

CHILDREN AND FAMILY RESEARCH CENTER

**THE WELL-BEING OF OLDER
YOUTH IN OUT-OF-HOME CARE
WHO ARE HEADED TO
INDEPENDENCE**

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EXECUTIVE SUMMARY

The purpose of this study is to describe the well-being of a sample of foster youth who are likely to age out of the out-of-home care. The sample of youth between the ages of 16.5 and 17.5 in out-of-home care was drawn from the Illinois Department of Children and Family Services (DCFS) Integrated Database. The youth were currently placed in a kinship home, non-kinship home, group home, residential care facility, or independent living situation. The population consisted of 2,415 teens. A total of 74 out of 100 youth for who we obtained the Department Guardian's permission completed the questionnaire.

The questionnaire was developed by Courtney and his associates (1998). Youth were asked to report on their employment status, educational attainment, health status, social activities, and involvement in delinquent behaviors. They also reported their perception of the Independent Living Initiatives and readiness for independence after discharge from care.

These youth were in out-of-home care an average of 8 years, and they were 18.5 years old on average when they were interviewed. Responding youth were nearly equally divided between males (49%) and females (51%). More of the youth were African American (64%) than White (29%) with 5% being Hispanic. More than one-third of the youth were residing in relative homes (38%). Other placement types included non-related foster homes (20%), independent living (15%), group homes (12%) and institutional care (10%). The youth reported that nearly half (46%) of them were placed into care because of neglect or abandonment; 15% of youth were placed because of physical abuse and 8% were placed because of law violation of parent.

Mental health

Many of the young adults reported that they were experiencing depression and anxiety. They reported that they were more depressed and more anxious than the national sample. In addition, they stated that they were more likely to lose behavioral and emotional control than the reference group does. One fifth reported that they have been so angry with someone that they lived with that they attacked them with a weapon and tried to seriously hurt them or even kill them.

Independent living training

A majority of these youth (80%) reported receiving training on personal appearance and hygiene, housekeeping, educational planning, job seeking skills, and emergency and safety skills. Although 60–70 % reported receiving training in finding a place to live (65%), legal skills (65%), and parenting skills (64%), these three skills were reported as being trained less frequently.

Educational outcomes

Youth in this study had high aspirations regarding their future education. However, findings suggest that the future educational attainment of the youth could be limited. For example, 61% reported failing a subject and 18% reported failing a grade in the last two years. Moreover, 34% reported having been in one or more special education classes. This is somewhat higher than national estimates that suggest 20% of youth in care have some type of disability (Westat, 1990).

Most of these youth had lower reading scores than the youth of the Wisconsin study in 1998 and the reference group. Twenty seven (36%) of the Illinois youth were categorized between grades 2 and 5 on reading levels while two youth (0.3%) were classified with reading levels below grade 5 in the Wisconsin study. Moreover, only 24%

of Illinois youth demonstrated reading levels between grades 6 through 8 while 32% of youth in the Wisconsin study demonstrated reading levels between grades 6 through 8.

Employment experience

Youth in care reported limited employment histories. High drop out rates and low academic achievement may prevent these youth from getting jobs that would allow them to be self-sufficient. Forty-two percent of youth in this study stated that they were working at the point of interview while the youth in the Wisconsin study reported that 57% were currently holding a job. Youth also reported earning a median wage of \$6.13, which is moderately higher than the Wisconsin youth' median wage, \$4.60. The fact that our study was conducted between 1999 and 2000, and the Wisconsin study was administered in 1995, may explain this difference

Social support

Adolescents in foster care reported close relationships with biological relatives including siblings, parents, and grandparents. However, they reported low levels of support from biological parents. These youth reported that they mainly received social support from friends and significant others such as foster parents and social workers. More than a half reported that their foster parents have been a help to them.

Perception of out-of-home care

Youth had positive feelings about their experience in out-of-home care. Nearly 60% of youth reported that foster parents had been a help to them, and about two thirds reported that they were satisfied with their experience in foster care. However, they complained about frequent placement changes and tedious visiting arrangements with their biological families.

Antisocial behaviors

Some youth had committed serious delinquent acts. Although the most commonly reported delinquent acts were not the most serious ones such as public rowdiness and driving without a license, some behaviors were serious enough to get attention from public. More than 36% of youth reported that they committed physical assault on another person with intent to do serious harm, and 40% of youth stated they have run away from home. Another delinquent behavior of which many of the youth reported was use of illegal substances. In this study, 22% of youth reported that they needed to drink a lot more in order to get an effect and 14% of youth said that they had injured themselves under the effect.

Practice implications include providing youth with training on anger management, problem solving skills, and skills about how to handle psychological distress. Because sound mental health is an important component of independent living, child welfare practitioners can help youth learn how to handle emotional and behavioral problems in socially acceptable manners. Moreover, child welfare workers should provide these adolescents with information about mental health services in their communities including locations, eligibility criteria, contact numbers, and available financial and community resources. Workers could accompany youth to mental health service providers, introduce social workers and/or other helping professionals to the youth, and make sure the use of mental health service is a normal and healthy way of handling personal problems.

The literature suggests that educational outcomes are closely associated with successful independence. Youth with high school diploma and with good performance records are less likely to experience problems and to rely on community resources. Assuring that these youth learn to read is an important goal. Linking these youth to educational mentors and other basic literacy programs is important for those youth who are reading below what is expected of adults.

The lack of collaboration between the child welfare system and school system has been criticized for poor academic performance of foster youth (Goren, 1996; Altshuler, 1997). Child welfare workers have an opportunity to work in partnership with school social workers to ensure adequate educational opportunities for these adolescents. Because these two professionals have identical objectives for children, they can provide the joint services of the child welfare worker and the school social worker by sharing information of foster youth, inviting each other for important meetings, and exchanging social work intervention skills and knowledge.

Given the limited employment experience reported by these youth and their low reading levels, it will be difficult for many of these youth to be economically self sufficient. Along with basic literacy it is necessary to stress job maintenance skills as well as job searching skills with this group of youth.

Future research should examine prevalence of antisocial behaviors among children in out-of-home care and assess the relationship between these behaviors and independent living status after leave the care. A number of these youth reported experiencing substance abuse problems. Few studies have been conducted to observe substance abuse prevalence among children in out-of-home care. Even fewer studies focused on other antisocial behaviors among older foster youth including early sexual activities, violent behaviors and gang involvement, and teen suicide.

INTRODUCTION

Demand for accountability of child welfare practice continues to increase. The Adoption and Safe Families Act of 1997 requires states to develop and implement outcome measures and clearly establishes child well-being as an important child welfare outcome (P.L. 105-89). Furthermore, the Foster Care Independence act of 1999 requires evaluation of the services and activities funded under the legislation (P.L. 106-169).

The Foster Care Independence act of 1999, which established the John H. Chafee Foster Care Independence Program, was passed to assist teenage foster children. The legislation doubles federal funding available to the states for foster care independent living programs that help children make the transition from foster care to self-sufficiency. The bill expands this program to provide assistance to former foster children between 18 and 21 by helping them with education, career planning, or job training. It also offers personal support through mentors, as well as financial assistance and housing, and encourages states to provide Medicaid to young adults who have left foster care. Considering the economic hardships that former foster youth may experience, this legislation increases the amount of money that foster children may save to \$10,000 and still allow them to be eligible for foster care.

