 2009).

B. Examples of Youth- Serving Programs Sponsored by ACF

1. The Transitional Living Program for Runaway and Homeless Youth

Congress authorized the Transitional Living Program to address the needs of young people who lack stable and safe living situations and are at high risk of not achieving self-sufficiency. The hundreds of transitional living programs vary, but generally differ from other resources for homeless and runaway youth, such as Basic Centers or Street Outreach, in the intensity and length of services. Specifically, TLPs aim to provide long-term housing and supportive services to help homeless youth transition successfully to self-sufficiency and independent living. A quasi-experimental design in 1997 evaluated TLP programs and found some promising impacts at a six-month follow-up; a non-experimental outcome study is currently underway.

Program Goal and Philosophy. The goal of the TLP is to provide homeless youth with safe and stable places to live, and help them develop the skills they need to become self-sufficient and remain housed after they leave the program. Fundamental to the model is the recognition that homeless youth need much more than a safe and stable place to live, as essential as that may be. If they are to make a successful transition to adulthood, they are likely to also need basic life skills, education or training, access to physical and mental health care, and close relationships with supportive adults. The program generally aims to improve youths' interpersonal skills, relationships with peers and adults, and decision-making and stress management skills. Desired short-term outcomes include the pursuit of education, training, or work experience; long-term outcomes center on residential mobility and self-sufficiency.

Target Population. The TLP's target population is 16- to 21-year-old homeless youth, including pregnant and parenting youth, who cannot return home. Youth may remain in the program for up to 540 days (about 18 months) or, in exceptional circumstances, 635 days (about 21 months). Youth who are not yet 18 years old may remain in the program for an additional 180 days, or until their 18th birthday, whichever comes first.

Intervention Components. TLP grantees are required to provide youth with a safe and stable place to live. Youth may be sheltered in host homes, group homes, or supervised apartments. Supervised apartments may be located in agency-owned buildings or rented from private landlords throughout the community with agency support. To help youth achieve their self-sufficiency goals,

grantees must develop a written plan for each youth based on an individual assessment of the youth's needs. This plan is intended to specify the help youth will need and what youth must do to transition from the program to independent living or another appropriate living arrangement.

In addition to providing living accommodations, TLP grantees must offer youth or refer them to services that will enable them to develop the skills needed to become independent. These services include training in basic life skills such as budgeting, housekeeping, and meal preparation; consumer education such as training in the proper use of credit; training aimed at interpersonal skills building and the development of positive relationships with peers and adults; training in decision making and stress management; general equivalency diploma (GED) preparation, vocational training, or post-secondary education; work readiness training, career counseling, and job placement assistance; substance abuse prevention and treatment; individual or group mental health counseling; and physical health care. In addition to addressing the myriad needs of homeless youth, grantees are expected to incorporate a Positive Youth Development approach into their programs. This means providing youth with opportunities to exercise leadership, build skills, and become involved in their communities.

About one-third of TLP grants are for maternity group homes that target homeless youth who are pregnant or parenting. In addition to the residential and other services that traditional TLP grantees provide, maternity group homes help youth access prenatal care, parenting classes, and child care to promote their well-being and the well-being of their children.

Coordination with Other Agencies. Although grantees provide some services directly to the youth, they are expected to coordinate with and refer youth to social service agencies, law enforcement agencies, education and training programs (including programs funded under the Workforce Investment Act), welfare programs (including programs funded under the Personal Responsibility and Work Opportunity Reconciliation Act), legal services agencies, and health care providers.

Outcomes and Evaluation. Efforts to track and evaluate the performance of TLP programs include a quasi-experimental evaluation completed in 1997 and an ongoing nonexperimental evaluation initiated in 2007.

CSR, Inc. completed a national evaluation of the TLP in 1997(MacAllum et al. 1997), including both a process and an impact study. The process analysis sought to determine the degree to which implementation of the programs was consistent with TLP goals and objectives and with the enacting legislation. The goal of the impact evaluation was to assess whether youth who received services from a TLP fared better than a comparison group of homeless youth who did not receive services.

Data for the 1997 process analysis included telephone interviews with directors from the 77 FYSB-funded TLP programs in operation at that time and site visits to the 10 TLP programs participating in the impact evaluation. The process study found that more than 90 percent of participant group youth reported being satisfied or very satisfied with the TLP. The majority indicated that the TLP had helped them with employment, education, saving money, and housing, and most believed that it had made their lives more stable and enabled them to move toward independence. Participant group youth reported receiving more services directly from or brokered by the TLP program than comparison group youth received from the agencies with which they worked. There were, however, differences in the approach to service delivery across the 10 program sites. For instance, there was significant variation with respect to program flexibility: some programs were rigid and others were more willing to accommodate individual needs.

The 1997 study used a quasi-experimental design. Data were collected from 175 homeless youth who participated in one of 10 TLP programs and from a comparison group of 110 homeless youth who did not participate in a program either because they were placed on a waiting list or because they contacted the program but chose not to enroll. The Youth Impact Instrument was administered six months before program entry and then again six months after program entry. Six months after program entry, participant group youth fared better than comparison group youth on several measures. Participant group youth were more likely to be employed, more likely to attend school (even if they were employed), three times more likely to be enrolled in college, and more likely to have a savings account relative to their comparison group counterparts. There was no difference between the two groups in public assistance receipt or in the percentage who paid their own rent. However, many of the participant group youth were still in the TLP.

It is impossible to rule out selection effects because the study did not use random assignment, and there were some differences between the participant group youth and comparison group youth at baseline. In particular, participant youth group were more likely to be employed, less likely to have used alcohol or marijuana within the past 30 days, and were more likely to have a history of sexual abuse than comparison group youth. However, the two groups were quite similar at baseline with respect to gender, race/ethnicity, age, pregnancy and parenting status, prior living arrangements, family composition, reasons for leaving home, length of time since leaving home, education level, public assistance receipt, basic life skills, lifetime substance use, history of physical abuse, sexual risk behavior, or physical and mental health. In addition, the longer participant group youth remained in the program, the more likely they were to be employed and the more likely they were to have money saved. This relationship might have been due to other differences between those who stayed in or left the program.

