Ready or Not: Assessing Youths' Preparedness for Independent Living

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This article discusses the utility of the Ansell-Casey Life Skills Assessment (ACLSA) in assessing life skills necessary for living successfully in the community upon emancipation from out-of-home care. ACLSA, completed by youths and their caregivers, identifies skills that have been mastered and those yet to be learned. Assessment information can be used for goal setting, strength identification, and relationship building, as well as to direct program planning and training in self-sufficiency services.

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Sherri, age 18, was raised in family foster care from the age of 7. She was brought into care due to neglect and legal problems resulting from her mother’s drug use. In high school she made and kept her own appointments, occasionally fixed family meals, and held a job at a fast-food chain. Sherri’s demeanor, however, is that of a much younger person. Her friends and her boyfriend are all significantly younger than she is. Sherri is often unprepared for class and other commitments. She attended one semester of junior college and was placed on academic probation. During this time she received money from financial aid and employment. She paid her bills and met her other financial obligations, but spent nearly every penny by the time her next check came. Sherri now wants to move out of her family foster home to live with a roommate.

Sherri is typical of many of the more than 200,000 adolescents in the United States in out-of-home care [Tatara 1997]. Several studies have found that youths placed in out-of-home care demonstrate less desirable outcomes than peers in the general population in the areas of education, employment, public assistance, and housing (for extensive literature reviews see McDonald et al. [1996] and Pecora et al. [1996]). The federal Independent Living Initiative of 1986 (P.L. 99-272) requires that all youths in out-of-home care be tested for life skill competencies by the age of 16. The intent of the initiative is that life skill deficiencies be identified and remediated before emancipation.

The disruptions and traumas often suffered by youths in out-of-home care may delay or interrupt the development of the knowledge and skills they need for self-sufficiency.* Program-

* For purposes of this article, self-sufficiency is defined as “the knowledge, skills, and personal and collective power necessary to meet needs and to function interdependently at multiple system levels, with economic self-sufficiency as one of several desirable outcomes” [Freeman 1996: 525].
Assessing Life Skills

The literature on assessment of youth self-sufficiency and life skills broadly separates into two categories: tangible and intangible skills. **Tangible skills** are those skills needed for daily living, self-maintenance, and obtaining and sustaining gainful employment. They can be described as skills "we know or do" (adapted from Polowy et al. [1986]). Included are skills such as money management, household management, transportation, finding and using resources for leisure and recreation, and vocational interests and aptitudes. **Intangible skills** are those needed for interpersonal relationships and for maintaining employment, such as decision-making, problem-solving, planning, communication, self-esteem, anger and grief management, and social skills [Cook et al. 1989; Ryan et al. 1988].

Both tangible and intangible skills must be assessed simultaneously to provide a complete picture of youth functioning [Lyman & Jaklitsch 1994]. A variety of instruments exist to mea-
sure life skills. Some have been developed by agencies without psychometric analyses and norming, such as the Daniel Memorial Independent Living Skills System [Daniel Memorial Inc., Institute for Independent Living 1994]; The Life Skills Inventory: Summary Report Form [Ansell & The Independent Skills Center South Bronx Human Development Organization, Inc. 1987]; and The Independent Living Skills Assessment Tool [Blostein & Eldridge 1988]. The reliability and validity of these instruments have not been established. Other instruments have known psychometric properties (e.g., the Scales of Independent Behavior [Bruininks et al. 1984] and the Vineland Adaptive Behavior Scales [Sparrow et al. 1984]), but were designed for use primarily with developmentally delayed youths. The scores of youths who show no apparent delays may appear at the top end of the range and any additional gains they make may not be measurable.

Additionally, the measures described above do not usually permit youths, caregivers, or service providers to complete the same or similar measures independently. In fact, most of the self-sufficiency measures do not directly capture the youth’s opinion regarding skill level. Differences of opinion between youths and caregivers, however, can provide useful information to service providers and educators on the life skill areas in which youths may need training and development, as well as on those skills youths self-identify as strengths and weaknesses.

In response to the limitations of these instruments, the Ansell-Casey Life Skills Assessment (ACLSA) was designed to assess youths at certain developmental points. Three versions of the ACLSA were created, each for youths of different ages, given that attention must also be focused on the developmental sequences of life skills attainment [Mech & Rycraft 1996]. Although designed for youths in out-of-home care, the ACLSA is appropriate regardless of a youth’s living circumstance (e.g., living with biological or adoptive parent(s), in out-of-home care, or in residential treatment).
The Ansell-Casey Life Skills Assessment

Project Goals and Instrument Development

The primary goal guiding the research and measurement design of the ACLSA was to create a sound instrument that would assess current levels of life skills knowledge and use of youths in out-of-home care. Such an assessment would be used for both individual case planning and program development around self-sufficiency. Another goal was to involve consumers and agency personnel in the research process to maximize the validity and practicality of the assessment tool.

