

# Youth Connections Scale

## (A) Tools for Youth Connections

	Yes	No
Has a genogram or connectedness map been completed with youth?	<input type="checkbox"/>	<input type="checkbox"/>
Has a Lifebook been created with or for the youth?	<input type="checkbox"/>	<input type="checkbox"/>

## (B) Number of Supportive Adult Connections:

For each category, please write the total number of meaningful relationships that apply for youth at this time.

“Meaningful relationships” are defined by the youth. This would include adults who have some on-going contact with the youth and who can be counted on for some type of support.

### Total # of Adult Relationships for Each Category

Mother (birth, adoptive, stepmother)	
Father (birth, adoptive, stepfather)	
<b>Adult siblings</b>	
Other adult relatives	
Current foster parent	
Former foster parent	
Current or former social worker	
Current or former teacher	
Current or former therapist, counselor or psychologist	
Pastor, rabbi or other spiritual leader	
An adult friend, mentor or sponsor	
Other adults (Please list relationships):	

## (C) Strength of Youth Connections:

Indicate the strength of the relationship between the youth and adult right now.

In categories where there is more than one person, choose the most meaningful relationship and answer about that person. You can list up to two additional adults in the last two rows. Circle the best response for each row.

**Very Weak:** No Contact

**Weak:** Infrequent contact; youth can't count on this adult for support

**Moderate:** Some contact with this adult but may not be consistent; youth feels a connection but can't count on this adult all the time

**Strong:** Contact at least once per month; youth feels a connection of the heart, mind or spirit with this person; youth can usually count on this person

**Very Strong:** Contact at least once per week; youth feels a long-term connection of the heart, mind or spirit with this person; youth can count on this person to be there for them when needed

**N/A:** Not applicable because adult is deceased or youth has no siblings

	Very Weak	Weak	Moderate	Strong	Very Strong	N/A
Parent 1 ( <i>birth, adoptive or step mother or father</i> )	0	1	2	3	4	N/A
Parent 2 ( <i>birth, adoptive or step mother or father</i> )	0	1	2	3	4	N/A
Siblings	0	1	2	3	4	N/A
Other adult relatives	0	1	2	3	4	N/A
Other caring adult identified by youth:	0	1	2	3	4	N/A
Other caring adult identified by youth:	0	1	2	3	4	N/A

**(D) Support Indicators:** Answer yes or no for each indicator. *These do not have to be from the same adult.*

You have an adult in your life whom you will be able to count on for the following support after you leave foster care:

Yes	No	Indicator
<input type="checkbox"/>	<input type="checkbox"/>	Providing a home to go to for the holidays
<input type="checkbox"/>	<input type="checkbox"/>	Providing an emergency place to stay
<input type="checkbox"/>	<input type="checkbox"/>	Providing cash in times of emergency
<input type="checkbox"/>	<input type="checkbox"/>	Help with job search assistance or career counseling, or providing a reference for youth
<input type="checkbox"/>	<input type="checkbox"/>	Help with finding an apartment or co-signing a lease
<input type="checkbox"/>	<input type="checkbox"/>	Help with school ( <i>homework, re-enrolling in school, help in applying to colleges</i> )
<input type="checkbox"/>	<input type="checkbox"/>	Assisting with daily living skills, such as cooking, budgeting, paying bills and housecleaning
<input type="checkbox"/>	<input type="checkbox"/>	Providing storage space during transition times
<input type="checkbox"/>	<input type="checkbox"/>	Emotional support – a caring adult to talk to
<input type="checkbox"/>	<input type="checkbox"/>	Sharing in or supporting experiences of youth’s cultural and spiritual background
<input type="checkbox"/>	<input type="checkbox"/>	Checking in on youth regularly – to see how they are doing
<input type="checkbox"/>	<input type="checkbox"/>	Assisting with medical appointments so youth does not have to experience that alone
<input type="checkbox"/>	<input type="checkbox"/>	Assisting with finding and accessing community resources.
<input type="checkbox"/>	<input type="checkbox"/>	A home to go for occasional family meals
<input type="checkbox"/>	<input type="checkbox"/>	Help providing transportation ( <i>help with purchasing a car</i> ) or figuring out public transportation
<input type="checkbox"/>	<input type="checkbox"/>	Someone to send care packages at college
<input type="checkbox"/>	<input type="checkbox"/>	Assisting with purchasing cell phone and service ( <i>for example, youth is added to a family plan</i> ).
<input type="checkbox"/>	<input type="checkbox"/>	A place to do laundry
<input type="checkbox"/>	<input type="checkbox"/>	Supporting youth in civic engagement such as voting and volunteering

List has been modified and adapted from the FosterClub Permanency Pact (2006).

**(E) Level of Youth Connections:** Indicate your level of agreement with the following statements.

Circle the best response.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
While in foster care, you have connected or re-connected with relatives or caring adults who will be lifelong supportive connections	0	1	2	3	4
An adult has made a commitment to provide a permanent, parent-like relationship to you	0	1	2	3	4
You are living with an adult who has or plans to adopt you or become your legal guardian	0	1	2	3	4
You feel very disconnected from any caring adults	0	1	2	3	4

Office Use Only: Youth Name \_\_\_\_\_ Youth Date of Birth \_\_\_\_\_

Worker Completing Form \_\_\_\_\_ Date of Completion of Form \_\_\_\_\_

Form Completed: Within 30 Days of Placement  Within 30 Days of Discharge  Other

Form Completed Without Youth at Discharge: Yes  No  If Yes, Explain: \_\_\_\_\_

## Youth Connections Scale Utilization and Scoring

The full report on the Youth Connections Scale (YCS) pilot study along with an implementation guide and scoring instructions for agencies interested in using the YCS are available on the Center for Advanced Studies in Child Welfare website at: <http://z.umn.edu/YCS> For further questions about the development and research of the YCS or for information about utilization and scoring of the YCS, please contact the CASCW.

CASCW facilitates and conducts research and evaluation to provide empirical information about issues confronting the child welfare system, including local and statewide evaluation studies as well as research and evaluation with national relevance to the child welfare system. As home to the Minn-LInK Project, CASCW also offers the opportunity for researchers to access state administrative data from multiple agencies to answer questions about the impacts of policies, programs, and practice on the well-being of children in Minnesota.



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## Implementation Consultation and Training

Anu Family Services was a collaborative partner in the development of the Youth Connections Scale (YCS) and, therefore, uniquely equipped with expertise to provide consultation, training, and technical assistance on the implementation of the YCS. Consultation and training can be tailored to each individual organization's or agency's needs and may include: use of the YCS as a tool for social workers, case managers, supervisors, researchers; use for youth engagement; outcomes measurement; organizational advancement; or creating a permanence-driven organization. Anu Family Services can assist organizations in reaching their goals of assisting youth to achieve higher levels of relational permanence with the YCS and other evidence informed techniques.



For more information on Anu Family Services and their consultation and training:

[www.anufs.org/youthconnectionsscale.asp](http://www.anufs.org/youthconnectionsscale.asp)

[info@anufs.org](mailto:info@anufs.org)

877-287-2441

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