In fiscal year 2007, a second multisite study of the TLP began assessing program implementation and the well-being of youth served by the program. This nonexperimental evaluation being conducted by Abt Associates will not provide rigorous evidence of program effectiveness, but will assess how well youth served by the TLP fare during and after they leave the program (see www.abtassociates.com). In the first (ongoing) phase, the researchers are conducting an in-depth assessment of TLP models and exploring their service delivery approaches through qualitative interviews with program staff at three TLP grantee sites. In a second phase, researchers will track the experiences of youth in the program at entry, exit, and in six-month intervals for up to one year after program exit using a web-based survey. In addition to housing outcomes, the study will examine educational attainment, employment status and health outcomes. It will include youth who drop out of the program voluntarily and those expelled for violating program rules.

2. The Chafee Foster Care Independence Program

The Chafee Program aims to prepare foster youth for self-sufficiency when they transition out of foster care and into adulthood. In the early 2000s, there were at least 87 different independent living programs in 32 states and the District of Columbia (DHHS 2008); now they number in the hundreds. Although they generally follow a common program philosophy, there is wide variation in the specific approaches used by the local programs. Rigorous evaluations and implementation studies within four Chafee sites are currently underway, as described in more detail below.

Program Goals and Philosophy. The underlying philosophy is that foster youth will develop the skills they need to become self-sufficient if they receive the appropriate training and other services. The program model suggests that services begin several years before foster youth are expected to graduate from high school and might need to continue after youth emancipate. Foster

youth are assumed to need emotional support from mentors or other adults with whom they have positive relationships to help them prepare for and make a successful transition. Foster youth are expected to accept personal responsibility for preparing to make the transition out of foster care and into adulthood, and for actually making that transition. To facilitate this process, foster youth are expected to participate directly in planning the activities that will prepare them for independent living.

To achieve the long-term goal of self-sufficiency, foster youth are encouraged to work toward key interim outcomes, including high school graduation, postsecondary training or education, developing positive connections to adults, and avoiding risky behaviors, such as behaviors that could lead to nonmarital childbirth or substance abuse. Long-term outcomes targeted by the program include stable employment and avoiding dependence on welfare, homelessness, and incarceration.

Target Population. States and tribes that choose to apply for and receive Chafee funding can use the resources to serve three eligible groups: (1) foster youth who are likely to remain in care until they are at least 18 years old; (2) former foster youth who emancipated from care when they were age 18 or older; and (3) former foster youth who exited care for adoption or to live with a relative legal guardian when they were at least 16 years old. Eligibility for both groups of former foster youth extends until their 21st birthday. The law requires using at least some portion of the funds to provide services to youth who have left care but are not yet 21 (although it does not specify a percentage). States and tribes thus may or may not serve foster youth who are still in care, but must serve those who have exited from care.

Intervention Components. States generally have considerable discretion with respect to the services they offer; therefore, program models vary considerably. Programs often provide training in basic life skills, budgeting and financial management, and health and nutrition. Some include components for the prevention of substance abuse or teen pregnancy. Case management is a common element and some programs provide mentoring services or arrange other opportunities for positive interactions with adults who can provide emotional support. Programs sometimes include services to help youth obtain their high school diploma, prepare for and enroll in postsecondary education; and focus on obtaining and retaining employment through activities such as career exploration, vocational training, or job placement.

States that receive Chafee funding are required to provide financial, housing, counseling, employment, education and other services to former foster youth (up to age 21), although the law does not specify how much of the funding should go to these supports. The only restriction is that no more than 30 percent can be used for room and board. There is no statutory definition for room and board, so states can adopt what they determine to be a reasonable definition. Generally the term includes housing, but also may include rent deposits, utilities, household start-up purchases, and food, for example.

Through the ETV program, youth who are otherwise eligible for Chafee-funded services, including youth who exited care for adoption or to live with a relative legal guardian[3] when they were at least 16 years old, can receive a voucher for up to $5,000 in qualified educational expenses

[3] A relative legal guardian is a relative who is also the youth's legal guardian. However, Chafee grantees have considerable leeway in how they define relative. States could consider a relative to be a person related by blood, marriage, or adoption. They could also use a broader definition that includes godparents or close family friends.

per year. Qualified educational expenses include costs associated with attending an institution of higher education (as defined in section 472 of the Higher Education Act). Youth can receive vouchers until age 23 as long as they are participants in the ETV program at age 21 and making satisfactory progress toward completion of their course of study.

Coordination with Other Agencies. Agencies that receive Chafee funding are expected to coordinate with other federal and state programs for youth (especially transitional living programs funded under the Reconnecting Homeless Youth Act), abstinence education programs, local housing programs, programs for youth with disabilities (especially sheltered workshops), and school-to-work programs run by high schools or local workforce agencies.

Outcomes and Evaluation. Two provisions in the Foster Care Independence Act of 1999 pertain to evaluation. One involves the creation of a database to track the outcomes of foster youth, the National Youth in Transition Database (NYTD). The other requires DHHS to evaluate "innovative or potentially significant state efforts to prepare foster youth for independent living," using random assignment research designs.

The NYTD was designed to track data on the performance of each state's Chafee-funded independent living programs. For this purpose, DHHS created a 22-item survey instrument to measure youth outcomes in six domains: economic self-sufficiency, experience with homelessness, educational attainment, positive connections with adults, high-risk behavior, and access to health care. States must administer this survey to eligible foster youth on or around their 17th, 19th, and 21st birthdays. The survey must include youth at ages 19 and 21 regardless of whether they still receive Chafee-funded services. A set of data elements related to the number and characteristics of youth receiving Chafee-funded services and the type and quantity of services they receive was also developed. States must report these data to the Children's Bureau twice a year. The first reporting period begins October 2010, so no data have been collected to date.