An Independent Living Committee at The Casey Family Program, using an extensive literature review, generated initial items for the ACLSA. Experts in the area of self-sufficiency then critiqued those items. Focus groups of youths, caregivers, and child welfare staff revised items and the instrument's format. Next, focus groups and pilot investigations were conducted with caregivers and youths in urban and rural locations. Consultants helped ensure that items were developmentally appropriate and suitable for people of different genders, cultures, and ethnicities.

Each version of the ACLSA was field tested. The ACLSA-II was field tested in 1995 with youths served by a private, long-term out-of-home care agency and their caregivers to uncover the strengths and limitations of youths in care while examining the instrument's psychometric properties. Differences in skill levels reported by caregivers and youths were assessed, as were general areas of competency and areas needing further development. Age, gender, and ethnic differences were tested, as well as differential exposure to certain risk or protective factors [see Nollan 1996; Nollan et al. 1997b]. A year later, the ACLSA-I and ACLSA-III were field tested and similar analyses conducted [see Nollan et al. 1997a]. Revisions for version 2.0 were made based both on empirical analyses of the ACLSA's field test version as well as consumer and expert feedback.
Instrument Description

The ACLSA is a strengths-based measure of capabilities and behaviors (both tangible and intangible) generally viewed as important life skills for youths ages 8 to 19. It is available in paper or on the Internet. The ACLSA's construction was guided by a content-referenced testing approach [Anastasi 1982]. Thus, interpretation is based on reference to the specific content of the assessment. An individual's performance is compared to the domain of possible skills to see how well the person has mastered a skill set. A consequence of content-referenced assessments is that scales are expected to be skewed and item variance reduced.*

Because the ACLSA was designed to be strengths based, it was expected that a high percentage of scores would fall in the mid-to high-range, especially scores for youths with training in independent living skills. The ACLSA was designed, however, to provide an index of ability, purposefully biased toward capturing youths' strengths. Age differences (older youths scoring higher than younger youths) were found in all versions of the ACLSA [Nollan et al. 1997a].

The ACLSA's three age ranges (for youths ages 8 to 11 (ACLSA-I), 12 to 15 (ACLSA-II), and 16 to 19 (ACLSA-III)) are based on theory and ACLSA data. Nonetheless, usage of a particular version may vary according to a youth's developmental preparedness. Each version has a form to be completed by both the youth and his or her caregiver or service provider. Some items are identical across ACLSA versions, others become progressively more sophisticated for older youths. Life skill areas addressed by each scale of the ACLSA are summarized in figure 1. Graphics at the beginning of each scale area make the assessment user friendly and alert the respondent to the change in scale. Specific items included in the ACLSA-III are presented in figure 2.

* For further discussion of content-referenced testing, see Anastasi [1982].
Further clarification of the content and nature of the ACLSA is apparent upon its comparison to the Daniel Memorial Independent Living Skills System. Overall, each form covers 13 to 16 skill areas. One area of difference is the age range of youths targeted for assessment completion. The ACLSA has three developmental forms, covering the age range of 8 to 19 years of age. The Daniel Memorial is targeted toward youths ages 14 and older, offering one form for all. The ACLSA and the Daniel Memorial short form are similar in the amount of time needed to complete them (40 and 45 minutes, respectively), however, the long form of the Daniel Memorial requires two to three hours.
### FIGURE 2
Ansell-Casey Life Skills Assessment—III, Version 2.0 Individual Report

<table>
<thead>
<tr>
<th>Social Development</th>
<th>Educational and Vocational Development</th>
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### Money, Housing, and Transportation