The legislation also requires states to evaluate the services and activities funded under the Chafee Foster Care Independence Program (National Foster Care Awareness Project, 2000). It requires states to collect data and conduct an evaluation of their independent living programs using scientific standards. The act also clearly states that the evaluations must include information on the effects of the program on educational attainment, employment, avoidance of dependency, homelessness, incarceration, and personal development.

The concern for youth aging out of care is well established. According to U.S. Department of Health and Human Services (HHS), there were 560,000 youth living in foster care in September 1998, an increase of 68% since 1982 (U.S. Department of Health and Human Services, 2000). Each year, over 20,000 of these youth make the transition from foster care to independence as they reach age 18 (Westat, 1990). In Illinois, more than 28,000 foster children entered care between 1990 and 1992, and 12% to 14% of these children aged out by the year 2000 (Children and Family Research Center, 2001). There has been much concern about the preparation of these youth to become productive members of society. Research has shown that a large percentage of people who are homeless adults were child welfare clients at some time in their youth (McDonald, Allen, Westerfelt & Piliavin, 1996), have not completed high school (Barth, 1993; Cook, 1991), and have many health and mental health problems.

Studies on adults formerly in care have reported that former foster youth have many problems (Festinger, 1983; McDonald, Allen, Westerfelt & Piliavin, 1996; Zimmerman, 1982). These findings led child welfare practitioners and policy makers to seek information regarding the well-being of older youth in out-of-home care who are headed to independence (Courtney & Barth, 1996; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, in press). However, very little is known about how these youth fare (Barth, 1990; Courtney, Piliavin, & Grogan-Kaylor, 1998; McMillen & Tucker, 1999; Iglehart, 1994b).

The aim of this research project is to understand the well-being of foster youth who are likely to age out of the out-of-home care. The practice implications of the findings for working with older adolescents who are likely to age out of the care and for developing and maintaining child welfare policy and independent living programs are discussed.

LITERATURE REVIEW

A limited number of studies have examined the well-being of older youth in out-of-home care. Research on older youth in care has relied on data from case records and administrative databases as well as findings from direct interviews with older youth and their significant others. The research studies have assessed a number of variables related to well-being of older youth: health status, health care service use, mental health, mental health service use, history of maltreatment, social support, independent living training, educational achievement, employment status, delinquency, and public assistance (Clausen, Landsverk, Ganger, Chadwick, & Litrownik, 1998; Iglehart, 1994b; McMillen & Tucker, 1999; Prosser, 1997). Research studies on the well-being of older youth in care suggest that many have significant problems. Higher levels of unemployment and lower levels of education are reported among older youth in care (McMillen & Tucker, 1999). Older youth in care move frequently, lack social support, live in unsafe communities and have significant physical and mental health problems (Barth, 1990; Courtney, Piliavin, & Grogan-Kaylor, 1998; McMillen & Tucker, 1999; Iglehart, 1994b).

Demographic Characteristics of Older Youth in Out-of-Home Care

A large number of foster care children are adolescents. Jones and her associates (1988) reported that more than 40% of the children in foster care were between 11 and 19 years of age. A study using case records of youth in out-of-home care in Missouri found that 77% of the older foster youth were Caucasian, 21.8% African American, and 1.2% mixed race (McMillen & Tucker, 1999). This study found that 66.3% of the youth who left out-of-home care after age 17 and spent at least six months in care were female. It also found that the youth who stayed in care past the age of 17 entered care on average at age 13 and stayed in care an average of 5.6 years.

Minority youth in out-of-home care are overrepresented. The Child Welfare League of America (1998) found that 33% of foster youth were African American while they consist of only 14% of the general population. Surveying foster youth leaving care, WESTAT (1990) found that over 40% of the youth leaving care were racial and ethnic minorities. More recently, in their survey of youth leaving out-of-home care between February and May of 1995 in Wisconsin, Courtney, Piliavin, and Grogan-Kaylor (1998) reported that 35% were adolescents of color.

History of Placement in Out-of-Home Care

Studies of adolescents in care suggest that child abuse and neglect are the primary reasons that youth enter out-of-home care. After reviewing the placement history of 9,977 youth in the California foster care system, the California Association of Services for Children (1984) found that they entered care because of neglect (30%), physical abuse (25%), sexual abuse (9.5%), psychological abuse (17.1%), and parental substance abuse (19.3%). The WESTAT study (1990) also found that inadequate parenting skills (59%), physical neglect (34%), physical abuse (32%), parental alcohol abuse (31%), emotional neglect (29%), emotional abuse (26%), sexual abuse (17%), abandonment (17%), drug abuse by parents (14%), parental mental illness (13%), spouse abuse (10%), parental incarceration (7%), and parental mental retardation (5%) were the factors most frequently identified as reasons that children and youth entered out-of-home care.

A stable placement history has been identified as a key attribute necessary for successful independent living (Festinger, 1983). Based on a focus group interview with 24 former foster youth, McMillen and Tucker (1999) reported that a majority of the teens entered out-of-home care after age 10, and had three or more placements. Barth (1990) found that on average youth had lived in three foster placements and noted that the out-of-home care history of the former foster youth are “not short-term” (p. 419). In the

study, the mean age of the group of 55 youth at the time of entering care was 12 years. The mean age at leaving the care was 17.6 years.

Mental Health of Adolescents in Out-of-Home Care

Studies on the mental health status of older youth in care have found that most older adolescents suffer psychological, emotional, physical, and social problems stemming from childhood abuse and placements within the foster care system itself (Chernoff, et. al., 1996; Child Welfare League of America, 1998; Clausen, et al., 1998; Courtney, Piliavin, & Grogan-Kaylor, 1998; Fanshel, Finch, & Grundy, 1990; Hulseley & White, 1989; Iglehart, 1994b; Sawyer & Dubowitz, 1994; Thompson & Fuhr, 1992). They also tend to experience cognitive delays that hamper age-appropriate academic achievement and positive social relationships with peers. In reviewing case records of 252 randomly selected young adults at age 17 or older who were discharged from the Missouri Division of Family Service (DFS), McMillen and Tucker (1999) identified a large number of youth (44%) who experienced inpatient psychiatric care.

Foster children tend to have more mental and physical health problems (Clausen, et al., 1998; Courtney, Piliavin, & Grogan-Kaylor, 1998). Studies reporting on the mental health status of foster children found that children in out-of-home care are at great danger of having severe mental health problems. Mech, Ludy-Dobson, and Hulseman (1994) found that more than 50% of their sample of foster children had social-emotional adjustment problems. Comparing the rates of mental health problems of foster children in California, Clausen and her colleagues (1998) reported that children in out-of-home care showed high rates of mental health problems across the state. The predominant mental health problem found in their sample was behavioral disorders. Adolescents in care with mental health problems are more likely to experience difficulty taking care of themselves, making a supportive environment, and being prepared for employment (Iglehart, 1994b).

Physical Health of Adolescents in Out-of-Home Care

Research examining the physical health status of older youth while they are still in out-of-home care is scarce. While some studies have reported that youth raised in foster care have more physical health problems than youth who are not in care (Chernoff, et al., 1996; Courtney, Piliavin, & Grogan-Kaylor, 1998), others indicate that those who had been in care are similar to the general population in terms of health status. However, most of researchers who have studied the physical health status of older adolescents in out-of-home care agree that physical health is a significant factor interfering with finding and maintaining employment (Chernoff, et al., 1996; Courtney, Piliavin, & Grogan-Kaylor, 1998).