The Multi-Site Evaluation of Foster Youth Programs is a recently completed rigorous evaluation of four Chafee-funded programs. CB contracted with the Urban Institute, Chapin Hall at the University of Chicago, and the National Opinion Research Center to conduct the study. The evaluators selected the four independent living programs based on factors such as program size, intensity, and excess demand for services. Although the evaluation includes a range of program types (see Table III.1), the selected programs do not comprise a representative sample of all the different types of Chafee-funded programs (for example, they do not include a housing program). The goal of the evaluation was to describe the implementation and impacts of the selected programs on several key outcomes, including educational attainment, employment, interpersonal skills, nonmarital pregnancies and births, and delinquency and crime. Each of the four sites was evaluated separately, and findings have been released.

Table III.1 Foster Youth Programs Studied in Multisite Evaluation

Program Name and Location	Program Type
The Independent Living—Employment Services Program in Kern County, California	Employment
The Massachusetts Adolescent Outreach Program for Youth in Intensive Foster Care	Intensive case management and mentoring
Early Start to Emancipation Preparation Tutoring Program (E-STEP) in Los Angeles County	Tutoring and mentoring
The Life Skills Training (LST) Program, Los Angeles County	Classroom-based life skills training

For the implementation studies, members of the evaluation team made site visits to observe the programs and conducted interviews and focus groups with youth, staff, administrators, and service providers. Each of the four Chafee-funded programs faced different challenges to implementation during the evaluation period:

- **Intensive case management and mentoring.** The model faced two primary challenges to implementation. The first was a lack of coverage in some parts of the state due to high rates of staff turnover, which had two implications: first, outreach workers had to take on cases in areas of the state in which they were not familiar with the services; second, they had less time to spend with individual youth. The second implementation challenge was the extension of services to youth in intensive foster care placements, a population that the program had not previously served. These youth required more services before they could begin to prepare for independent living than the program typically provided.
- **Employment.** Implementing the employment model proved difficult for several reasons. First, because youth often failed to maintain contact with their caseworker when they became employed, it was difficult to deliver employment retention services. Second, participation in the program was voluntary, and for some youth, learning job skills and becoming employed were not priorities. Third, youth faced multiple barriers to employment, including employers' unwillingness to hire them, a lack of reliable transportation to interviews or jobs, frequent placement changes, and limited work availability due to school and extracurricular activities.
- **Tutoring and mentoring.** A number of challenges affected implementation of this program model. First, although the target population was youth who were one to three years behind grade level, many of the youth served by the program were more than three years behind. Second, the program had not accounted for the fact that some youth would have learning disabilities that required special accommodation. Third, many staff felt the amount of tutoring available was insufficient to meet the need. And most importantly, perhaps, some caregivers were perceived as doing little to facilitate or support the youth's participation.
- **Life skills training.** Several factors impeded implementation of this classroom-based model. First, it did not always follow the protocol for recruiting youth. Second, the fact that youth frequently changed placements after a receiving referral further complicated recruitment. Third, the workshops were limited to a total of 30 hours and this was not enough time to cover all of the material. Fourth, youth with very different skills and abilities were in the same classroom, making it difficult to keep both higher- and lower-functioning youth engaged. And fifth, although the program provided transportation, transportation problems still arose.

For the impact studies, youth were randomly assigned either to a group that received the intervention being evaluated (the treatment group) or to a group that received services as usual (the

control group).[4] Data were collected at three points in time: baseline (program entry), one year following entry, and two years following entry. Youth age at program entry varied across the four sites, from 14 to 17.

Overall, participation in Chafee-funded programs did not appear to have a significant positive impact on youth outcomes. At three of the four sites, the evaluation team found no differences in key outcomes between the treatment and control groups at the second follow-up interview. The one exception was a difference observed in the evaluation of the intensive case management and mentoring program. Youth who were assigned to the intervention were more likely to report having ever attended college and more likely to persist in college over more than one academic year than youth in the control group. However, these differences were largely explained by the fact that youth in the treatment group were more likely than youth in the control group to still be in the child welfare system at the second follow up. Summaries of the outcomes measured and the major findings appear in Table III.2.

Table III.2. Impacts of Multisite Evaluation of Foster- Youth Programs

Chafee Program Type	Outcomes Measured	Findings
Tutoring and Mentoring	Age percentile in reading and math, school grades, high school completion, highest grade completed, and school behavior problems	No statistically significant differences on key outcomes
Life Skills Training	High school completion, current employment, earnings, net worth, economic hardship, receipt of financial assistance, residential instability, homelessness, delinquency, pregnancy, possession of personal documents, any bank account, and sense of preparedness in 18 areas of adult living	No statistically significant differences on key outcomes
Employment	High school completion, college attendance, current employment, earnings, net worth, economic hardship, receipt of financial assistance, residential instability, homelessness, delinquency, pregnancy, possession of personal documents, any bank account, and sense of preparedness in 18 areas of adult living	No statistically significant differences on key outcomes
Intensive case management and mentoring	High school completion, college enrollment and persistence, current employment, employment past year, earnings, net worth, economic hardship, receipt of financial assistance, residential instability, homelessness, delinquency, pregnancy, possession of personal documents, any bank account, and sense of preparedness in 18 areas of adult living	Higher rates of college attendance and persistence among treatment than control group youth but difference was largely explained by continued child welfare system involvement among youth in the treatment group

[4] Note that some youth assigned to the intervention did not receive TLP services and youth assigned to the control group sometimes received similar services from a source other than the program. The analysis used an intent-to-treat approach that included all youth in either group, regardless of their participation or lack thereof.