- Can explain how to use bank services
- Can interpret pay stub information
- Can interpret billing information
- Can explain good/bad points of using credit
- Can tell how to establish/maintain good credit
- Can name 2 ways to save money on purchases
- Can contact places to get financial advice
- Budgets money to cover expenses/bills
- Saves money to buy special things
- Resists sales and peer pressure
- Files his/her income tax return
- Can respond to ads for housing
- Can determine whether housing is safe
- Can develop monthly budget for living on own
- Can figure start-up cost of living independently
- Can arrange for new phone/utility service
- Can complete a rental agreement/lease
- Can explain responsibilities of rental agreement or lease
- Can get help if conflict with property manager
- Can tell good/bad points of having roommate
- Launders clothes according to the label
- Fixes own clothes when they need it
- Fixes breakfast, lunch, or dinner
- Uses kitchen utensils/appliances
- Stores food so it doesn’t spoil or go bad
- Follows fire prevention and safety rules
- Resets circuit breakers or replace fuses
- Keeps own living space clean
- Prevents or minimizes roaches, mold, etc.
- Protects against possible break-ins
- Can give directions to residence
- Can read city, county, and state maps
- Can explain how to get/renew driver’s license
- Can explain how to register a vehicle
- Can explain how to get car insurance
- Can explain consequences of DUI/DWI
- Can use buses/public transportation

### Physical Development and Self-Care

- Can make own medical appointments
- Can get information on sex or pregnancy
- Can explain two ways to prevent STDs
- Can care for minor injuries and illnesses
- Can name own medicines
- Can explain why he/she takes medicines
- Can explain side effects of own medicines
- Can explain physical consequences of tobacco, alcohol, illegal drug use
- Can tell how to use fire extinguisher
- Can name 2+ places to get help or be safe
- Can explain how girls get pregnant
- Can explain the signs of pregnancy
- Can explain how to prevent pregnancy
- Can tell why a pregnant girl needs good food, rest, exercise, and medical care
- Can explain effects on fetus if a pregnant girl uses cigarettes, alcohol, illegal drugs

### Moral Development

- Refuses illegal, dangerous, hurtful activities
- Respects other people’s things
- Respects others’ personal and civil rights
- Respects others’ views, lifestyles, attitudes
- Explains own beliefs/values when asked
- Explains “fair”/“not fair” when asked
- Makes decisions based on own beliefs
- Talks with friends about how they feel
- Helps others
- Is polite to others
- Shows appreciation for things others do
The ACLSA is designed to be a self-report completed by the youth and/or caregiver. The Daniel Memorial form is designed to be administered as an interview, with the youth as respondent. In practice, however, the ACLSA may be used as an interview, and the Daniel Memorial may be used as a self-report. Finally, the ACLSA can include up to 10 questions tailored to the unique aspects of the program/person being evaluated.

**Scale Reliability and Validity**

Cronbach alpha reliabilities were calculated on field test samples for the ACLSA-I, ACLSA-II, and ACLSA-III (based on items retained in version 2.0).* A study with the purpose of norming the ACLSA is now underway. From this, predictive, construct, and concurrent validity will be tested. In addition, further tests of the stability of the ACLSA (test-retest, alpha reliability) are planned.

**ACLSA-I.** The field test of the ACLSA-I included 172 youths and 241 caregivers. The youth sample consisted of all youths ages 8 to 11 in the custody of a long-term out-of-home care agency. The caregiver sample consisted of the caregivers of these youths, as well as caregivers from a consortium of residential treatment, group home, and therapeutic foster care agencies. The mean age of the youths was just over 10 years ($SD = 1.18$), while the mean age of the caregivers was 43 years ($SD = 12.5$). There were nearly the same number of female as male youths. Youths were ethnically diverse, with 10.3% self-identifying as multiethnic and 59% as youths of color. Most of the ACLSA-I scales and subscales have acceptable internal consistency. The alpha reliability coefficients for scales ranged from 0.73 to 0.89 for caregivers and 0.75 to 0.87 for youths. The subscale reliabilities for caregivers ranged from 0.48 to 0.83 and from 0.48 to 0.75 for youths, with the majority of the subscale reliabilities above 0.65.

**ACLSA-II.** The field test of the ACLSA-II included 219 randomly

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* Interested readers should contact the authors for detailed analyses and results from the field tests.
selected youths from a long-term out-of-home care agency, ages 12 to 15, for whom both youth and caregiver assessments were completed in 1995. There were 133 females (60.7%) and 86 males (39.3%). The average age for the youths was 13.96 years ($SD = 0.92$). Youths in the sample were ethnically diverse, with 58.4% being youths of color. About one-quarter of the youths (26.9%) identified themselves as multiethnic, and one-third (32%) lived in relative placements. No demographic data were collected on caregivers. The alpha reliabilities for the ACLSA-II scales ranged from 0.77 to 0.87 for caregivers and 0.72 to 0.75 for youths. The alpha reliabilities for the subscales ranged from 0.56 to 0.78 for caregivers and 0.45 to 0.73 for the youths sampled. The majority of the subscale reliabilities were above 0.65.