Courtney and his colleagues (1998) concluded that older youth in care were at risk of physical illness. The researchers used the General Health Rating Index (GHRI), a physical health index scale developed by the RAND corporation for its Health Insurance Experiment (HIE) in obtaining health information from 141 youth who had received out-of-home care in Wisconsin. The authors found that while African American youth had fewer physical health problems than the general population, White adolescents had more health problems. The mean GHRI score for Whites (68.0) was significantly different from the mean score of comparable Whites (72.4) in the HIE.

Chernoff and associates (1996) found that more than 87% of children entering care have at least one physical health problem. Observing 257 foster children, however, Moffa and his colleagues (1997) reported that most of these children could not obtain the health care they needed to treat their physical health issues. Festinger (1983) and Ferguson (1966) suggested that those who had been in care and the general population had comparable levels of health problems. Of the 277 respondents in Festinger's sample, 79% reported that they had no particular health problems, 85% indicated that their health as excellent or good, and only 2% said that they were in poor condition. In Ferguson's

study, 203 former foster youth were asked if they had missed work due to illness. The researcher found that young adults had missed fewer days of work as a result of illness than had the general population.

The literature suggests that the younger children are when they enter care, the less likely they are to have physical health problems (Festinger, 1983; Jones & Moses, 1984). Jones and Moses (1984) reviewed the level of adjustment in the community and adult functioning of 328 persons formerly in care as children. The subjects were placed in out-of-home care after October 1, 1977 and stayed in care at least one year. They reported that adolescents in out-of-home care who had received care at a younger age were less likely to show health problems. Festinger (1983) also found that youth in group homes or facilities were likely to have poorer health than those placed in family foster homes. Previous studies also suggested that those who received a high school degree before leaving care and those who maintained contact with their foster family after discharge were less likely to have health problems.

Family Support and Social Relationship

Maintaining and developing social support is an important function for adolescents and one of the most important protective factors in the healthy development of youth. Few studies have investigated the level of social support and social relationships of older youth in out-of-home care. The Wisconsin study administered the Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet, Dahlem, Zimet, & Farley, 1988) to the 141 young adults in out-of-home care to assess their perceptions of the level of support they receive from others (Courtney, Piliavin, & Grogan-Kaylor, 1998). The authors found that the respondents reported a high level of social support with the average of 5.13 on the MSPSS score of which the highest possible score is 7.0. Average scores on the subscales were relatively high, with the exception of support from

family. Average subscales scores were 5.85 for significant other, 5.72 for friends, 5.51 for foster family, and 3.82 for family. The study concluded that the low score for family reflects the poor relationship many of the older youth have with their families of origin. Their follow-up study, however, indicated that the older youth perceived their family members as a significant source of support and reported that their families played an important role in their lives (Courtney, Piliavin, & Grogan-Kaylor, 1998).

Using the Child Health and Illness Profile-Adolescent Edition (CHIP-AE), a standardized health assessment instrument, the Children and Family Research Center (2001) assessed the well-being of adolescents living in three different types of foster care placement: non-related out-of-home care, kinship out-of-home care, and group care including institutional care. They found that youth living in group care had significantly lower levels of family involvement than the normed reference group.

A small number of studies provide descriptive information concerning social support for adults who had been in out-of-home care. They suggest that adults who have a history of out-of-home care are more likely to report lower level of received social support than controls (Cook, 1992; Russell, 1984; Quinton, Tutter, & Liddle, 1986). This risk seems to be intensified for males, youth who enter care relatively late (Festinger, 1983), whose social and behavioral problems are severe (Jones & Moses, 1984), and whose placement type is group care (Children and Family Research Center, 2001; Festinger, 1983).

Residential Status and Housing

Youth in independent living programs are more likely to return home or live with relatives rather than live independently after leaving out-of-home care. The Westat study found that 54% of the older youth reported living with family members upon exiting care (Westat, 1990). Furthermore, after two and one-half years of leaving care, only a few

older youth were living on their own. In the Baltimore County study, 80% reported living with their parents or relatives after leaving out-of-home care (Scannapieco et al., 1995). Evaluation of New York City independent living program found that 21% of those leaving the program from 1987 to 1994 were discharged to their families. Examining administrative data on older foster youth in California, Courtney and Barth (1996) found that 17% of those leaving out-of-home care after age 17 were reunited with their biological parents or adopted. Of the young people in the Missouri study sample, 26% reported that they were living with relatives (not licensed providers), 22% were living in their own apartment, college dorm, or military barracks, and 9% were living in non-kinship foster home at the exit from out-of-home care.

Employment and Economic Stability

Research on the employment status of older youth living in out-of-home care has demonstrated mixed results. Some researchers revealed positive findings (Courtney, Piliavin, & Grogan-Kaylor, 1998; Mallon, 1998), while other studies have reported low levels of employment (Scannapieco, Schagrin, & Scannapieco, 1995; Westat 1986, 1990). Interviewing 141 older youth in care who were 17 or 18 years old, Courtney, Piliavin, and Grogan-Kaylor (1998) found that 80 % had an employment history of having held a job at some time and 57% were currently holding a job. Observation of 46 young people who left a privately-run New York City independent living program found that 72% had full-time employment upon leaving out-of-home care (Mallon, 1998). Other studies, however, reported lack of employment opportunities for older foster youth. Review of case records of 252 randomly selected youth at age 17 or older who were discharged from the Missouri Division of Family Service (DFS) found that only 38 % held a job at the time of discharge and 29 % had have no employment experience (McMillen & Tucker, 1999). An examination of 90 case records in Baltimore County,

Maryland, between 1988 and 1993, conducted by Scannapieco and associates (1995) found that only 39% left care as employed, while 89% of those leaving out-of-home care after age 16 had ever held a job. Examining multistate case records, WESTAT (1986, 1990) found that only 39% had a history of having held a job at some time prior to leaving out-of-home care.

Educational Attainment and Academic Ability

In predicting self-sufficient independence, education is often viewed as a critical factor. Almost all of the reviewed studies indicate that the average level of educational achievement for youth in out-of-home care is below that of other adolescents of comparable age (McDonald, Allen, Westerfelt, & Piliavin, 1996). Reviewed information on both the levels of education attainment and the quality of educational achievement reveal that foster adolescents are at risk of being left behind and ill-prepared for adult self-sufficiency.

Most people agree that educational attainment and employment are critical factors improving the chances of youth successfully transitioning from foster care to independent living. In the Missouri study, 39% were high school graduates and 55% left care with either a job or having completed high school (McMillen & Tucker, 1999). This study found that youth who had fewer placements or who received a high school diploma were more likely to be employed at discharge. The Baltimore County study found a high school completion rate of 31%. In the two WESTAT studies, 32% and 31% left care as high school graduates including those youth who received general equivalency diplomas (GED). However, McMillen and Tucker (1999) contended that these numbers underestimated the academic progress of students because the Baltimore County study and two Westat studies examined older foster youth who left the care before “their age-mates graduate from high school” (p. 343). Supporting this argument, Mallon (1998)

found that 74% of the youth who had left care at age 21 had completed high school or received a GED.

School performance was a significant factor in making a supportive environment for independent living (Iglehart, 1994b). Youth who completed school before exit of out-of-home care are more likely to have a steady job (McMillen & Tucker, 1999). However, Carey and his colleagues (1990) found that youth in the foster care system were less likely to perform at or above their grade level compared to their peers. This study also indicated that more foster youth had an Individualized Educational Plan (I.E.P.) because they were often identified as having emotional disabilities, cognitive disabilities, and/or learning disabilities, and behavioral difficulties. Frequent residence changes appeared to have a high association with the students' academic performance. Children with more residence changes are more likely to show poor educational achievement. Using data from the National Longitudinal Survey of Youth, Prosser (1997) found that youth raised in foster care have lower educational achievement than those who grew up with biological parents. McMillen and Tucker (1999) concluded that running away while in care, placement in inpatient psychiatric facilities, and being mentally retarded were negatively related to completing school.