3. The Parenting and Paternity Awareness Program

Typically, OCSE programs for youth receive funding through Section 1115 waivers or the SIP, and thus have no common target population, program model, intervention objectives, or set of program components. To illustrate how these OCSE funding streams can be used to help youth transition to adulthood, we highlight the Parenting and Paternity Awareness Program (p.a.p.a.), an OCSE-funded program administered by the Texas Office of the Attorney General. Unlike other youth programs, this statewide model strives to prevent the development of barriers to economic self-sufficiency, in particular teen pregnancy and the consequent need for child support orders at a young age.

Program Goal and Philosophy. The goal of the p.a.p.a. program is "to promote responsible parenthood and encourage the formation of strong, stable families."[5] The implicit conceptual framework behind the program is that education, group discussions, and personal reflection about the realities and responsibilities of parenthood can change teen relationship patterns, fertility, and parenting behavior. Although achieving self-sufficiency is not a stated program goal, youth are more likely to achieve self-sufficiency as young adults if they avoid teen pregnancy and out-of-wedlock births.

To achieve its goal of fostering healthy two-parent families, the program teaches teens what a healthy relationship is and how to recognize and avoid abusive or violent relationships. Though abstinence and contraceptive use are not central topics of the curriculum, the focus on the costs and responsibilities associated with parenthood is intended to encourage teens to modify their sexual behavior and avoid pregnancy. The p.a.p.a. program also aims to improve parenting by explaining the importance and process of establishing paternity; encouraging the active involvement of both parents, whether married or not; and developing realistic expectations about parenthood.

Target Population. The p.a.p.a. program is a mandatory component of the high school curriculum in Texas and thus targets the state's secondary students. In this sense, p.a.p.a. seeks to prevent youth from becoming at risk of not attaining self-sufficiency.

Intervention Components. The 14-hour p.a.p.a. curriculum uses workbooks, videos, and group activities to reduce teen pregnancy, improve parenting and relationship skills, increase paternal involvement, and inform youth of the legal and financial aspects of parenting and paternity. It stresses that the optimum life sequence is to complete one's education; begin a career; enter into a stable, healthy relationship (preferably marriage); and then have children.

Coordination with Other Agencies. The p.a.p.a. program is a stand-alone curriculum within the state's high schools and therefore does not need to work with organizations or agencies that could provide referrals. There is no case management component and students generally are not referred to outside resources.

Evaluation. In the 2008–2009 school year, researchers at the LBJ School for Public Affairs began a nonexperimental evaluation of the program's effects on student knowledge and attitudes,

[5] 2009 p.a.p.a. Teacher's Guide.

using a pre-post research design (Osborne et al. 2009).[6] More than 3,500 students drawn from a representative sample of 44 Texas high schools completed a 16-item pretest and posttest.

In the first year, youth scored significantly higher (13 percentage points, on average) on the posttest than on the pretest, with the largest gains on items related to the financial costs and legal issues surrounding paternity and child support. For example, more than twice as many youth responded correctly to a question about the legal rights and responsibilities of unmarried mothers and fathers, and the proportion of youth who knew the percentage of income paid by noncustodial parents increased by 50 percent. Student attitudes toward parenthood, paternity, and relationships also changed following exposure to the curriculum. For instance, significantly more students agreed that it is important to be married prior to having a child and that it is important for children to have two actively involved parents, even if the parents are unmarried. Attitudes toward cohabitation and divorce, however, were largely unaffected by p.a.p.a. Despite the significant gains, the percentage of youth responding correctly to some items remained low following the assessment. For example, almost 30 percent of youth still thought that giving a baby the father's last name is one way to legally establish paternity.

Researchers also held focus groups and interviews with students, teachers, and principals. Although a large majority of teachers supported the program goals, 80 percent modified the curriculum and 30 percent omitted sections they deemed too complex. Though the findings are promising, the research design was not rigorous in its methodology and cannot isolate effects of the program from other factors contributing to changes in youths' knowledge and attitudes; furthermore, knowledge and attitudes might not necessarily translate into changes in student behavior.

4. Teen REACH (Responsibility, Education, Achievement, Caring, and Hope)

Under current policy, states can use TANF block grant funds distributed through the federal Office of Family Assistance to implement a variety of noncash assistance programs that meet one of the four purposes of the TANF legislation, including services to prevent or reduce barriers to self-sufficiency among youth. One example is Teen REACH (Responsibility, Education, Achievement, Caring, and Hope), an after-school program for children and youth that operates throughout the state of Illinois. The Illinois Department of Human Services (IDHS) created Teen REACH in 1998 to provide activities and services to improve academic success, teach positive social and decision-making skills, improve parent-child bonds, encourage community involvement, and reduce risky behavior. In fiscal year 2005, IDHS funded 111 organizations that implemented Teen REACH at 257 provider sites across Illinois.

Program Goal and Philosophy. Teen REACH programs generally aim to improve academic performance, teach positive social and decision-making skills, improve parent-child bonds, encourage community involvement, and reduce risky behavior. The program's implicit conceptual framework is that negative behavior can be prevented by filling the critical time after school when many children are otherwise unsupervised; however it also assumes that academic assistance, positive social activities, and mentorship are necessary to improve performance in school and reduce risky behavior.

Target Population. Teen REACH programs serve students ages 6 to 17 in communities throughout Illinois. Students need not be identified as at risk or below a family income threshold. Service providers contracted by IDHS operate the programs, including schools, park districts, YMCAs, faith-based organizations, park districts, and other community-based organizations. Teen REACH serves an estimated 30,000 young people annually (Center for Prevention Research and Development [CPRD] 2004).