**ACLSA-III.** The youth sample ($N = 421$) for the field test of the ACLSA-III consisted of all youths ages 16 to 19 in the family foster care component of a long-term out-of-home care agency, as well as youths participating in an independent living program overseen by a state agency. The caregiver sample ($N = 411$) consisted of the caregivers of the youths in the field test, as well as caregivers from a consortium of residential treatment, group homes, and therapeutic foster care agencies. The mean age for the youths was 17.8 ($SD = 1.3$), while the mean age for their caregivers was 43.4 ($SD = 12.1$). The ratio of female to male youths was similar to the ACLSA-II sample, with females (61.4%) outnumbering males (38.6%). Caregivers were more often female (79.1%) than male (20.9%). Interestingly, youths completing the ACLSA-III were less ethnically diverse than the other two age groups. Ten percent of the youths identified themselves as multiethnic. The primary ethnic identifications in the youth sample were Caucasian (61.8%) and African American (20.2%).

The ACLSA-III scales also have acceptable internal consistency. The scale alpha reliabilities ranged from 0.83 to 0.93 for caregivers and from 0.83 to 0.91 for youths. The subscale reliabilities ranged from 0.65 to 0.93 for caregivers and from 0.52 to 0.92 for youths, with the majority of the reliabilities above 0.75.
Content-Validity

Future norming and validation of the ACLSA will include cross-validation with instruments such as the Behavioral and Emotional Rating Scale [Epstein & Sharma 1998], the Child Behavior Checklist [Achenbach 1991], and the Daniel Memorial Independent Living Skills System [Daniel Memorial Inc., Institute for Independent Living 1994].

Content or “face” validity is less an empirical concern than a statement about the integrity of the ACLSA’s design process [Nunnally 1978]. The ACLSA’s face validity is probably quite strong, based on the utilization of child welfare professionals and consultants as expert judges in selecting and refining the initial items that make up the ACLSA scales and involvement of youths and caregivers in instrument construction and revisions, described earlier.

Using the ACLSA in Practice

The ACLSA can be used in a variety of ways, both on individual and programmatic levels. It is a flexible tool that can be adapted to individual workers and agencies. The ACLSA Individual Report (returned with each form sent in for scoring) is useful for practice, as it summarizes youth and caregiver responses for a particular youth by presenting both subscale means and percentages of mastery. Percentage of mastery is provided graphically and numerically. It is calculated by counting all items rated “Can Do This” or “Does This Most or All of the Time” on ACLSA-II and ACLSA-III, and rated as “Yes” on ACLSA-I and dividing by the total number of items in the subscale. In addition, each ACLSA item is paraphrased and the numerical rating from the respondent is provided on the ACLSA Individual Report. Reviewing the ratings and written comments on a completed ACLSA form in tandem with the ACLSA Individual Report provides a starting point for several individual and programmatic uses.
**Use with Individuals**

The ACLSA and the ACLSA Individual Report can help youths and caregivers acknowledge a youth’s strengths, develop a realistic picture of his or her readiness for emancipation, and identify areas in which he or she may need to learn more or develop additional skills. They encourage youths to think about the life skills necessary for successfully living as an adult. Involving youths helps them identify their goals and invest in securing the services they need [Taber & Proch 1988]. In the words of one foster parent, “[The ACLSA] seems to have increased his awareness of areas that he could work on” [Personal communication with foster parent from a long-term foster care agency 1996].

ACLSA items can be translated into goals that are specific, behavioral, and measurable. Often these goals are based on youth and caregiver reports of areas in which youths need to improve. An example of an ACLSA item transformed into a goal is, “I will be able to tell how to use the fire extinguisher in my home” (item 64 of the ACLSA-II, 2.0). Progress can be recorded in a personal portfolio and in the youth’s case record.

In addition to progress on specific items, response patterns can be used to indicate areas where more general training is needed. For instance, if the ACLSA Individual Report reflects low skill acquisition (low percentage of mastery) in the subscale of Social Relationships, training and opportunities to use these skills via organized groups or activities may be needed in that area. Training could be provided formally by service providers in groups or individual exercises, or informally by the caregiver. Monitoring changes in percentage of mastered items or subscale means can show progress toward specific knowledge development and skill acquisition.

Because both caregivers and youths may complete the ACLSA, differences in their opinions are captured. Areas of discrepancy and agreement can facilitate dialogue between caregivers and youths, helping them learn from each other’s perceptions. This
creates opportunities to discuss areas of strength and areas needing work, facilitating increased understanding among all team members. Completing the ACLSA and reviewing the ACLSA Individual Report together also helps youths and caregivers and/or service providers get to know each other better, thereby strengthening their relationships. This is especially helpful at the beginning of relationships.

