



# The European Journal of Psychology Applied to Legal Context

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## Assessing Independent Life Skills of Youth in Child Protection: A Multi-Informant Approach

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### ARTICLE INFO

#### Article history:

Received 12 June 2021

Accepted 19 October 2021

#### Keywords:

Independent living skills  
Transition to adulthood  
Leaving care  
Assessment  
Psychometric properties

### ABSTRACT

**Background:** This study aimed to adapt and validate a staff version of the PLANEA Independent Life Skills Assessment tools, which were then used to explore the convergence between self-reported and staff views of independent living skills of young people in residential child care in Spain. **Method:** A sample of 422 care-experienced young people was evaluated by their residential or care workers ( $n = 219$ ) using the staff version of PLANEA instruments. Psychometric analyses were carried out to study dimensionality and measuring properties of the instruments, while t-tests, Pearson correlations and Fisher's  $z$  were used to study convergence between informants. **Results:** The results show that the internal structure of the instruments was confirmed for the staff versions (three first-order factors and one second-order factor model for PLANEA-S, unidimensional model for PLANEA-9-S, and two-factor correlated model for PLANEA-T-S). The instruments showed excellent reliability ( $\omega = .80-.97$ ) and discriminative capacity. Staff showed less optimistic views than young people about their independent living skills but not their autonomy to perform everyday life tasks. This was mediated by the role of the adult respondent towards the young person evaluated. **Conclusions:** As conclusions we can say that the validated staff version of the PLANEA Independent Life Skills Assessment tools expands the scope for assessing this construct in young people in care from a multi-informant perspective. This is key for child protection services to address young people's individual needs and inform decision-making regarding the provision of support services that will promote a successful transition from care to adulthood for them.

## La evaluación de habilidades para la vida independiente de jóvenes en el sistema de protección: un enfoque multiinformante

### RESUMEN

**Antecedentes:** El objetivo de este estudio fue de adaptar y validar una versión para personal educador de los instrumentos PLANEA de evaluación de habilidades para la vida independiente. Dichos instrumentos se emplearon para explorar la convergencia entre el nivel de habilidades para la vida independiente percibido por jóvenes en acogimiento residencial y sus educadores. **Método:** La muestra se compuso de 422 jóvenes residentes en recursos de acogimiento residencial o de apoyo para extutelados, quienes fueron evaluados por personal educador ( $n = 219$ ) utilizando los instrumentos PLANEA. Se realizaron análisis estadísticos para estudiar la dimensionalidad y propiedades psicométricas de los instrumentos y se emplearon pruebas  $t$  de Student, correlaciones de Pearson y  $z$  de Fisher para estudiar el nivel de convergencia entre informantes. **Resultados:** Los resultados confirman la estructura interna esperada para los instrumentos (tres factores de primer orden y un factor de segundo orden para PLANEA-S, modelo unidimensional para PLANEA-9-S y modelo bifactorial correlacionado para PLANEA-T-S). Los instrumentos mostraron niveles excelentes de fiabilidad ( $\omega = .80-.97$ ) y capacidad discriminativa. El personal informó de menor nivel de habilidades para la vida independiente que el grupo de jóvenes, pero no de autonomía en la vida diaria, lo cual estuvo mediado por el rol del informante adulto con respecto al joven. **Conclusiones:** Se concluye que la versión para educadores de los instrumentos PLANEA de evaluación de habilidades para la vida independiente amplía el campo de evaluación de este constructo en jóvenes en acogimiento desde una perspectiva multiinformante, lo que es clave para que los servicios de protección infantil puedan identificar y atender las necesidades individuales de estos jóvenes, seleccionando los apoyos necesarios en cada caso para la promoción de una transición exitosa desde el sistema de protección a la vida adulta.

#### Palabras clave:

Habilidades para la vida independiente  
Transición a la vida adulta  
Jóvenes extutelados  
Evaluación  
Propiedades psicométricas

Cite this article as: García-Alba, L., Postigo, A., Gullo, F., Muñiz, J., & Del Valle, J. F. (2022). Assessing independent life skills of youth in child protection: A multi-informant approach. *The European Journal of Psychology Applied to Legal Context*, 14(1), 1-10. <https://doi.org/10.5093/ejpalc2022a1>

Funding: The first three authors hold a pre-doctoral scholarship from the Severo Ochoa Program for training in research and teaching in the Principality of Asturias, Spain (BP17-58, BP17-78, BP17-77). Correspondence: [garcia.alba.laura@gmail.com](mailto:garcia.alba.laura@gmail.com) (L. García-Alba).

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Over the last few decades, a considerable amount of research has highlighted the poorer outcomes that care leavers display as young adults in comparison with their non-care-experienced peers. Risks such as low educational attainment, unemployment, housing instability, or a higher vulnerability to suffering mental well-being issues are usually hampering their journeys to independent living (Gypen et al., 2017; Kääriälä & Hiilamo, 2017; Martín, González, et al., 2020). However, while states are legally required to provide alternative care and address the needs of children and adolescents as long as they are less than 18 years old, this protection is usually not applicable during their transition to adulthood (Stein & Ward, 2021). In addition, this process is expected to start earlier and take less time to be completed for them, despite the growing prolongation of the normative transition to adulthood in favour of a period of experimentation and choice of different life opportunities named “emerging adulthood” (Arnett, 2019).

The study of pathways of those care leavers that succeed in their transition to adulthood has consistently found experiences that enhance resilience and life-course agency to be crucial in their trajectories (Bengtsson et al., 2020; Lou et al., 2018; Van Breda & Dickens, 2017). In this respect, preparation before leaving care is one of the most challenging and vital points to consider to promote successful journeys from care to independent living (Harder et al., 2020). Adequate preparation has to be planned well before leaving care, providing early opportunities for young people to gradually develop independent living skills and promote autonomy in care (Armstrong-Heimsoth et al., 2020; Mendes et al., 2011). As a result, the last few years have seen an increased interest in developing transitional support services available for young people in care to improve their life skills (Woodgate et al., 2017).