Intervention Components. Required components include homework assistance and tutoring in basic skills; life skills education that focuses on avoiding a range of risky behaviors, such as substance use, criminal activity, violence, and sexual activity; parental involvement in children's activities and events; recreation, sports, and cultural and artistic activities "that provide safe outlets for the participants to try new skills and interests, build friendships, find their place in a group and gain developmentally relevant experiences;" and positive adult mentors involving sustained one-on-one interactions with adults (CPRD 2004). Although not a required component, programs are encouraged to provide youth with at least one community service activity each year.

Evaluation Findings. The Center for Prevention Research and Development (CPRD) at the University of Illinois conducted several nonexperimental outcome evaluations of Teen REACH. The outcomes assessed by CPRD were primarily participant youth, parent, and teacher perceptions of the value of Teen REACH programs and their effects. Providers collected cross-sectional data through surveys of youth, parents, and teachers. During 2004, 30 Teen REACH providers reported data across five regions of the state, each of which surveyed at least 50 youth participants, their parents, and their teachers. The providers were selected based on a set of criteria that included operational functioning, likelihood of cooperation, geography, the urbanicity of the community, provider type, and age of the program. About 68 percent of program participants completed both the Time 1 and Time 2 survey in 2004.

Parents of participants indicated that Teen REACH filled an unmet need for safe, supervised environments during after-school hours. The majority of parents reported that after participating in Teen REACH, their children's self-concept had improved, their children had made better friends, and their children had better decision-making and problem-solving skills. Most youth participants reported learning "a lot" about the dangers of drugs, setting goals, and making good decisions. Although parents and youth cite homework assistance as a primary reason for participating in Teen REACH, improved school performance was reported only after multiple years of participation with high program attendance levels. Teachers reported that many students participating in Teen REACH demonstrated improved class participation, attentiveness, and homework completion over the course of the school year.

Although these results are encouraging, three factors suggest they should be interpreted cautiously. First, survey responses about the value of services might not translate into decreased risky behavior because the outcome measures assessed only participants' perception of whether they gained skills and not whether their skills actually increased. Second, Teen REACH program staff selected which participants would complete the surveys, and program staff might have chosen youth who were more engaged in the program or who attended more regularly than the average participant. Finally, as the authors of the report point out, the study did not randomly assign youth to the program or a comparison group. The positive findings could therefore reflect participants' motivation to avoid risky behavior and succeed in school, characteristics of the parenting they receive, or other factors associated with the decision to participate in programs such as Teen REACH.

C. Summary and Discussion

The range of ACF-sponsored programs and funding streams represent valuable opportunities for promoting the well-being and economic independence of at-risk youth. This chapter highlighted just a few of the existing programs and evidence for their effectiveness. We conclude that these programs vary substantially with respect to the needs of their target populations, the emphasis they place on self-sufficiency, and their evidence base.

1. Variation in Needs of Target Population

The four ACF-sponsored programs we have profiled take very different approaches to promoting the positive development of at-risk youth and moving them toward self-sufficiency in part because they focus on youth who are at varying degrees of risk and because their primary outcomes of interest are not the same. The TLP and Chafee programs serve youth at high risk—that is, they are homeless or in foster care—and their needs demand immediate attention. By contrast, the OCSE and OFA programs serve much broader populations and have more preventive approaches.

2. Emphasis on Promoting Adult Self-Sufficiency

The profiled OFA and OCSE programs do not focus directly on preparing youth for self-sufficiency, but rather on preventing the development of barriers to becoming self-sufficient, such as nonmarital births, child support orders, and academic failure. By contrast, the development of skills for attaining self-sufficiency is a primary goal of both the FYSB and CB programs.

3. Evidence Base

Of the four programs profiled in this chapter, only the Chafee Program has been rigorously evaluated. Evaluations of the other three programs have relied on quasi-experimental or nonexperimental research designs. Although such studies can provide valuable information, particularly for program development, they are less useful for assessing program effects than studies based on experimental designs.

IV. IMPLICATIONS FOR CONCEPTUAL FRAMEWORKS

Several ACF program offices are considering how to use their resources to enhance existing programs or develop new ones with the goal of improving the well-being of at-risk youth and preparing them for adult self-sufficiency. These programs are more likely to successfully achieve those goals if they are research- and evidence-based. An important first step is to create conceptual frameworks to guide the development of the interventions. Such conceptual frameworks typically identify the (1) antecedents, or background characteristics of at-risk youth; (2) intervention approach; (3) intermediate outcomes that result directly from the interventions, such as educational attainment; and (4) long-term outcomes that reflect the goal of adult self-sufficiency.

In this chapter, we describe how the research and evidence presented in the previous chapters can be used to inform the creation of one or more conceptual frameworks for ACF programs aimed at promoting self-sufficiency among at-risk youth. We also identify issues that will be important to consider regardless of the specific program for which the conceptual framework is being created.

A. Antecedents of Adult Self- Sufficiency Among At- Risk Youth

Antecedents are the predictors—both changeable and not changeable—of the expected intermediate and long-term outcomes. They typically include the characteristics of the target population, their families, and their communities prior to intervention. Identifying the antecedents is a central step toward selecting the most appropriate intervention for a given population. Youth with certain types of risks, for example, may need a more intensive intervention, a different sequence of services, or a different service delivery setting than youth with other risks. Identifying the relevant antecedents requires a consideration of two issues: first, the multiple levels at which antecedents occur, and second, the target population's characteristics including number and intensity of risk factors.

1. Antecedents Occur at the Individual, Family, and Community Levels

Both theoretical perspectives described in Chapter II imply an ecological framework that considers influences at the individual, family, and community levels. However, they call attention to differences in the specific antecedents. First, at the individual level, both theories highlight the importance of the characteristics and experiences of youth. However, the theory of risk and resilience focuses more on the roles of personality attributes and sense of self, whereas the capital development perspective focuses more on educational level and extent of workplace experience. Second, although both approaches highlight the importance of families for the well-being of youth, the theory of risk and resilience focuses primarily on the quality of parent-child interaction and parenting skills and practices, whereas the capital development perspective focuses on familial resources, such as parental income and education. Third, at the community level, both approaches highlight the importance of nonfamilial role models and mentors as well as the factors associated with high-poverty neighborhoods, including poor-quality schools, exposure to violence and gangs, lack of employment opportunities, and high levels of drug use and crime.