Chemical Dependency

More than half of all adolescents raised in care have used illegal drugs and alcohol (Child Welfare League of America, 1998). Moreover, older youth raised in foster care are more likely to get involved with drug and alcohol abuse, delinquency and criminal activities (Children and Family Research Center, 2001; Courtney, Piliavin, & Grogan-Kaylor, 1998; McMillen & Tucker, 1999). Drugs and other delinquent behaviors hamper the potential of youth in foster care to be ready for higher education, employment, and independent living.

Examining 252 case records, McMillen and Tucker (1999) found that 13% of the older foster youth had substance abuse problems. Youth in foster care were more likely to behave in ways that are known to heighten the likelihood of substance use. Moreover, the proportion of youth engaging in risky behaviors varies by placement types. The Children and Family Research Center (2001) found that adolescents placed in group homes and institutions reported the highest level of risk behavior, while youth placed in kinship care and non-related foster care showed similar levels as the general population.

Involvement in Criminal Behavior

Delinquency and incarceration prevent youth from achieving self-sufficiency. The limited number of studies that have examined behavioral maladjustment of youth in out-of-home care reveal that youth placed at older ages and youth who spent more time in their current placements were more likely to exhibit maladaptive behaviors. Interviewing 141 youth in Wisconsin, Courtney and his associates (1998) found that approximately three-quarters of their sample had committed a delinquent act at least once.

Although explicit comparison groups were not used, the Missouri study that reviewed 252 case records found that only 8% of the records were involved with criminal activity, either arrested for a felony or involved with a gang (McMillen & Tucker, 1999). More males than females were involved in criminal activities. Overall, 21% of non-Caucasian males and 18 % of Caucasian males had been involved in criminal activities, while 2% of the Caucasian females and 6% of non-Caucasian females had been arrested.

Negative peer influence, that is known to heighten the likelihood of committing delinquent behaviors, was significantly higher for the older foster youth in all three placements types including kinship care, non-related foster care, and group care than the normed comparison group. Older youth in foster care are more likely to engage in risky

behaviors that lead to criminal activities compared to the general population (Children and Family Research Center, 2001).

Previous findings (Festinger, 1983; Courtney, Piliavin, & Grogan-Kaylor, 1998; Fanshel, Finch, & Grundy, 1990) found that more foster youth are involved with the juvenile justice system than adolescents in general population. Festinger (1983) reported arrest and conviction rates of foster youth who had been discharged from out-of-home care in the New York City in 1975. She interviewed 277 subjects out of a potential sample of over 600 (face-to-face interview, 186; telephone interview, 55; mail survey, 36), between May, 1979 and April, 1980. She found that 33% of male interviewees and 5% of the female subjects had been arrested for either a misdemeanor or felony. Comparing her findings to the rate of the general population, Festinger concluded that the arrest rate of former foster youth was almost identical to the rate of males with records of arrest in the general population.

METHODOLOGY

The present study investigated the experiences of adolescents between the ages of 16.5 and 17.5 years who were most likely be emancipated from the out-of-home care. This is a partial replication of a study conducted by the University of Wisconsin that measured the well-being of youth who had aged out of the Wisconsin foster care system (Courtney, Piliavin, & Grogan-Kaylor, 1998).

Sample Selection

A sample was selected from the Illinois Department of Children and Family Services (DCFS) Integrated Database maintained by the Chapin Hall Center for Children at the University of Chicago. The study population was defined as youth in substitute care in the state of Illinois between the ages of 16.5 and 17.5 years as of December 1, 1998. The youth were currently placed in a kinship home, non-kinship home, group home, residential care facility, or independent living situation. The population consisted of 2,415 teens. A sample of 200 youth was determined by balancing a desire to adequately represent the experiences of these youth with the costs of data collection.

After the sample was selected, case information for each youth as well as the names of caseworkers and supervisors was obtained from the local DCFS office. However, the majority of the information contained in the DCFS files was incomplete. For example, many cases were missing foster care information such as the name, address, and telephone number of the foster parent, had incorrectly identified caseworkers assigned to cases, and contained incorrect telephone numbers for local offices.

Researchers sent four hundred letters to the assigned caseworkers. Caseworkers were informed that the youth's participation in the study was voluntary and that all information provided by her/him would be confidential. The only exception to confidentiality was that if the minor told the interviewer about current abuse, neglect, or any risk of harm to her/himself or others. In the event that this would happen, the interviewer would contact DCFS immediately. Before the guardian could provide consent for the youth to participate in the study, the caseworker needed to verify the youth's legal status and inform the guardian if he/she had any reason to believe that the teen might experience emotional upset or other risk of harm by participating in the study. The letters were to be signed and dated by the caseworker and his/her supervisor and faxed to the DCFS research office. An intermediary in the DCFS research office sent

weekly updates to the researchers on the number of responses that the office had received. Eventually consents to participate in the study were obtained for 100 youth.

Measures

The questionnaire was designed to elicit information concerning the experiences of youth that are currently in the child welfare system. The information collected from the interviews included: demographic information; family history and background; educational and vocational training; school and employment experiences; history of abuse; physical and mental health; access to health care services; delinquent behaviors; sexual knowledge and behavior; experiences and feelings toward substitute care; independent living skills training; social activities; and social supports. It also contained questions about participants' accomplishments and their goals and plans for the future.

The youth' mental health status was assessed using the Mental Health Inventory (MHI). This standardized self-report scale allows comparison of children in care to national norms. The MHI is a standardized measure of the respondent's level of psychological distress and well-being (Veit & Ware, 1983). The RAND corporation developed this instrument for its Health Insurance Experiment (HIE). The MHI contains subscales assessing anxiety, depression, loss of behavioral/emotional control, general positive affect, and emotional ties. The reliability and the validity of the MHI was high in the combined HIE sample of a total of 5089 subjects (Veit & Ware, 1983). Cronbach's coefficient alpha, a measure of internal-consistency was .96. Moreover, factor analytic studies of the MHI subscales found that the subscales have been linked to life events, social contacts, and resources, chronic diseases, acute physical symptoms, and general health perception (Ware, Davies-Avery, & Brook, 1980, Davies & Ware, 1981; Manning, Newhouse, and Ware, 1982).

The Wide Range Achievement Test-Reading (WRAT-R) was used to assess the respondents' levels of reading skills. This instrument contains 74 words that respondents are asked to pronounce. Scoring of the instrument provides a reading grade level. Test-retest reliability was obtained for the WRAT-R as .94 and the content validity, and construct validity of the WRAT-R were strongly supported by the item separation reliability coefficients (.98) and the person separation reliability coefficients (.99) (Jastak & Wilkinson, 1984). The WRAT-R correlated with PIAT grade level scores in Reading Recognition at an average of .87 (Jastak & Wilkinson, 1984).

The MSPSS was administered to assess respondents' perceptions of the level of support they receive from others (Zimet, Dahlem, Zimet, & Farley, 1988). It is constructed with 12 items addressing relationships with foster and/or biological family, friends and a significant other in three areas including social popularity (e.g., "I receive invitations to be with others"), respect ("e.g., People look up to me"), and perceived social support (e.g., "I get the help and support I need from my friends"). A 7-point rating scale ranging from very strongly disagree (1) to very strongly agree (7) was implemented. The development of the MSPSS was based on 275 young adults. Zimet and associates reported Cronbach's coefficient alpha as .88 and the test-retest reliability as .85. However, the authors did not report the validity of MSPSS.