While there is evidence that participating in this kind of independent living programs has some positive effects on post-transition outcomes for care leavers (Heerde et al., 2018), few attempts have been made to investigate the role of the direct outcomes of these interventions for young people in or leaving care, including their perceived ability for independent living or life skills. In fact, a recent systematic review on young people’s preparedness for adult life after foster care found only seven studies that focused on evaluating the abilities of young people in care during the last decade (Häggman-Laitila et al., 2019).

Most of these studies tended to report high and optimistic views of young people about their abilities to live independently (Casey et al., 2010; Dinisman & Zeira, 2011; Dutta, 2017; Trout et al., 2014), which contrast with the consistent findings from international research in which care leavers usually report feeling ill-prepared while they were making the transition to independent living (Atkinson & Hyde, 2019; Bond, 2020; Courtney et al., 2011). In this respect, some authors have argued that optimistic evaluations might be due to an overestimation of young people’s own skills when they are based on a prospective assessment (Benbenishty & Schiff, 2009; Casey et al., 2010), representing their desires and expectations of positive future outcomes, or sometimes highly explained by individual variables such as self-esteem or working experience (Dinisman & Zeira, 2011).

However, it is still difficult to draw firm conclusions from this research for several reasons. First, most studies used only self-reported measures of perceived ability for independent living (Häggman-Laitila et al., 2019). In fact, the only one that included a multi-informant perspective found a gloomier perspective of young people’s abilities when this was reported by their parents (Trout et al., 2014), which is similar to what Refaeli et al. (2013) found when they examined residential care staff perspectives on this matter. Second, studies rarely use standardised measures to report independent living skills (Harder et al., 2011). Although the use of standardised multi-informant measures in the field of child welfare is becoming more common for assessing areas such as mental health and well-

being (Martín, González-García, et al., 2020; Vallejo-Sloker et al., 2020), international comparison of results is still difficult in the field of assessing readiness for independent living and life skills.

This lack of research is even more pronounced in the Spanish context. Although there were some instruments available to measure independent life skills that had been translated from English to Spanish and included self-reported and caregiver versions, like the Casey Life Skills Assessment (CLSA; Casey Family Programs, 2017) and the life skills questionnaire included in the Umbrella Program (Del Valle & García-Quintanal, 2006), there was no evidence that supported its validity to be used with Spanish populations nor studies on the level of agreement and relationships between informants’ views.

This gap has been partly addressed with the development and validation of a new set of measures, the PLANEA Independent Life Skills Assessment tools (García-Alba et al., 2021), linked to the framework that the independent life skills training tool Planea Program proposed (Del Valle & García-Alba, 2021). PLANEA instruments have already shown robust psychometric properties and promising opportunities for being used in research with general and care-experienced young populations, given their short length and easy application (García-Alba et al., 2021) compared to the ones previously mentioned. However, the views of the staff regarding the independent living skills of young people in care remained unexplored, as these instruments included only self-reported versions.

Therefore, the present study pursued a double objective. First, to adapt and validate a staff version of the PLANEA Independent Life Skills Assessment tools. Second, to explore the level of agreement and convergence between self-reported and staff assessments of independent life skills and autonomy on a sample of young people living in residential child care. We hypothesize that the adapted staff version of these instruments will replicate the factorial model of the young people versions and present adequate psychometric properties. Second, if the instruments are properly validated, adequate levels of agreement and convergence between youth and staff’s scores will be found.

## Method

### Participants

In order to validate the staff version of PLANEA Independent Life Skills Assessment tools, a sample of 422 young people living in residential care homes (78%) or engaged in aftercare support services (22%) for care leavers was used. Of those still in care, 25% were living in children’s homes specifically for adolescents preparing to leave care, while the rest were living in basic network homes (46%) or homes for young people with specific needs or profiles (29%). Young people’s independent living skills and personal autonomy levels were evaluated by one of their residential or care workers, who had been consistently working with them as caregivers or educators at the moment of data collection. In most cases, this person was their key residential worker (55%) or other care workers in the home or service (36.4%), being less frequent to be evaluated by the home manager (4.3%) or others (4.3%). A total of 219 residential or care workers participated in the study, being possible that each of them evaluated more than one young person.

In order to study the level of agreement between young people’s and staff’s responses, 392 responses of young people to the self-reported version of the PLANEA Independent Life Skills Assessment tools were possible to retrieve out of the 422 youth evaluated. This sample included 159 females (40.6%) and 233 (59.4%) males from 15 autonomous communities in Spain. Of them, 25.1% were identified as unaccompanied migrant young people. Youth’s ages ranged from 14 to 25 years ( $M = 17.1$ ,  $SD = 2.09$ ), who had been in residential child care for 3 years on average ( $M_{\text{months}} = 39.25$ ,  $SD = 38.98$ ).