2. Antecedents Should Reflect the Target Population

Antecedents may include any of a broad range of background characteristics, circumstances, and past experiences that youth may bring to a program and that past research has found are linked to outcomes. Demographic characteristics such as minority status and parental education and poverty are often linked to outcomes, as are some past experiences such as exposure to traumatic

events and abuse during childhood. Factors such as youth pregnancy, homelessness, or disability also predict youth outcomes.

Some evidence-based interventions target a broad population, often defined by a common demographic characteristic such as low income, whereas others target a more specific and high-risk group, typically defined by some shared experience such as homelessness. This distinction has implications for whether the intervention is intended to be preventive or to address a crisis. Preventive interventions, such as dropout prevention or job-training programs, typically target a broader population of at-risk youth with the goal of preventing a more serious crisis in the future. Crisis interventions, such as programs for children who have been traumatized by violence, typically target a smaller but higher-risk group. Of course, some programs combine the two approaches by focusing on preventing future problems among youth who have experienced a recent crisis, such as dropout prevention programs for teen parents.

Target populations also vary with respect to the number, intensity, and co-occurrence of risk factors to which they have been exposed. Some risk factors are fairly common, such as having a parent without a college degree, whereas others are less frequent but more intense, such as abuse or neglect during childhood. The conceptual framework should clearly identify the risk factors addressed by the intervention, particularly if they co-occur.

B. Interventions

The second component of the conceptual framework focuses on the intervention itself. The interventions described in the preceding chapters vary widely with respect to the needs of the target population, the service delivery setting, and the methods used. Several features to consider in developing conceptual frameworks include: (1) the program objectives, (2) the key intervention components, (3) the service delivery approach, and (4) the institutions or systems involved in service delivery.

1. Program Objectives

Interventions can focus on a range of goals related to self-sufficiency. Evidence-based interventions have been shown to achieve a wide range of objectives, including reducing aggression, preventing drug and alcohol abuse, reducing high school dropout rates, increasing educational attainment, and developing job skills. The intervention goals should reflect the needs of the target population including the intensity and co-occurrence of the risk factors that they face. Taking the needs of the target population into consideration is important because at-risk youth whose needs are greater than the ones for which the program was designed will benefit less from the intervention.

2. Intervention Components

The components of an intervention should be clearly identified in a program conceptual framework and should be theoretically linked to the expected outcomes. Intervention approaches and their components will vary depending on the theoretical framework; for example a capital development perspective would suggest interventions that include components for career exploration, educational attainment, and job training. One complication of identifying the most appropriate intervention for a given target population is that programs often bundle services, and evaluations cannot always distinguish which element was responsible for the outcomes. Moreover, programs with evidence of effectiveness are often tested with a specific population and thus researchers cannot generalize their findings to other groups.

3. Service Delivery Method

Whether a particular method of service delivery is effective will depend in part on the goals of the intervention and the setting in which it is delivered (such as home, school, community, or workplace). Some interventions require multiple methods of service delivery, depending on their objectives and the needs of the target population. Understanding the types of service delivery methods and assessing their effectiveness for key populations within particular settings is crucial to developing useful conceptual frameworks.

4. Integrating Systems of Care

Because youth frequently have multiple, overlapping risk factors, interventions often require the coordination of more than one agency or institution. Failure to coordinate care can lead to some youth falling through the cracks or not receiving all the supports they need. Funding streams that can only support particular types of services and agencies with different foci complicate this issue further. These systemic issues should be taken into account in conceptual frameworks.

C. Intermediate Outcomes

Evidence-based interventions have been shown to improve intermediate outcomes related to youth well-being. Identifying the appropriate intermediate outcomes requires a consideration of two factors: (1) the mechanisms linking self-sufficiency to those intermediate outcomes, and (2) the relative timing of the intermediate outcomes and long-term self-sufficiency.

1. Mechanisms Linking Intermediate Outcomes with Self Sufficiency

The mechanisms that link intermediate outcomes to the long-term outcome of self-sufficiency may not always be intuitive. For example, having a high school diploma, but not a GED, is associated with higher earnings (Ivry and Doolittle 2003). This suggests that increased earnings do not result from mastering the high school curriculum alone. Perhaps a high school diploma signals the presence of desirable employee characteristics to employers. Identifying the intermediate outcomes that link to adult self-sufficiency is important in developing conceptual frameworks for at-risk youth programs.

2. Relative Timing of Intermediate Outcomes and Self-Sufficiency

Equally important is the timing of intermediate outcomes relative to self-sufficiency. Generally speaking, intermediate outcomes fall into two categories: (1) early intermediate outcomes, which are precursors to events and experiences that directly affect self-sufficiency; and (2) later intermediate outcomes, which have a more direct effect. Early intermediate outcomes will most often reflect the risk and resilience framework. For example, establishing a trusting relationship with an adult mentor, eliminating or reducing use of alcohol and other drugs, and dealing with trauma are intermediate outcomes that typically must be achieved before youth can successfully engage in capital development. Thus, for some youth, intermediate outcomes that reflect capital development, such as educational attainment, earning relevant certifications, knowledge of financial aid, and gaining relevant work experience, may occur later in the trajectory toward self-sufficiency.

D. Long- Term Adult Self- Sufficiency

Although certain intermediate outcomes are correlated with self-sufficiency in adulthood, the link to long-term self-sufficiency has often been assumed rather than empirically demonstrated. For example, although increased educational attainment is expected to increase one's chances of becoming self-sufficient, few long-term studies have examined that relationship. The reasons for this may include the challenges of following at-risk youth over time.