To assess youth's problem solving skills, a part of the Child Health and Illness Profile: Adolescent Edition (CHIP-AE) was used (Starfield, et al., 1995). The CHIP-AE consists of three domains: discomfort domain, resilience domain, and risk domain. Problem-solving subdomain of resilience domain was used in this study. Starfield and the associates (1995) reported the problem-solving subdomain has internal consistency reliabilities of .83 and test-retest reliability of .65. They also examined the validity of the CHIP-AE using its construct validity and its criterion-related validity. After conducting a series of tests, they found that the CHIP-AE has the ability to discriminate between a

group of healthy youth and an acutely ill and/or chronically ill group and that the criterion-related validity of the instrument was .68.

Trained interviewers collected the data between February of 1999 and April of 2001. Interviews lasted between 60 and 90 minutes. Interviewers contacted the study's participants directly, obtained their consent and made arrangements to interview the youth in a private setting.

FINDINGS

Out of 100 consented youth, 76 young people participated in the face-to-face interview, which produced a response rate of 76%. However, in this report, the authors only analyzed data from 74 foster youth because two young adults had already aged out when they were interviewed.

Demographics

The youth stayed in out-of-home care 8 years on average, and they were 18.5 years old on average when they were interviewed. Responding youth were nearly equally divided between males (49%) and females (51%). More of the youth were African American (64%) than White (29%) with 5% being Hispanic. This reflects the ethnic composition of youth in the care of DCFS. More than one-third of the youth were residing in relative homes (38%). Other placement types included non-related foster homes (20%), independent living (15%), group homes (12%) and institutional care (10%). To offer perspectives on their background they were asked about their primary caregivers' problems prior to entering care. When asked for the main reason that they were originally removed from the home, 46% indicated neglect or abandonment, 15% physical abuse, and 8% law violation of parent.

Youth Biological Family

In general, biological families of the youth had experienced economic hardship, unemployment, and other problems. The most frequently reported caregiver problem by youth was spouse abuse (44%), followed by lack of parenting skills (41%), drug abuse (39%), alcohol abuse (31%), going to prison (24%) and mental illness (16%) (Table 1). Although three quarters of primary caregivers of the youth were reported of having a high school diploma or GED, only 31% held full-time jobs. Moreover, many of these families depended on welfare. Nearly half received a welfare check, 58% were enrolled in the food stamp program, and about three-quarters of the youth received free or reduced cost school lunches for their children (Table 2).

Table 1. Youth Report of Primary Caregiver Problems

Caregiver Problem	% of Youth	Number
Spouse Abuse	44%	32
Lack of Parenting Skills	38%	28
Drug Abuse (not alcohol)	38%	28
Alcohol Abuse	31%	23
Prison	24%	18
Mental Illness	15%	11
Mental Retardation	1.4%	1

Table 2. Youth Report of Biological Family Information

	% of Youth	Number
Unemployment (primary caregiver)	25.8 %	19
Receiving welfare check	47%	35
Receiving food stamps	58%	43
Receiving free or reduced lunch	74%	55

Youth Relationship With Biological or Adoptive Parents and Other Relatives

The youth were asked a number of questions about their relationship with their biological parents, adoptive parents, or stepparents, and other relatives. Nearly three-quarters (78.6%, n=55) of the youth stated that they felt close to their siblings and among these youth, 57% reported that they had very close relationship with their siblings. Over half (59.7%, n=43) reported that they felt close to their biological mother and more than half (54%, n=34) reported that they had a close relationship with a grandparent. In contrast, the youth reported that they did not have close relationships with their fathers and stepparents. Only a quarter of the youth reported that they felt close to their father and less than one tenth (9.5%) had a good relationship with their stepparents.

Youth were also asked if they visited with their biological parents and stepparent while in care. More than half (61%) reported that they had visited with their biological or adoptive mothers. Among the youth who completed the questions, 36% reported that they had visited with their biological or adoptive more than 20 times. However, 6% stated that they had never visited their biological or adoptive mothers and 32% had visited less than 20 times in the last year.

More youth visited with their biological or adoptive mothers than their biological or adoptive fathers. Only 22% reported that they had visited with their biological or adoptive father in the last year. Nearly half (47.4%) had visited with their biological or adoptive fathers less than 8 times (Table 3).

Table 3. Youth Visit With Biological or Adoptive Parent

Youth Report of Visit	% of Youth Reporting	Number of Youth
Visited biological or adoptive mothers in last two years	61%	44
Never visit	6%	3
Visit 2 to 15 times	29%	14
Visit 20 to 50 times	25%	12
Visit more than 50 times	23%	11
Visit biological or adoptive fathers in last two years	22%	15
Never visit	16%	3
Visit 2 to 15 times	36%	5
Visit 20 to 50 times	26%	5
Visit more than 50 times	16%	3

Mental Health Status

Foster youth completing the MHI did not differ from national norms on psychological well-being. The average score for the youth in this study was 71.5 compared to 74.2 ($t=-1.50$, ns.). Their average score on the general positive affect subscale was higher than the comparison group (mean=68.5 compared to 62.6, $t= 2.67$, $p<.01$). These youth have positive feelings about themselves. However, these youth also report being more depressed (mean= 28.2 compared to 21.4, $t=3.45$, $p<.01$) than the

national sample. They also reported being more anxious (mean=31.4 compared to 22.6, $t=4.55$) and have more frequent loss of behavioral or emotional control (mean=28.0 compared to 15.7, $t=16.97$, $p<.01$) (Table 4).

Table 4. Youth Mental Health Status

Mental Health Inventory	Average for DCFS youth	National Norms	T value
Psychological Well-Being†	71.5	74.2	-1.50
General Positive Affect	68.5	62.6	2.67*
Anxiety	31.4	22.6	4.55*
Depression	28.2	21.4	3.45*
Loss of Behavioral or Emotional Control	28.0	15.7	16.97*

†Higher scores indicate more of reported condition.

*Indicates a statistically significant difference with $p<.01$.

Physical Health

Youth mostly reported that their physical health was good. When asked how their health is in general, 85% stated good including 40% reporting excellent. According to their doctors, nearly 90% of the youth were reportedly in excellent health. The doctors reported that the youth have been healthy and expected that they would have healthy life. Reporting their health outcomes, 80% of the youth disagreed with the statement that they were so sick once they had thought they might die, and 62% reported that they have never had an illness that lasted a long period of time. Moreover, 93% expected to have a very health life and 81% reported that they were full of energy (Table 5).

Table 5. Youth Report of Physical Health

Item	% of Youth			
	Definitely True	Mostly True	Mostly False	Definitely False
According to doctors, my health is now excellent.	44%	44.6%	2%	4%
I seem to get sick a little easier than other people.	10%	10%	28%	47%
I am somewhat ill.	4%	8%	23%	62%
I was so sick once I thought I might die.	12%	5%	24%	55%
I am not as healthy now as I used to be.	10%	18%	20%	46%
I am as healthy as anybody I know.	35%	42%	8%	6%
I have never had an illness that lasted a long period of time.	35%	27%	18%	18%
I expect to have a very healthy life.	70%	23%	3%	0%
I resist illness very well.	40%	40%	14%	1%
I am very physically fit.	43%	34%	12%	5%
My muscle strength is really good.	53%	38%	5%	2%

Educational Achievement

Nearly all of the youth report either being in school or having completed high school. Almost one-quarter of the youth (24%, n=17) report having graduated from high school or completing an equivalency examination. All but one of the remaining youth (74%) reported being in school. Most of the youth in school were attending a regular public school (47%), with 15% attending an alternative school.