**Table 1.** Items of the PLANEA Independent Life Skills Assessment Tools – Staff Version

PLANEA-S	
Dimension 1. Self-Care and Well-Being	1. Hacer un menú semanal saludable [ <i>Plan a healthy weekly menu</i> ] 2. Encontrar actividades para apuntarse en su tiempo libre [ <i>Find activities to sign up to do in his/her free time</i> ] 3. Cuidar de su higiene personal diariamente [ <i>Take daily care of their personal hygiene</i> ] 4. Protegerse del contagio de enfermedades de transmisión sexual [ <i>Self-protect from sexually transmitted diseases</i> ] 5. Utilizar métodos anticonceptivos para evitar un embarazo [ <i>Use contraceptive methods to prevent unintended pregnancy</i> ] 6. Comprar los medicamentos que le recete el médico [ <i>Buy the medicines prescribed by the doctor</i> ] 7 <sup>1</sup> . Preparar un botiquín con medicamentos básicos para tener en su casa [ <i>Prepare a first-aid kit including basic medicines to have at home</i> ] 8. Hablar con alguien de confianza cuando tiene un problema y necesita ayuda [ <i>Talk to someone trustworthy when he/she has a problem and needs help</i> ] 9. Comprar ropa sin gastar mucho dinero [ <i>Buy clothes within his/her budget</i> ] 10. Llamar a la policía, ambulancia o bomberos en caso de emergencia [ <i>Call the police, ambulance or fire department in case of emergency</i> ] 11. Comprar los utensilios necesarios para cocinar [ <i>Buy the kitchenware needed to cook</i> ] 12 <sup>1</sup> . Cocinar comidas variadas [ <i>Cook varied meals</i> ] 13. Hacer la limpieza de una casa [ <i>Clean up the house</i> ] 14. Utilizar la lavadora [ <i>Use the washing machine</i> ] 15. Pasarlo bien en su tiempo libre [ <i>Have fun in his/her free time</i> ] 16 <sup>1</sup> . Usar el transporte público por su cuenta [ <i>Use public transportation on his/her own</i> ]
Dimension 2. Daily Arrangements and Organizational Skills	17. Pedir cita para ir al médico [ <i>Make an appointment with the doctor</i> ] 18. Pedir una beca para sus estudios [ <i>Apply for a grant to study</i> ] 19 <sup>1</sup> . Abrir una cuenta en un banco [ <i>Open a bank account</i> ] 20. Usar una tarjeta de crédito [ <i>Use a credit card</i> ] 21. Devolver algo que ha comprado [ <i>Return a purchase</i> ] 22. Hacer compras por Internet [ <i>Make online purchases</i> ] 23. Hacer compras a plazos [ <i>Finance a purchase</i> ] 24. Hacer gestiones en las oficinas de su ayuntamiento [ <i>Make arrangements at public administration offices</i> ] 25. Votar en unas elecciones [ <i>Vote in elections</i> ] 26 <sup>1</sup> . Conseguir renovar el DNI o el pasaporte [ <i>Apply for or renew his/her identity card or passport</i> ] 27. Solicitar ayudas económicas si lo necesita (para el alquiler, etc.) [ <i>Apply for financial aid if he/she needs to (to pay the rent, etc.)</i> ] 28 <sup>1</sup> . Organizar un viaje a otra ciudad (buscar transporte, sitio para dormir...) [ <i>Plan a trip to a different city (find transportation, accommodation...)</i> ]
Dimension 3. Employment and Accommodation	29. Hacer su currículum vitae [ <i>Write his/her CV</i> ] 30 <sup>1</sup> . Buscar ofertas de trabajo [ <i>Search for job opportunities</i> ] 31. Apuntarse en la oficina de empleo [ <i>Register at a public employment office</i> ] 32. Prepararse para realizar una entrevista de trabajo [ <i>Prepare for a job interview</i> ] 33. Informarse sobre sus derechos como trabajador/a [ <i>Find information about his/her rights as an employee</i> ] 34. Gestionar su dinero de forma que pueda ahorrar una parte [ <i>Manage the money so he/she can save some of it</i> ] 35 <sup>1</sup> . Buscar piso o casa para vivir [ <i>Find a place to live on his/her own</i> ] 36 <sup>1</sup> . Independizarse para vivir por su cuenta [ <i>Become independent and live on his/her own</i> ]
PLANEA-T-S	
Dimension 1. Managing Daily Life Tasks	1. Pedir cita para ir al médico [ <i>Make an appointment with the doctor</i> ] 2. Hacer gestiones con su cuenta bancaria o tarjetas [ <i>Manage his/her bank account and cards</i> ] 3. Ir a comprar su ropa [ <i>Go shopping for clothes</i> ] 4. Matricularse en un centro para estudiar o hacer cursos [ <i>Enrol in a course or in college</i> ]
Dimension 2. Doing Household Chores	5. Ir a hacer la compra de comida [ <i>Do the grocery shopping</i> ] 6. Cocinar la comida [ <i>Cook meals</i> ] 7. Hacer la limpieza de su habitación o de otras partes de la casa [ <i>Clean up his/her room or other parts of the house</i> ] 8. Lavar la ropa [ <i>Do the laundry</i> ]

Note. <sup>1</sup>Items included in PLANEA-9-S.

## Instruments

### PLANEA Independent Life Skills Assessment Tools

**Young People Version.** PLANEA Independent Life Skills Assessment is a set of three measures used to self-assess independent living skills and personal autonomy for young people in and leaving state care (García-Alba et al., 2021). The young people versions of these instruments (PLANEA-YP, PLANEA-9-YP, and PLANEA-T-YP) were developed from the independent living skills training framework proposed by Planea Program (Del Valle & García-Alba, 2021). PLANEA-YP is a 36-item measure composed of three subscales that measure different facets of independent living skills: Self-Care and Well-Being (16 items), Daily Arrangements and Organisational Skills (12 items), and Employment and Accommodation (8 items). The instrument shows excellent reliability indices ( $\alpha$ ) for both the total score (.94) and each dimension (.86 - .90), as well as its 9-item short version, PLANEA-9-YP (.86). Items in both instruments use a 4-point Likert-type scale to evaluate the degree of perceived knowledge in each skill

(1 = nothing, 2 = little, 3 = enough, 4 = a lot). PLANEA-T-YP includes 8 items that measure the degree of personal autonomy of young people when they face every-day life tasks using a 4-level Likert-type scale (3 = I do it by myself, 2 = I do it with an adult person, 1 = someone else does it for me, 0 = not done, neither alone nor supported), divided into two 4-item subscales (Managing Daily Life Tasks and Doing Household Chores) and a total score (Personal Autonomy) with good reliability indices ( $\alpha = .77-.84$ ; García-Alba et al., 2021).

**Staff Version.** A staff version of the PLANEA Independent Life Skills Assessment tools (PLANEA-S, PLANEA-9-S, and PLANEA-T-S) was adapted for residential and care workers to assess the young people's independent living skills and personal autonomy. These instruments were adapted from the young people's self-reported version, preserving the same items and scale and reformulating them so that they refer to a third person (e.g., 'Use public transportation on his/her own'). One of the authors made the necessary language changes to the items. Two more authors reviewed the items and ensured that they preserved the same content after being formulated

from the point of view of an adult caregiver respondent (Muñiz & Fonseca-Pedrero, 2019). Additional instructions were included in the staff's versions in relation to answering from their individual point of view to identify and assess each young person's skills and autonomy separately. Items of these instruments are available in Table 1.

**Participant's basic data and profile characteristics.** The staff completed a specific questionnaire about each young person, which included basic information related to (a) their sociodemographic characteristics (e.g., age, gender), (b) their type of placement regarding the development of autonomy and life skills (e.g., supported accommodation for care leavers, group home for adolescents preparing for leaving care, basic network group home), and (c) the characteristics of their case plan regarding autonomy and life skills.