Indicators of self-sufficiency may include employment, earnings, and the avoidance of public assistance receipt. Whether a given intervention is considered effective will depend to some extent on how self-sufficiency is defined. Furthermore, adults may cycle in and out of self-sufficiency or they may have long stretches of it punctuated by periods in which they are not self-sufficient. Conceptual frameworks should clearly define self-sufficiency and identify the appropriate time frame for measuring this outcome.

E. Summary

A comprehensive review of the research and evidence is a necessary first step in developing or improving interventions to advance the well-being of at-risk youth and to increase their chance of self-sufficiency in adulthood. Identifying the types and intensity of risks faced by youth and determining which populations are at greatest risk will help target potential interventions. Risk and resilience theory and the capital development perspective provide complementary frameworks that can guide the development of those interventions.

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APPENDIX A

Table A.1. Programs to Reduce Drug and Alcohol Use, Reduce Aggressive and Antisocial Behavior, and Treat Trauma

Program Name	Program Descriptions	Target Population	Service Delivery Setting and Format	Program Outcome Goal	Service Intensity and Duration
Reducing Aggressive and Antisocial Behavior					
Fast Track	Teacher-led curricula about social and emotional development; for high-risk youth; tutoring, parent groups, friendship coaching, home visits	5 to 15, antisocial behavior and alienation, delinquency, drugs use, aggression	School- and family-based; parent groups, home visits, teacher-led curricula (PATHs) about social and emotional development	Better behavior and less aggression among peers, better parenting, better relationship with peers	Intense curricula throughout first grade and during years transitioning between schools
Focus on Families	Family retreat and prevention curriculum	3 to 14, antisocial behavior and alienation, delinquency, drug and alcohol use and dealing	Family-based; retreat, group sessions, training, parent sessions, follow-up, home care management from social workers	Better parenting, less deviant behavior among parents and kids	5-hour family retreat, 32 90-minute sessions over 16 weeks
Functional Family Therapy	3 phases of curricula: engagement/motivation, behavior change, and generalization	11 to 18, aggression, conduct disorders, drug or alcohol abuse	Family-based; training sessions	Reduced adolescent re-arrests, reduced recidivism, reduced costs of treatment	8 to 30 one-hour sessions over 3 months
Multisystemic Therapy	Home-based model of service delivery to reduce barriers that keep families from accessing services, lesson in goal-setting	12 to 17, antisocial behavior, delinquency	Home-based; family therapy	Reduced rates of criminal activity and institutionalization, more positive changes in family interaction	Multiple weekly contacts between therapist and family over 4 months
Parenting with Love and Limits	Training in a group setting followed by extensive role-playing and the use of a typed-out, loophole-free contract	10 to 18, antisocial behavior, aggression, delinquency, favorable attitudes toward drugs and alcohol	Family- and group-based; training, therapy	Reduced drug use, relapse, aggressive behavior, depression, attention deficit disorder amongst adolescents	6 two-hour classes and 3 to 20 family therapy sessions
Strengthening Families Program: For Parents and Youth 10–14	Skill-building groups and supervised family activities that focus on setting goals, communication, peer pressure, nurturing, and setting rules	10 to 14, antisocial behavior and alienation, delinquency, aggression, favorable attitudes toward drug and alcohol use	Family-based; parent training, youth training, family activities	Reduced drug abuse and better conduct for youth, more affectionate parents, parents setting better limits	7 two-hour sessions for parents and youth, and follow-up sessions

Table A.1. *(continued)*

Program Name	Program Descriptions	Target Population	Service Delivery Setting and Format	Program Outcome Goal	Service Intensity and Duration
Too Good For Violence	Scripted curriculum, workbooks, and visual aids to teach students positive attitudes, beliefs, and behaviors	5 to 18, antisocial behavior and alienation, delinquency, aggression	School-based; lessons, home activities	Less violence; less drug, alcohol, tobacco use	7 30- to 60-minute lessons per grade for kindergarten through 5th grade, 9 30- to 45-minute lessons for 6th through 8th grade, and 14 60-minute lessons for 9th to 12th grade
Trauma Treatment					
Multidimensional Treatment Foster Care	Behavioral treatment consisting of training and therapy for foster parents, birth parents, and children	11 to 18, antisocial behavior, emotional disturbance, delinquency	School- and family-based; training, therapy	Better outcomes for foster children and their families	6 to 9 months spent with a specially trained foster family, with psychiatric treatment, counseling, training
Prolonged Exposure Therapy	Psychoeducation about reactions to trauma, imaginal exposure and in vivo exposure of the traumatic event	15 to 70, victimization and exposure to violence, life stressors, mental problems (such as posttraumatic stress disorder [PTSD])	Individual therapy	Reduced PTSD symptoms, depression, anger, general anxiety	9 to 12 90-minute weekly or twice-weekly sessions
Trauma-Focused Cognitive Behavioral Therapy	Cognitive and behavioral therapies mixed with child abuse therapies to create a more supportive environment for children to talk about traumatic events in their lives.	3 to 18, antisocial behavior and alienation, delinquency, teen parenthood, aggression, victimization, mental problems	Parent- and family-based; parent sessions, parent-child sessions	Improvement in child's PTSD symptoms, less depression among parents, better parenting	Several parent treatments, several parent-child sessions
Reducing Drug and Alcohol Use					
Family Matters	Mailing booklets promoting communication between parents and children, rules to prevent tobacco and alcohol use, follow-up calls with health educators	12 to 14, favorable attitudes toward and use of drugs, alcohol, and cigarettes; poor refusal skills	Home-based; booklets, follow-up calls with parent	Reduced adolescent tobacco and alcohol use	4 mailed booklets, follow-up calls