More than a third (34%) report having been in a special education class. This is somewhat higher than national estimates, which suggest that 20% of youth in care have some type of disability (Westat, 1990). However, this finding is similar to the result of a study of the educational status of foster children in Oregon. Children's Services Division of Oregon Department of Human Resources (1990) reported that 33% of children in Oregon foster care have some sort of diagnosed learning disability. However, this study surveyed all children in foster care not specially focusing on older youth in care. Most of the youth who reported being in a special education class also identified their special education label. Among these youth, the largest category was learning disorder (14%), followed by behavioral disorder (10%), emotional disorder (4%), and not able to identify the label (6%) (Table 6).

Since placement changes can be disruptive to educational progress, the youth were asked to report the number of school changes that were related to changes in placements. Nearly one-fifth (19%) reported never changing schools. Another 22% report changing school once or twice, 18% report changing schools 3 or 4 times, 16% changed school 5 to 10 times and 8% report changing school more than 10 times (Table 7). The youth were also asked if they ever missed a month of school because of a placement change, and 70% (n=52) reported that they did not. On the other hand, 30% (n=22) did report missing a month of school.

Table 6. Youth Report of Special Education

Special Education Label	% of Youth	Number of Youth
Learning Disorder	14%	10
Behavioral Disorder	10%	7
Emotional Disorder	4%	3
Did not know	4%	3

Table 7. Number of Times Youth Report Changing Schools due to a Placement Change

Number of Times Youth Changed Schools	% of Youth Reporting	Number of Youth
Never changed Schools	18%	14
Changed schools 1 or 2 times	22%	16
Changed schools 3 or 4 times	17%	14
Changed schools 5 to 10 times	16%	12
Changed schools more than 10 times	8%	5
Did not know	16%	12

The youth were asked if they failed a subject or grade in the last two years. A large percent (61%) reported failing a subject, 18% reported failing a grade, and 26% reported repeating a grade at some time. While this indicates that many of these youth are not doing well in school, some appear to be doing very well with 20% reported being on the honor roll in the past 2 years (Table 8).

Table 8. Youth Report of School Success and Failure

Report of School Performance	% of Youth Reporting	Number of Youth
Failed a subject in last two years	61%	45
Failed a grade in the last two years	18%	13
Repeated a grade at some time	26%	19
Was on the honor roll in the last two years	20%	15

The Wide Range Achievement Test (WRAT) was used to provide data on reading ability. This is a widely used reading test that compares youths' reading abilities to standardized grade level equivalents. Several youth in this study (17 or 22%) did not complete this assessment. For the youth who did participate, 39% (n= 22) scored a reading level below the sixth grade. Another 21% (n=12) demonstrated reading at a level between sixth and eighth grade, and 19 % read at a level between ninth and eleventh grade. Twenty-one percent demonstrated a 12th grade or higher reading ability (Table 9).

Table 9. Youth Reading Level

Reading Grade Level Assessed by the WRAT-R	% of Youth Reporting*	Number of Youth
Grades 2 through 5	37%	22
Grades 6 through 8	24%	14
Grades 9 through 11	19%	11
Grade 12 or higher	20%	12

*% of 59 youth completing the assessment.

On top of having lower academic achievement, the youth reported that they experienced many behavioral problems in schools. The youth reported that they had more than four days of which they had trouble in paying attention at school during the past month. When the youth were asked if they disobey at school, they stated that on average they disobeyed at school three days during the past 28 days (Table 10).

Table 10. Youth Report of Behavioral Problems in School

Item	Number Responding	Mean	SD
How many days did respondent disobey at school during the past 28 days?	75	3.0	6.7
How many days did respondent have trouble getting along with teachers during the past 28 days?	74	2.0	6.0
How many days did respondent have trouble concentrating or paying attention at school during the past 28 days?	74	4.3	8.4
How many days did respondent have trouble getting school work done during the past 28 days?	74	3.8	8.0

The youth were asked if they had been suspended or expelled from school in the last two years. Almost half (46%) of the youth reported being suspended in the last two years with 19% reporting being suspended once. Another 15% reported being suspended two to five times, and 6% reported being suspended more than 5 times. One-quarter of these youth report dropping out of school in the last two years, and 11% report being expelled (Table 11).

Table 11. Youth Report of School Problems

Youth Report of Suspensions, Expulsions and Dropping Out	% of Youth Reporting	Number of Youth
Suspended in the last two years	46%	34
Suspended once	19%	14
Suspended 2 to 5 times	15%	12
Suspended more than 5 times	6%	4
Expelled in the last two years	11%	8
Dropped out of school in the last 2 years	24%	18

When asked how far in school respondents would like to go, the majority (n=61) expressed the desire to attend post secondary school, including college (35%) and masters programs (50%) (Table 12). While nearly 85 % reported their desire for higher education, when asked how far in school she/he would go, 74 % stated that they would receive post secondary education (Table 13).

Table 12. Youth Aspiration for Higher Education

Youth Aspiration for Higher Education	% of Youth Reporting*	Number of Youth
Finish high school	4%	3
Vocational or technical high school	8%	6
Bachelor's degree (or college)	35%	26
Master's degree or higher	50%	37

Table 13. Youth Perception of How Much Education They Will Achieve.

Youth Perception for Higher Education	% of Youth Reporting	Number of Youth
Less than high school	3%	2
Finish high school	8%	6
Vocational or technical high school	7%	5
Bachelor's degree (or college)	34%	25
Master's degree or higher	41%	30

Employment and Economic Stability

In general, the youth reported limited employment histories. Fewer than half (42.1%) of the youths reported that they were currently working at a full- or part-time job. Of those who were employed, youth work on average about 29 hours per week and have wages of \$6.50 on average (median wage ~ \$6.13). The youth were rarely late for work, failed to do things that they were supposed to do, and had been fired from job. More than 62% reported they were satisfied or very satisfied with their jobs (Table 14).

Table 14. Youth Report of Employment and Economic Stability

Item	Number Responding	Mean	SD
On average about how many hours per week does respondent work?	30	28.55	10.08
What is respondent's hourly pay rate?	28	6.38	1.26
How long has respondent been working at this job? List as months.	30	5.8	6.4
How many jobs has respondent been fired or laid off from?	30	.33	.71
How many times during the past four weeks was respondent late for work?	30	1.1	2.06
How many times during the past four weeks was respondent absent from work?	30	.60	.97
How many times during the past four weeks did respondent fail to do the things s/he was supposed to do?	29	.38	1.86

Perceived Social Support

Youth completing the MSPSS differ somewhat from the reference group. Youth strongly agreed with the statement that there was a special person who was around when they were in need. Moreover, their average score on this item was higher than the comparison group (mean=6.03 compared to 5.55, $t=2.64$, $p<.01$). Youth also reported that they strongly agreed with the statement that they had a special person who was a real source of comfort to them. Their average score on this item was also significantly higher than the reference group (mean=6.27 compared to 5.70, $t=2.98$, $P<.01$). Youth reported the highest mean score on the Significant Other subscale while they demonstrated relatively similar scores on the Family and the Friends subscales. Youth score on the Significant Other scale was higher than the comparison group (mean=6.19 compared to 5.74, $t=2.74$, $p<.01$). Among all three scores on subscales, only the score on the Family subscale was lower than the reference group. Overall, there was no significant difference between the youth and the comparison youth (Table 15).