## Procedure

Participants in this study were recruited through non-probability convenience sampling. The research team contacted several regional authorities and child care service providers and informed them of the possibility of participating in the study. After they gave their consent to take part, detailed information and instructions to participate were sent to them along with the links to the online evaluation forms. These were then further disseminated between residential care facilities and support services for care leavers, being eligible to participate all young people aged 14 years old or more and one care or residential worker that had been directly involved in their care and education. Both young people and staff gave their informed consent prior to voluntarily taking part in the study, being aware of its objectives and that their responses were anonymous and confidential. Neither staff nor young people were able to see each other's responses, with the purpose of giving free and unconditioned answers to the questionnaires from their own point of view. Instruments were administered through an online form between May and September 2020. This study received the approval of the Ethics in Research Committee of the University of Oviedo (5\_RRI\_2020).

## Data Analysis

**Evidence based on internal structure.** Firstly, several Confirmatory Factor Analyses (CFA) were performed on the polychoric correlation matrix to examine the dimensionality of the instruments PLANEAS, PLANEAS-9-S, and PLANEAS-T-S. The mean-and variance-adjusted unweighted least squares (ULSMV) was used as estimation method. Comparative fit index (CFI), non-normed fit index (NNFI), and root mean square error of approximation (RMSEA) were used as fit indices, being an adequate fit when CFI and NNFI > .95 and RMSEA < .06 (Hu & Bentler, 1999).

In addition, owing to the importance of studying the factorial structure of a construct via different populations (young people and their care workers), we assessed measurement invariance based on both populations, calculating configural, metric, and scalar invariance via multi-group confirmatory factor analysis (MG-CFA). Considering that we are dealing with added models, we allowed a change in CFI lower than -.01 to accept measurement invariance ( $\Delta\text{CFI} < -.01$ ; Chen, 2007).

**Descriptive statistics, item analysis, reliability, and discriminative capacity.** Once the dimensionality of the different questionnaires had been studied, descriptive statistics of the final items (mean, standard deviation, skewness, and kurtosis) and discrimination indices (corrected item-test correlation) were studied (Muñiz & Fonseca-Pedrero, 2019). The reliability scores were studied using Cronbach's  $\alpha$  coefficient and McDonald's  $\omega$  coefficient. Finally, independent samples Student *t*-tests were used to study the discriminative capacity of the instruments across different levels of expected autonomy in young people, according to their case plan and placement characteristics.

**Level of agreement between informants.** Paired samples Student *t*-tests and Pearson correlations were used to study the level of agreement between young people and staff versions of the main instruments: PLANEAS and PLANEAS-T. Fisher's *z* transformation was used to test the differences in correlations between staff and young people scores considering staff's role towards the young person evaluated. Cohen's  $\delta$  was used to estimate the effect size of differences, considering it as small for values between 0.2 and 0.4, medium for values between 0.4 and 0.7, and large from 0.7 (Cohen, 1988).

Descriptive statistics, discrimination indices, differences between groups and informants, and correlations were carried out with SPSS 24 software (IBM Corp, 2016). The reliability coefficients were calculated with FACTOR 10.8.04 software (Ferrando & Lorenzo-Seva, 2017). The CFA were carried out with Mplus8 software (Muthén & Muthén, 2017).

## Results

### Evidence Based on Internal Structure

The CFA of PLANEAS-S showed an adequate fit (CFI = .930; NNFI = .922; RMSEA = .064 CI 90% [.061, .068]) in a three first-order factors and one second-order factor model. The factor loading of each item is shown in Table 3, ranging between .390 and .810 in Self-Care and Well-Being, between .508 and .890 in Daily Arrangements and Organisational Skills, and ranging between .480 and .898 in Employment and Accommodation. The factor loadings of the first-order factors to the second-order factor were .825, .969, and .919.

Regarding PLANEAS-9-S, which is composed by 3 items of each dimension in PLANEAS-S (all of them with very high factor loadings; see Table 3), showed a good fit when considering it as unidimensional (CFI = .982; NNFI = .976; RMSEA = .072 CI 90% [.055, .089]). Furthermore, the factor loadings ranged between .531 and .912.

Finally, PLANEAS-T-S showed an excellent fit (CFI = .999; NNFI = .999; RMSEA = .019 CI 90% [.001, .038]) in a two-factor correlated model. Pearson's correlation between both dimensions was high ( $r = .732$ ). The factor loadings, available at Table 4, ranged between .771 and .852 (Managing Daily Life Tasks), and between .523 and .844 (Doing Household Chores).

Once the factor structure of the staff versions was confirmed, we continued with examining measurement invariance between young people and staff versions. The results of this analysis are available in Table 2. Invariance was confirmed at the three levels

**Table 2.** Fit Indices for the Measurement Invariance of PLANEAS Instruments Based on the Type of Informant (Young People and Staff)

	PLANEAS			PLANEAS-9			PLANEAS-T		
	$\chi^2/df(p\text{-value})$	CFI	$\Delta\text{CFI}$	$\chi^2/df(p\text{-value})$	CFI	$\Delta\text{CFI}$	$\chi^2/df(p\text{-value})$	CFI	$\Delta\text{CFI}$
Configural Invariance	2.80 (< .001)	.946	-	4.79 (< .001)	.971	-	2.06 (< .001)	.986	-
Metric Invariance	2.64 (< .001)	.949	.003	4.63 (< .001)	.968	-.003	1.79 (< .001)	.988	.002
Scalar Invariance	2.84 (< .001)	.939	-.01	4.25 (< .001)	.960	-.008	1.93 (< .001)	.981	-.007

Note.  $\chi^2$  = Satorra-Bentler chi-square; *df* = degrees of freedom; CFI = comparative fit index;  $\Delta\text{CFI}$  = CFI change.