Table A.1. *(continued)*

Program Name	Program Descriptions	Target Population	Service Delivery Setting and Format	Program Outcome Goal	Service Intensity and Duration
Guiding Good Choices	Promoting healthy, protective parent-child interactions to reduce early substance abuse	9 to 14, favorable attitudes toward drugs and alcohol, life stressors	Parent-based; therapy, sessions	Better communication between parents and children, better parenting, less substance abuse among children	5 parent sessions, 1 of which child attends
Keepin' it R.E.A.L.	Culturally grounded resiliency model that incorporates traditional ethnic values and practices that protect against drug use	10 to 17, favorable attitudes toward drugs and alcohol	School-based; lessons, videos	Less gateway drug use, improved drug norms and attitudes, better resistance strategies	10 lessons, 4 videos
Project Toward No Drug Abuse	Motivational activities and social and decision-making training	14 to 19, favorable attitudes toward drugs and alcohol	School-based; interactive training	Reduced hard drug, tobacco, and alcohol use	12 40- to 50-minute lessons with role-playing, games, activities, worksheets

Source: Interagency Working Group on Youth Program's website: http://www.findyouthinfo.org/ProgramSearch.aspx, accessed September 30, 2010.

Table A.2. Evidence- Based Educational and Employment Focused Programs

Program Name	Program Description	Target Population	Service Delivery Setting and Format	Program Outcome Goal	Service Intensity and Duration
Conservation and Youth Service Corps (CYSC)	Full-time program that provides young people with a combination of education and work experience	Out of school youth; 17-26	Case manager, community service placement	Paid employment, positive educational outcomes, fewer arrests,	On average, 32 hours per week for 6 to 12 months
Career Academies	School-within-school model operating in high schools; career-related curricula based on a career theme, academic coursework, and work experience through partnerships with local employers	8th or 9th graders at risk of dropping out	School-based program	Increased earnings post graduation	Full-time high school curriculum (9th–12th grade)
Career Beginnings	Enhance success in school and the workforce	11th and 12th graders, average academic achievement; low to moderate family income; good attendance record; limited career awareness/ aspirations; and no serious juvenile offenses (Child Trends 2002)	Mentoring; academic support; summer job after 11th grade	increase college attendance and career aspirations,	15 month program, includes school and summer components
High School Redirection	Alternative high school program that emphasizes basic skills development	High school, at risk of dropping out, dropouts, teen parents, over age for grade, low achieving based on test scores. operates in economically disadvantaged areas	School-based curriculum, teachers take a mentoring role, extracurricular activities	Staying in school	Full-time high school curriculum
Job Corps	Education and job training program for economically disadvantaged youth, offers remedial education	16–24, economically disadvantaged youth	Services delivered through Job Corps center campuses (residential)	Increased GEDs and vocational certificates, improved functional literacy, and reduced criminal justice system involvement	Residential program; no fixed duration
JOBSTART	Alternative education and training program designed to improve the economic prospects and develop occupational skills	17–21; Low-income; dropout; lack basic skills; homeless	On site; self-paced lessons, mentoring	Completing school; basic academic skills, GED, occupational skills training, training-related support services, job placement assistance (WWC 2008)	200 hours of basic training, 500 hours of occupational training

Table A.2. *(continued)*

Program Name	Program Description	Target Population	Service Delivery Setting and Format	Program Outcome Goal	Service Intensity and Duration
National Guard Youth ChalleNGe	Structured, quasi-military training and mentoring program affiliated with the National Guard (ngycp.org)	16–18; Unemployed dropouts; drug-free, no criminal justice involvement; select 19-year-olds who will graduate before turning 20 are eligible	Residential (National Guard base), mentoring following completion of residential program	Positive educational outcomes	22-week residential program, followed by year mentorship
New Chance	Improve both their employment potential and parenting skills	16–22 (females); mothers; welfare recipients; dropouts	New Chance site; case manager	Completing school, GED preparation classes, complete a parenting and life skills curriculum, occupational training and job placement assistance	In phase 1, attend classes 5 days a week for 6 hours per day. Service duration of 18 months.
Ohio Learning, Earning, and Parenting	Promote school attendance in pregnant and parenting teens on welfare, with the ultimate goal of reductions in welfare dependence	Teens (up to age 20), parents	Financial incentives, case management, support services child care and transportation assistance	Staying in school, employment following graduation	Financial incentives, delivered through welfare
Talent Search	Gain access to college through a combination of services designed to improve academic achievement and increase access to financial aid (WWC 2006)	Middle and high school students Low income Parent does not have college degree	Mentoring/tutoring; information about postsecondary education; college campus visits	Increased college enrollment and federal financial aid	10 or fewer hours of services a year
Teenage Parent Demonstration	Multi-component program designed to help young mothers work toward economic self-sufficiency	Teenage mothers receiving welfare	Case management, informational and skill workshops	Economic self-sufficiency, GED courses for dropouts, employment-related services, and various support services	Varied from site to site, ranging from 9 to 97 hours

Source: Bloom D., Thompson, S.V., and R. Ivry. "Building a Learning Agenda around Disconnected Youth." New York, NY: MDRC, 2010; Jekielek, S., Cochran, S, and Hair, E. "Employment Programs and Youth Development: A Synthesis." Washington, DC: Child Trends, 2002; Redd, Z., Cochran, S., Hair, E., and Moore, K. "Academic Achievement Programs and Youth Development: A synthesis." Washington, DC: Child Trends, 2002; Sattar, S., "Evidence Scan of Work Experience Programs." Princeton, NJ: Mathematica, 2010; Institute of Education Sciences' What Works Clearninghouse website http://ies.ed.gov/ncee/wwc/reports/Topic.aspx?tid=06, accessed September 2010.

Note: TANF = Temporary Assistance for Needy Families; GED = general equivalency diploma.

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