Table 15. Youth Report of Perceived Social Support

MSPSS Items	Average for DCFS youth	National Norms	T value
There is a special person who is around when I am in need. †	6.03	5.55	2.64**
There is a special person with whom I can share my joys and sorrows.	6.22	5.83	2.07*
My family really tries to help me.	5.86	6.22	2.26*
I get the emotional help and support I need from my family.	5.54	5.62	.34
I have a special person who is a real source of comfort to me.	6.27	5.70	2.98**
My friends really try to help me.	5.85	5.78	.47
I can count on my friends when things go wrong.	5.68	5.77	5.00
I can talk about my problems with my family.	5.35	5.38	.154
I have friends with who I can share my joys and sorrows.	5.74	6.01	1.82
There is a special person in my life who cares about my feelings.	6.24	5.90	1.98*
My family is willing to help me make decisions.	5.64	5.98	2.03*
I can talk about my problems with my friends.	5.76	5.85	.54
MSPSS Subscales			
Significant Others	6.1900	5.74	2.74**
Family	5.6000	5.80	1.25
Friends	5.8023	5.85	.34
Total	5.8578	5.80	.46

†Higher scores indicate that youth are more likely to agree with statements.

* p < .05

** p < .01

Social Activities

Youth reported that they had an average of five friends. Among them at least one had been in foster care. During the past month, the youth had their friends over to their home on average of 8 times, and they visited their friends' home on average of 12 times. On average, youth attended a religious service twice during the past month, and only a few youth belonged to voluntary groups or organizations (Table 16).

Table 16. Youth Report of Social Activity

	N	Mean	Std. Deviation
How many close friends does respondent have?	69	5.3	7.4
How many of respondent's friends have been in foster care?	16	1.3	0.9
How often during the past month did respondents have friends over to her/his home?	69	7.5	10.6
How often during the past month did respondent visit with friends in their homes?	65	12.1	11.6
How often during the past month did respondent write a letter or e-mail friends or relatives?	68	4.0	9.8
How often did respondent attend a religious service during the past month?	67	1.7	2.5
About how many voluntary groups or organizations does respondent belong to.	70	.39	0.79

Training for Independence

The youth were asked if they had been trained for independent living in a number of areas such as money management, food preparation, personal hygiene and health care, finding housing, transportation, and employment, educational planning, the use of community resources, interpersonal skills, legal skills, and parenting.

On average, more than three-quarters (78%) of the youth reported that they had been trained in a given area. The percentage varied depending on the skill or area of knowledge in question. For example, 85% of the youth reported that they had been trained in interpersonal skills development, while 64% indicated that they had been trained in parenting skills. More than 80% had been trained in personal appearance and hygiene, housekeeping, educational planning, job seeking skills, knowledge of community resources, and decision-making and problem solving skills (Table 17).

Problem Solving Skills

Youth were asked a series of questions about how they would deal with a common problem that was a part of the Children Health and Illness Profile: Adolescent Edition (CHIP-AE). The average scores of problem-solving skills on the CHIP-AE for the youth were considerably higher score than the score of the reference group ($t=7.41$, $p<.00$), which means they have more problem-solving skills that the norm group has. The mean problem-solving score for youth in this was 24.75 while the mean score for the reference group was 20.

Table 17. Youth Preparation for Independent Living

Training Area	% of Youth Reporting	Number of Youth
Money management	77%	57
Food purchasing and preparation	78%	58
Personal appearance and hygiene	84%	62
Personal health	78%	58
Housekeeping	84%	62
How to find a place to live	65%	48
Transportation	76%	56
Educational planning	85%	63
Job seeking skills	84%	62
Job maintenance skills	78%	56
Emergency and safety skills	80%	59
Knowledge of community resources	85%	63
Interpersonal skills	85%	63
Legal skills	65%	48
Decision-making and problem solving skills	82%	61
Parenting skills	64%	47

Youth Experience in Foster Care

Youth were asked a group of questions about their experience in out-of-home care. On average, the youth had lived in five substitute care placements and reported having an average of five caseworkers. Forty-one percent reported that they had lived with foster parents who were relatives. About 15% stated that they had re-entered the foster care system after returning home. On average, the youth re-entered substitute care 2.4 times. Nearly half (44.6%) reported that they had run away from substitute care. Of the youth who reported running away from out-of-home care, they do so an average of

five times. The caregivers had good relationships with the youth foster families. According to the youth, more than half (52.7%) had a close relationship with the foster family and 57% met with substitute care staff during the last year.

Perception About Foster Care

In general, the youth had positive feelings about their experience in out-of-home care. However, they also reported that they have been moved too many times and that they did not like the way the foster care agency dealt with visiting arrangements. Half of the youth agreed that they received personal belongings in foster care that their family could not afford. When they were asked if they were satisfied with their experience in foster care, 60% agreed and 26% disagreed. Moreover, nearly 60% reported that their foster parents have been a help to them and 51% stated they were lucky to be placed in foster care. However, 33% disagreed with the statement. Half of the youth reported that they have been moved around too much in foster care and about a quarter (24.4%) of the youth said they were mistreated in out-of-home care. Additionally, 58% of the youth reported that the foster care agency had too much say over visiting arrangements between them and their family (Table 18).

Table 18. Youth Report of Feelings About Foster Care

Item	% of Youth			
	Strongly Agree	Agree	Disagree	Strongly Disagree
I received personal belongings in foster care that their family could not afford.	27%	23%	23%	14%
I have been moved around too much in foster care.	28%	22%	28%	14%
In foster care I am mistreated	18%	6%	28%	32%
Much of the time in foster care I feel lonely.	18%	14%	34%	23%
While in foster care I often feel worthless.	10%	10%	36%	31%
The agency has too much say over visiting arrangements between me and my family	34%	24%	23%	4%
In foster care I feel I have no roots.	14%	18%	32%	18%
All in all I was lucky to be placed in foster care.	20%	31%	15%	18%
I wish I knew more about my family background.	18%	34%	16%	16%
Generally I am satisfied with my experience in foster care.	18%	42%	16%	10%
Overall, social workers have been a help to me while I was in foster care.	16%	32%	18%	10%
All in all foster parents have been a help to me.	32%	27%	5%	4%

Feelings About Seeking Help From Foster Care Agency

Youth had mixed feelings regarding asking for help from foster care agencies after discharge. When they were asked if they would seek financial help from their foster care agency after discharge from foster care, 41% reported that they would ask for financial help from the agency, but 51% stated they would not. Youth were also evenly divided in reporting their feelings in other areas. Nearly half (48.6%) said that they would seek help from the agency to solve housing problems, however, 47.3 % said that they would not. Over half (52.7%) reported their unwillingness to ask for help regarding employment problems.

Food Consumption

Respondents were asked how often in the past four weeks they ate fruit, vegetables, meat, milk, cereals, fast foods, salty foods and sweets. Youth reported that they frequently ate fast foods and rarely consumed meat, chicken, or fish that was not fried. Of those who completed these questions, 30% reported that they ate fruits or vegetables for a few days a month, and 34% stated that drank milk everyday. When asked how often in the past four weeks they ate fast foods, 34% reported a few days a month and 36% several days a week (Table 19).