**Table 3.** Descriptive Statistics, Factor Loadings, and Reliability of PLANEA-S

Dimension	Item	Mean	Standard deviation	Skewness	Kurtosis	Correlation item-test	Factor loading	$\alpha$	$\omega$
Self-Care and Well-Being	01	2.64	0.842	0.030	-0.679	.601	.710	.92	.92
	02	2.79	0.888	-0.153	-0.842	.541	.636		
	03	3.42	0.718	-1.105	0.784	.540	.614		
	04	2.95	0.838	-0.465	-0.361	.650	.744		
	05	3.00	0.880	-0.588	-0.361	.651	.710		
	06	3.06	0.933	-0.713	-0.403	.612	.810		
	07 <sup>1</sup>	2.36	0.880	0.122	-0.691	.550	.735		
	08	3.01	0.828	-0.441	-0.486	.365	.390		
	09	3.02	0.787	-0.449	-0.284	.486	.582		
	10	3.22	0.762	-0.686	-0.072	.500	.605		
	11	3.13	0.832	-0.642	-0.298	.656	.749		
	12 <sup>1</sup>	2.78	0.881	-0.135	-0.822	.599	.683		
	13	3.29	0.718	-0.576	-0.600	.528	.544		
	14	3.31	0.839	-1.073	0.419	.559	.640		
	15	3.34	0.718	-0.773	-0.123	.489	.523		
	16 <sup>1</sup>	3.57	0.678	-1.596	2.327	.508	.622		
Total	48.90	8.106	-0.346	-0.072	-	-			
Daily Arrangements and Organisational Skills	17	2.69	1.013	-0.180	-1.086	.704	.822	.95	.95
	18	1.71	0.854	1.034	0.266	.729	.828		
	19 <sup>1</sup>	1.90	1.005	0.775	-0.599	.804	.885		
	20	2.23	1.115	0.276	-1.320	.722	.775		
	21	3.22	0.822	-0.763	-0.206	.448	.508		
	22	2.84	1.010	-0.362	-1.011	.549	.609		
	23	1.81	0.964	0.900	-0.335	.681	.722		
	24	1.95	0.933	0.566	-0.724	.763	.881		
	25	1.70	0.977	1.113	-0.052	.714	.827		
	26 <sup>1</sup>	2.35	0.972	0.120	-0.987	.734	.837		
	27	1.64	0.826	1.141	0.492	.778	.890		
	28 <sup>1</sup>	2.38	1.003	0.151	-1.044	.621	.778		
Total	26.43	8.558	0.593	-0.287	-	-			
Employment and Accommodation	29	2.12	0.963	0.371	-0.907	.753	.799	.94	.94
	30 <sup>1</sup>	2.13	0.987	0.401	-0.929	.832	.855		
	31	2.07	1.041	0.489	-1.025	.783	.880		
	32	2.08	0.947	0.404	-0.867	.825	.869		
	33	1.77	0.872	0.891	-0.078	.677	.820		
	34	2.83	0.872	-0.239	-0.720	.366	.480		
	35 <sup>1</sup>	2.04	0.959	0.541	-0.716	.741	.865		
	36 <sup>1</sup>	2.05	1.015	0.534	-0.887	.793	.898		
Total	17.08	6.078	0.438	-0.711	-	-			
Total Independent Life Skills		92.41	20.724	0.269	-0.308	[.314, .757]	-	.97	.97

Note. <sup>1</sup>Items in PLANEA-9-S.

examined (configural, metric, and scalar) in PLANEA, PLANEA-9, and PLANEA-T.

high skewness and kurtosis scores. Reliability indexes ( $\alpha$ ,  $\omega$ ) were slightly lower than for PLANEA-S, ranging from .80 to .92.

### Descriptive Statistics, Item Analysis, and Reliability

The descriptive statistics of PLANEA-S's items and reliability indexes can be found in Table 3. In general terms, the items showed adequate values in skewness and kurtosis. The discrimination indices were all adequate, ranging between .365 and .656 in Self-Care and Well-Being, between .448 and .804 in Daily Arrangements and Organisational Skills, and between .366 and .832 in Employment and Accommodation. Reliability scores were excellent in the first-order factors and second-order factor Independent Life Skills.

Secondly, the descriptive statistics of the items in PLANEA-9-S and PLANEA-T-S were calculated, along with the reliability indexes of the subscales' and total scales' scores (Table 4). The discrimination indices and skewness and kurtosis values were adequate for both instruments, except for item 7 in PLANEA-T-S, which showed

### Discriminative Capacity of the Instruments

To study the discriminative capacity of the staff version of the instruments (PLANEA-S, PLANEA-9-S, and PLANEA-T-S), we performed independent samples *t*-tests between groups of young people expected to show different levels of autonomy according to their type of placement and case plan. Regarding their type of placement, we compared those young people (36% of the total sample) that were living in group homes from the basic network to those who were living in group homes for adolescents preparing to leave care (19.2%) or in supported accommodation for care leavers (22%). The latter group (46%), named "autonomy", should feel more skilled and be more autonomous, considering that they had been engaged in interventions and programs for this purpose. The rest of the young people, who were living in specialised residential care homes (e.g., for migrant young people, for young people with severe emotional or

**Table 4.** Descriptive Statistics, Factor Loadings, and Reliability of PLANEA-9-S and PLANEA-T-S

Instrument	Item	Item in PLANEA	Mean	Standard deviation	Skewness	Kurtosis	Correlation item-test	Factor loading	$\alpha$	$\omega$
PLANEA-9-S	01	07	2.36	0.880	0.122	-0.691	.551	.621	.92	.92
	02	30	2.13	0.987	0.401	-0.929	.724	.819		
	03	19	1.90	1.005	0.775	-0.599	.709	.818		
	04	26	2.35	0.972	0.120	-0.987	.668	.751		
	05	12	2.78	0.881	-0.135	-0.822	.545	.627		
	06	28	2.38	1.003	0.151	-1.044	.694	.785		
	07	16	3.57	0.678	-1.596	2.327	.389	.531		
	08	35	2.04	0.959	0.541	-0.716	.789	.889		
	09	36	2.05	1.015	0.534	-0.887	.809	.912		
	Total	-	21.56	6.219	0.312	-0.615	-	-		
PLANEA-T-S		01	2.00	0.815	0.009	-1.493	.707	.852	.80	.80
	Managing Daily Life Tasks	02	2.16	0.762	-0.282	-1.228	.722	.838		
		03	2.68	0.488	-1.006	-0.391	.537	.823		
		04	1.91	0.700	0.128	-0.954	.626	.771		
		Total	9.51	2.104	-0.616	-0.541	-	-		
	Doing Household Chores	05	2.52	0.754	-1.172	-0.235	.602	.836		
		06	2.38	0.744	-0.757	-0.815	.655	.844		
		07	2.92	0.322	-4.580	21.517	.276	.523		
		08	2.66	0.685	-1.747	1.412	.579	.838		
	Total	10.51	1.930	-1.320	0.881	-	-			
Total	20.591	3.493	-1.328	1.315	[.289, .746]	-	.90	.91		

behavioural challenges), were not considered in this comparison due to their specific characteristics. Regarding young people's case plan, we compared those who included the development of autonomy and life skills for emancipation as one of the main objectives of the educational intervention from the program (84.1%) to those who did not (15.9%), as informed by their educators.