Another use is derived from the strengths-based nature of the ACLSA. Youth's strengths previously unknown to the caregiver or service provider may be identified. Identifying a youth's strengths may in turn lead to greater involvement of that youth in teaching peers skills, participating on advisory committees, etc. Caregivers may recognize areas they can work on with youths outside of formal case plans and goals. The ACLSA encourages caregivers to see what youths can actually do. In addition, it breaks skills into concise, concrete steps, providing focus for caregivers by giving them specific tasks on which to work. "This assessment (ACLSA-II) has been helpful in focusing on problem areas. Also, it has helped me appreciate how well my foster children are acquiring these life skills" [Personal communication with foster parent from a state agency 1996].

The ACLSA also keeps everyone focused on the youth's eventual emancipation and the skills he/she will need at that time. If a youth moves to a new location or the youth's case is transferred, the new caseworker or educator can refer to the ACLSA to gain a sense of the youth's skill level and the work that needs to be done.

Use of the ACLSA can be enhanced by compiling personal portfolios with youths. A portfolio is a collection of samples of the youth's work that communicate his or her interests and give evidence of his or her talents [Kimeldorf 1994]). Personal portfolios, built upon the strength-based nature of the ACLSA, improve youths' self-confidence. By documenting specific competencies, recognition of developmental growth can enhance relationships between youths and caregivers. Used in conjunction with the ACLSA, portfolios can facilitate outcome-oriented planning.

Finally, the ACLSA is a time-efficient way to gather informa-
A large amount of assessment information can be gathered in 20 to 40 minutes and the ACLSA Individual Report provides a quick visual overview for tracking progress.

Although the ACLSA is designed to be self-administered, it can be modified to an interview format where youths actually demonstrate or describe their behavior and knowledge. The ACLSA should be administered every two to three years, although actual administration is at the discretion of the agency or school. For example, in one western state, all independent living providers administer the measure every six months to assess the effects of independent living training and delivery of independent living services.

**Use at the Program Level**

The ACLSA and its accompanying report may also be used at the program level. Aggregate reports of youths served by the agency can be useful for group planning. Areas in which a number of youths need skill development, as indicated by the ACLSA, can serve as topics for group discussion or curriculum development. For example, "Money Management" may be an area of focus if several youths indicate low skill acquisition. Aggregate summaries can also inform the skill level of youths in groups and be used to design activities. The ACLSA can also be used to identify areas for staff training. For instance, consistently low responses from youths in a particular scale may indicate little or no staff attention to the topic.

Similarly, the ACLSA can be used in a pretest/posttest fashion to demonstrate the effectiveness of an intervention, such as a life skills training group. On a broader level, programmatic outcomes and effectiveness (percentage of mastery or mean improvement) can be calculated. Mean score improvement can indicate youth and agency progress. These aggregate reports, as well as pre/post differences and analyses may provide useful information for funding sources. Given the many uses for the ACLSA and its Individual Reports, agencies can develop creative and flexible methods to measure progress and identify program needs.
Conclusion

The ACLSA is a strengths- rather than liabilities-based tool that directly involves both youths and caregivers in assessment. The instrument identifies specific skills that have been mastered and those yet to be learned, and can be readily used for goal identification. Use of the ACLSA can help ensure that youths, caregivers, and service providers are informed, involved, and collaborating on youths’ skill acquisition. Life skills, however, make up only one area of the competencies youths need to live on their own. Other areas, such as emotional stability and attachment, are also important. Researchers and practitioners should consider using the ACLSA in conjunction with measures of such areas.

Focus groups and interviews with youths, caregivers, and child welfare staff were used to gather feedback about the utility of the measure in preparation for national dissemination, and use with youths and caregivers in the general population. The reaction from most users has been positive. Replication of the psychometric properties and the clinical sensitivity of the measure to detect youth gains, however, need to be confirmed by other studies. One such study is underway with the goals of establishing national norms for the ACLSA, as well as further establishing its reliability and validity.

The ACLSA may also be a helpful tool for some of the high priority research areas identified by Lyman et al. [1996: 50], such as measuring what skill levels predict higher functioning after leaving care, identifying realistic benchmarks for what youths should be able to do at different age levels, and formulating prospective research studies that will “identify high-risk factors, measure the scales or areas of knowledge and skills that have been identified as critical for independent living, and then expose those kids to the treatment plans that we think are a wonderful solution.” More immediately, the ACLSA may support greater use of outcome-oriented and strengths-based case planning in child and family services.
References


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