Differences were found in all dimensions of the studied instruments (Table 5). Independent living skills and personal autonomy of young people engaged in specific programs or homes for developing autonomy and independent living skills (whether they were still in care or engaged in aftercare support services) were evaluated significantly higher by their care workers, compared to their peers living in children's homes from the basic network. The same trend was found for those whose intervention case plan included autonomy as a priority regardless of their placement characteristics. However, these results must be interpreted with caution in the case of PLANEA-T, considering the small sample size available in some of the groups (Table 5).

### Level of Agreement Between Informants

The level of agreement between informants was studied for PLANEA and PLANEA-T instruments. The scores were significantly

higher in the young people version of PLANEA across all dimensions and main scale than staff's scores, with medium effect sizes (Table 6). In contrast, the magnitude of this difference is reduced in PLANEA-T, being significant only for dimension 2 (Doing Household Chores) and showing minimal effect size. The correlations between versions were large, significant, and positive for all the studied scales and subscales, being less than .50 in only one of the subscales in PLANEA (Self-Care and Well-Being), and slightly higher for the total scores of PLANEA and PLANEA-T than for their subscales, up to .817 (Table 7).

In addition, an effect related to the role of the respondent to the staff version was found across all scales and subscales studied. Key residential care workers (those with direct responsibility in the supervision of the educational intervention of the young people evaluated) scored higher than the rest of the staff members (other residential care workers or program managers), showing medium effect sizes (Table 6). The correlations between young people's scores and key residential care workers' scores (Table 8) were slightly higher than those with non-key residential staff (Table 9), except for the Self-Care and Well-Being subscale. However, none of these differences were significant ( $p < .05$ ) except for one subscale of PLANEA: Daily Arrangements and Organizational Skills ( $z = 2.46$ ,  $p = .014$ ).

**Table 5.** Differences in PLANEA-S, PLANEA-9-S, and PLANEA-T-S Based on Young People's Level of Autonomy

Scale/Subscale	Type of placement				Autonomy-centred case plan			
	<i>M</i> Autonomy ( <i>n</i> = 152)	<i>M</i> Basic ( <i>n</i> = 174)	<i>t</i> ( <i>p</i> )	<i>d</i>	<i>M</i> Yes ( <i>n</i> = 355)	<i>M</i> No ( <i>n</i> = 67)	<i>t</i> ( <i>p</i> )	<i>d</i>
Self-Care and Well-Being	52.01	47.38	5.67 (< .001)	0.63	49.99	43.13	6.67 (< .001)	0.88
Daily Arrangements and Organisational Skills	30.80	23.78	7.88 (< .001)	0.86	27.41	21.22	5.62 (< .001)	0.75
Employment and Accommodation	19.41	14.81	7.17 (< .001)	0.80	17.86	12.96	6.33 (< .001)	0.84
PLANEA-S Total Independent Life Skills	102.22	85.97	7.61 (< .001)	0.85	95.25	77.31	6.84 (< .001)	0.91
PLANEA-9-S	24.47	19.16	8.32 (< .001)	0.92	22.37	17.24	6.50 (< .001)	0.87
Managing Daily Life Tasks	10.58 ( <i>n</i> = 130)	8.25 ( <i>n</i> = 56)	8.17 (< .001)	1.43	9.64 ( <i>n</i> = 207)	8.19 ( <i>n</i> = 21)	3.07 (.002)	0.70
Doing Household Chores	11.50 ( <i>n</i> = 167)	9.91 ( <i>n</i> = 138)	8.50 (< .001)	1.04	10.77 ( <i>n</i> = 328)	9.08 ( <i>n</i> = 61)	5.86 (< .001)	0.92
PLANEA-T-S Total Personal Autonomy	22.33 ( <i>n</i> = 129)	18.61 ( <i>n</i> = 54)	7.39 (< .001)	1.48	20.83 ( <i>n</i> = 204)	18.24 ( <i>n</i> = 21)	3.31 (.001)	0.76

Note. *M* = mean; *t* = Student's *t* statistic; *d* = effect size.

**Table 6.** Differences in Mean Scores Between Versions and Role of Staff Informants in PLANEA, PLANEA-9, and PLANEA-T

Scale/Subscale	Level of agreement between versions				Role of respondent to staff version			
	<i>M</i> Young people	<i>M</i> Staff	<i>t</i> ( <i>p</i> )	<i>d</i>	<i>M</i> Key educator	<i>M</i> Other staff	<i>t</i> ( <i>p</i> )	<i>d</i>
Self-Care and Well-Being	53.86	48.90	12.79 (< .001)	0.66	50.04	46.81	4.04 (< .001)	0.40
Daily Arrangements and Organisational Skills	30.14	26.34	10.12 (< .001)	0.44	27.85	23.94	4.67 (< .001)	0.47
Employment and Accommodation	20.70	17.05	12.34 (< .001)	0.58	18.24	15.31	4.88 (< .001)	0.49
PLANEA Total Independent Life Skills	100.90	92.29	14.49 (< .001)	0.44	96.13	86.05	4.96 (< .001)	0.50
Managing Daily Life Tasks	9.92	9.81	0.97 (.333)	-	9.70	8.66	3.37 (.001)	0.50
Doing Household Chores	10.84	10.56	3.20 (.002)	0.15	10.95	9.80	5.70 (< .001)	0.62
PLANEA-T Total Personal Autonomy	21.37	21.10	1.57 (.119)	-	20.94	19.08	3.68 (< .001)	0.55

Note. *M* = mean; *t* = Student's *t* statistic; *d* = effect size.

**Table 7.** Correlations Between Young People and All Staff Scores in PLANEA and PLANEA-T

Scale/Subscale	All Staff							
	SC-WB	DA-OS	EA	ILS	DHC	MDLT	PA	
Self-Care and Well-Being (SC-WB)	<b>.478</b>	.396	.380	.464	.367	.208	.322	
Daily Arrangements and Organizational skills (DA-OS)	.421	<b>.617</b>	.498	.568	.579	.303	.497	
Employment and Accommodation (EA)	.385	.494	<b>.566</b>	.523	.528	.305	.472	
PLANEA Total Independent Life Skills (ILS)	.664	.813	.742	<b>.817</b>	.702	.420	.615	
Doing Household Chores (DHC)	.455	.645	.541	.599	<b>.755</b>	.569	.716	
Managing Daily Life Tasks (MDLT)	.332	.391	.315	.386	.535	<b>.589</b>	.607	
PLANEA-T Total Personal Autonomy (PA)	.474	.601	.480	.571	.762	.663	<b>.763</b>	

Note. Values in bold highlight the correlations between the two informants' scores in the same scale or subscale.

**Table 8.** Correlations Between Young People and Key Educator Staff Scores in PLANEA and PLANEA-T

Scale/Subscale	Key educator							
	SC-WB	DA-OS	EA	ILS	DHC	MDLT	PA	
Self-Care and Well-Being (SC-WB)	<b>.460</b>	.401	.347	.447	.366	.128	.304	
Daily Arrangements and Organizational skills (DA-OS)	.487	<b>.674</b>	.516	.625	.591	.285	.498	
Employment and Accommodation (EA)	.438	.548	<b>.566</b>	.569	.554	.335	.489	
PLANEA Total Independent Life Skills (ILS)	.673	.830	.722	<b>.824</b>	.709	.366	.612	
Doing Household Chores (DHC)	.395	.613	.454	.546	<b>.764</b>	.569	.751	
Managing Daily Life Tasks (MDLT)	.298	.391	.309	.371	.517	<b>.611</b>	.594	
PLANEA-T Total Personal Autonomy (PA)	.391	.547	.374	.492	.761	.622	<b>.774</b>	

Note. Values in bold highlight the correlations between the two informants' scores in the same scale or subscale.

**Table 9.** Correlations Between Young People and Non-key Educator Staff Scores in PLANEA and PLANEA-T

Scale/Subscale	Non-key educator staff							
	SC-WB	DA-OS	EA	ILS	DHC	MDLT	PA	
Self-Care and Well-Being (SC-WB)	<b>.478</b>	.358	.392	.460	.299	.231	.277	
Daily Arrangements and Organizational skills (DA-OS)	.317	<b>.508</b>	.435	.462	.495	.245	.429	
Employment and Accommodation (EA)	.308	.400	<b>.552</b>	.448	.409	.216	.361	
PLANEA Total Independent Life Skills (ILS)	.636	.769	.744	<b>.791</b>	.644	.399	.556	
Doing Household Chores (DHC)	.426	.605	.532	.568	<b>.699</b>	.437	.603	
Managing Daily Life Tasks (MDLT)	.326	.350	.273	.358	.532	<b>.534</b>	.602	
PLANEA-T Total Personal Autonomy (PA)	.453	.568	.439	.540	.757	.583	<b>.707</b>	

Note. Values in bold highlight the correlations between the two informants' scores in the same scale or subscale.

## Discussion

Ample international evidence supports the need to provide young people in care with adequate preparation for leaving care (Harder et al., 2020). However, the obligation for child care agencies to offer preparation for independent living for young people in residential care since they are 16 years old is still a relatively recent addition to Spanish child welfare laws. This update is already impacting the development of new interventions for this purpose, such as Planea Program (Del Valle & García-Alba, 2021), and new assessment

frameworks to study perceptions of readiness for independent living in young care-experienced people (García-Alba et al., 2021).

The present study aimed to expand this framework by adapting and validating a staff version of the PLANEA Independent Life Skills Assessment tools and narrowing the gap in knowledge on the effectiveness of transitional support interventions for young people in care and their perceptions of independent life skills. This is especially pronounced in the Spanish context where, in contrast with the consolidated body of evidence-based practice, programs and assessment tools available in other related areas such as family

intervention (De Paul et al., 2015; Rodrigo, 2016), intervention with juvenile offenders (Cacho et al., 2020), or quality evaluation in residential child care (Pérez-García et al., 2019), the specific evaluation of transitional support services is still recent and has limited its scope to gather young people's and workers' views and satisfaction (Goig & Martínez, 2019; Sevillano-Monje et al., 2021).

The results of the CFAs performed in the staff versions of the three instruments studied allowed us to confirm the same internal structure found in the young people versions: three first-order factors and one second-order factor (Independent Life Skills) in the case of PLANEAS, unidimensionality for its short version PLANEAS-9-S, and two first-order factors correlated between them, showing a global score (Personal Autonomy) for PLANEAS-T-S (García-Alba et al., 2021). The instruments showed satisfactory psychometric properties with very high reliability coefficients across all subscales and total scores. Furthermore, invariance measurement was also found at the three levels studied (configural, metric, and scalar), demonstrating that the PLANEAS instruments reflected the same construct for the examined groups (young people and staff) and that the scores they gave have the same significance for everyone assessed (AERA, APA, NCME, 2014; Thompson, 2016). This allows us to make valid comparisons and confidently interpret differences in their scores (Milfont & Fischer, 2010).

The comparison of staff's scores in different levels of expected autonomy in young people brought evidence of the discriminative capacity of the studied instruments. As we expected, the staff informed of clearly higher levels of life skills and personal autonomy for those young people engaged in specific resources for preparation of autonomy and for those whose case plan included this as one of the aims of the educational intervention, compared to those without this condition.

Our study on the level of agreement between young people and staff scores in the instruments yielded some interesting findings. Although the correlations between young people's and care workers' responses were significant, positive, and high across all instruments, remarkable differences were found between informants. Regarding independent life skills, young people in our study tended to perceive themselves as more skilled than their residential care workers. These results seem to confirm what has been found in previous studies that have highlighted how young people in care usually have an optimistic perception about their readiness and abilities for independent living, especially in daily living skills (Häggman-Laitila et al., 2019) and tend to hold positive long-term expectations about their future (Bengtsson et al., 2018; Sulimani-Aidan, 2015). This contrasts with the less optimistic views that staff or parents display in childcare contexts (Casey et al., 2010; Refaeli et al., 2013; Trout et al., 2014) and other similar fields, such as juvenile correctional facilities (Melkman et al., 2016). Maybe these views could be considered more realistic, as previously noted by research that preparation for leaving care services is frequently insufficient to meet young people's needs (Bond, 2020; Burgund et al., 2018; Pinkerton, 2021).

Some authors have also hypothesised that differences between informants in this respect might be due to an overestimation of their competence, which is also known as "positive illusory bias" (Benbenishty & Schiff, 2009; Casey et al., 2010). This effect has been widely found in self-assessments of competence for every-day life activities in children and adolescents with ADHD, and its magnitude seems to be mediated by the presence of externalising behaviour problems, which may increase the probability of the young people receiving negative assessments of their competence from adults (Volz-Sidiropoulou et al., 2016). This issue deserves further research for the case of children and adolescents living in residential child care facilities, considering the high prevalence of externalising behavioural challenges that they tend to show, according to González-García et al. (2017) and Águila-Otero et al. (2020).

On the contrary, this difference was not observed in personal autonomy (PLANEAS-T), as young people and staff tended to show

similar scores, and young people only scored significantly higher in one of the subscales, showing small effect sizes. This might be related to the fact that this instrument measures the level of autonomy displayed in the performance of every-day life tasks (e.g., cooking meals, making appointments), which are observable and shared in the residential homes and, in contrast with perceived ability, they may be less likely to be explained by individual variables such as self-efficacy (Dinisman & Zeira, 2011). It also supports the conclusions of Casey et al. (2010) about the importance of using multi-informant assessment approaches combined with more objective measures in this field.

Moreover, an effect on staff's scores was observed regarding their role towards the young person evaluated. Those care workers with direct responsibility for the educational intervention of the young person seemed to evaluate young people's life skills and personal autonomy as slightly higher than the rest of the members of staff (e.g., program coordinators, other educators). A possible interpretation of this finding is that key educators may have a more profound knowledge of the young people's abilities and a more accurate assessment of their potential in the light of their progress. This is supported by the generally higher correlations found between scores of key educators and young people than in the case of other care workers and the young people they evaluated. However, differences were significant only for one subscale of the PLANEAS test: Daily Arrangements and Organisational Skills. It is also possible that the staff's own expectations of success in their intervention with young people might be playing a role, or that a closer relationship with the young person is promoting a less objective vision of their strengths and difficulties, as Casey et al. (2010) have pointed out. The influence of staff characteristics or role towards the young person evaluated will also need further research, as it had not been addressed comparatively in literature.

The present study is not free of limitations. First, the recruitment procedure used may have overrepresented those young people who were more skilled or motivated to participate. Although confidentiality and anonymity of their responses were guaranteed, young people being presented with the possibility of participating in this study by residential care staff might have a social desirability effect on their responses (Ferrando & Navarro-González, 2021). Second, the effect of potentially relevant individual variables such as self-efficacy or participants' profile characteristics (e.g., gender, age) on perceived independent life skills and level of autonomy has not been considered in this study. Third, the effect of the specific characteristics of the interventions received by young people preparing for leaving residential child care has not been controlled in this study. These may vary from one region to another and impact on staff perspectives regarding young people's skills, as there is not a unique detailed legal framework applicable to the whole country (Arnau-Sabatés et al., 2021). Finally, no demographic information was gathered about the staff respondents that allowed to study potential biases in staff assessments regarding their gender, age or seniority in their job.

Future research should further address several issues. First, longitudinal studies should explore the evolution of perceived ability for independent living over time for young people in care and its potential effects on their success and future outcomes. In this respect, Bengtsson et al. (2018) have highlighted how expectations of care leavers about their future outcomes vary over time. Second, it is especially relevant to study the impact of participating in interventions aimed at the development of autonomy and skills for independent living in young people's perceived abilities, as previous studies have pointed out that receiving training for independent living might not directly contribute to perceived readiness (Dixon et al., 2006). For this reason, the mediating effect of young people's personal and individual characteristics, such as self-efficacy or self-esteem, should also be considered, devoting special attention to the



impact of experiences that enhance the sense of agency and increase the probability of success for care leavers, such as early working experiences (Arnau-Sabatés & Gilligan, 2015). Third, it is essential to study further the role of staff perspectives in the decision-making processes that affect the provision of support services for young people leaving care.

In conclusion, the present study has introduced a new reliable and valid staff version of the PLANEA Independent Life Skills Assessment tools, which expands the framework for assessing perceived independent life skills and personal autonomy from a multi-informant perspective in the field of child protection. Furthermore, the availability of multiple multi-informant scales and short versions in this framework makes it possible to design tailored assessments that meet the specific requirements of each research study or applied context, optimising application times and facilitating a rich understanding of the variables measured (Ruiz-Hernández et al., 2020).

These instruments will be disseminated along with the Planea Program in different regions of Spain after being piloted, implemented, and evaluated in the region of Castilla-La Mancha. Work is already underway to translate and adapt the PLANEA Independent Life Skills Assessment tools to English-speaking countries and implement them in the agencies that constitute the Latin American Network of Care Leavers (LATAM Network).

Our study of the level of agreement between self-reported and staff views on independent living skills and autonomy of young people in residential child care supports a high convergence between versions and highlights the importance of using cross-informant approaches in this field. This will hopefully help direct the attention to young people's perceived strengths and difficulties in this area and inform decision-making in the provision of interventions to promote a gradual, planned, and prepared transition to adulthood from care, which remains one of the main challenges faced by child protection agencies nowadays.

### Conflict of Interest

The authors of this article declare no conflict of interest.

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