Table 19. Youth Report of Food Consumption

	N	Rarely or Never	A few days a month	Several days a week	Everyday	More than once a day
How often in the past four weeks did you eat fruits or vegetables?	71	15%	30%	24%	16%	10%
How often in the past four weeks did you eat meat, chicken, or fish that was not fried?	70	32%	24%	15%	17%	6%
How often in the past four weeks did you consume 2% or skim milk, or yogurt?	72	32%	16%	10%	33%	5%
How often in the past four weeks did you eat grains and cereals like whole-wheat bread, bran cereals, or beans?	72	19%	16%	26%	32%	4%
How often in the past four weeks did you eat fast foods?	72	10%	34	35%	12%	2%
How often in the past four weeks did you eat salty foods?	72	18%	22	27%	28%	1%
How often in the past four weeks did you eat sweets?	72	4%	14	32%	39%	6%

Caretaker Mistreatment

Sixteen questions assessed the ways in which youth's caretakers may have mistreated them. For these questions, caretakers were defined as adults who had been responsible for taking care of youth before their first entry into the foster care system. One-quarter of youth reported that their caretakers hit them hard with a fist or kicked or slapped them. Among 67 youth, 18% reported that they had a serious illness or injury, but their caretaker ignored or failed to obtain necessary medical or remedial treatment for it. Another 18% stated that they had to go without things that they needed because their family's paycheck was spent on the adult's interests. Moreover, nearly one-fifth (19%) reported that their caretakers were physically or emotionally ill to the extent that they were unable to care for them or pay attention to them.

Table 20. Youth Report of Mistreatment by Caretaker

	N	Youth % of Yes	Youth % of No
Did you ever have a serious illness or injury or physical disability, but your caretaker ignored or failed to obtain necessary medical or remedial treatment for it?	67	18%	76%
Did you ever have to go without things that you needed because your family's paycheck was spent on the adult's interests?	67	18%	77%
Were you ever abandoned by a caretaker?	67	14%	78%
Were any of your caretakers ever physically or emotionally ill to the extent that they were unable to care for you or pay attention to you because of the illness?	67	19%	76%
Did you ever miss school because you had to stay home to take care of a parent, grandparent, sibling or to do chores?	67	10%	84%
Did any of your caretakers ever throw or push you?	66	18%	77%
Did any of your caretakers ever hit you hard with a fist, or kick or slap you really hard?	67	25%	68%

Delinquency

Youth were asked a series of questions regarding involvement in delinquent behaviors. Of those who completed these questions (n=68, 91%), 40% of the youth reported that they had run away from home, and 36% of the youth said that they had hit someone with the idea of hurting them. About one-fifth (18%) of the youth stated that they have carried a hidden weapon, and 28% reported having been publicly drunk in the past 12 months. Nearly one-third of the youth violated transportation laws by driving a vehicle on a public road without a valid driver's license. Finally, of 68 youth, 12 youth reported that they have been involved in gang fight at least once (Table 21).

Alcohol Use

Youth were also asked about their alcohol use. Of the 67 youth who responded to the question, 34% reported that they have had wine, beer or other drinks containing alcohol at least once a month during the last 12 months. Among those youth, 22% stated that they needed to drink a lot more in order to get an effect. Of the youth who reported frequent alcohol use in the past 12 months, 30% expressed a desire to quit or cut down on their drinking, only 16% reported that they succeeded in quitting drinking. Finally, 14% reported that they have injured themselves when they had been drinking, and another 14% stated that alcohol has caused them emotional or psychological problems (Table 22).

Table 21. Youth Report of Delinquent Behaviors

	N	Youth % of Yes	Youth % of No
Have you ever run away from home?	68	40%	59%
Have you ever carried a hidden weapon?	68	18%	81%
Have you ever been loud, rowdy, or unruly in a public place so that people complained about it?	68	29%	69%
Have you ever stolen, or tried to steal, money or things worth \$5 or more?	68	16%	82%
Have you ever taken something from a store without paying for it?	68	22%	76%
Have you ever gone joy-riding?	68	10%	88%
Have you ever been so angry with someone that you lived with that you attacked them with a weapon, or with the idea of seriously hurting them?	68	18%	80%
Have you ever attacked someone with a weapon or with the idea of seriously hurting or killing them?	68	14%	83%
Have you ever hit someone with the idea of hurting them?	68	36%	62%
Have you ever been involved in a gang fight?	68	18%	80%
Have you ever been drunk in public?	68	28%	80%
Have you ever driven a vehicle on a public road when you did not have a driver's license or after a license had been suspended or disqualified?	68	30%	68%

Table 22. Youth Report of Alcohol Use

	N	Youth % of Yes	Youth % of No
During the last year have you had any wine, beer or other drinks containing alcohol at least once a month?	67	34%	62%
Have you been tolerant to alcohol?	23	22%	74%
Have you wanted to quit or cut down on your drinking?	23	30%	70%
Were you unable to quit or cut down on your drinking?	10	40%	60%
Have you given up or greatly reduced important activities in order to drink?	22	4%	96%
In the past year, have there been some objections about your drinking from your family, friends, employer or people at work or school?	22	22%	77%
Did you continue to drink when you knew there were objections?	6	83%	16%
Have you been affected by drinking several times in situation where it increased your chances of getting hurt?	22	22%	77%
Have you accidentally injured yourself when you had been drinking?	22	14%	86%
Has alcohol caused you emotional or psychological problems?	22	14%	86%

Illegal Substance Use

Subjects were asked a series of questions about illegal substance abuse excluding alcohol. The questions included marijuana, speed, psychedelics, and other illicit drugs. Of the 67 youth (91%) who completed the questions, 22% reported that they have used some kinds of drugs to get high or for other mental effects in the last year. Among those youth, 15 youth have used marijuana, 7 have used speed, and 6 have used psychedelics such as LSD. Of 28 youth, 21% stated that they had spent a great deal of time using marijuana, getting it, or getting over its effects in the last 12 months. Furthermore, three youth reported that using marijuana often led them to neglect some of their usual responsibilities. Another three youth stated that they were unable to keep from using the drug (Table 23).

Sexual Abuse

Youth were asked a series of questions about sexual abuse. Sixteen of 62 youth (26%) who completed these questions reported that someone had tried to sexually abuse them in the last year. While three youth reported that adult relatives had tried to abuse them sexually, another nine youth stated that a non-relative adult had tried to touch or kiss them against their will. In addition, three youth reported that other youths have tried to engage in a sexual relationship with them against their will (Table 24).

Table 23. Youth Report of Illegal Drug Use

	N	Youth % of Yes	Youth % of No
In the last year, have you used any drugs to get high or for any other mental effects?	67	22%	76%
In the last year, have you used marijuana?	15	100%	0%
In the last year, have you used speed?	7	57%	42%
In the last year, have you used psychedelics such as LSD?	6	66%	33%
Have you ever thought that you might be dependent on a drug, or addicted to it?	64	8%	90%
In the last year, have you spent a great deal of time using marijuana, getting it, or getting over its effects?	28	21%	75%
Have you often used much larger amounts of marijuana than you intended to or for more days in a row than you intended to?	9	33%	56%
Have you found that you were unable to keep from using marijuana?	9	33%	66%
Has using marijuana often led respondent to neglect some of your usual responsibilities?	9	33%	67%
Has using marijuana caused respondent any emotional or psychological problems?	8	25%	75%

Table 24. Youth Report of Sexual Abuse

	N	Youth % of Yes	Youth % of No
Has anyone tried to touch or kiss you against your will?	62	26%	74%
Did another adult relative try to touch or kiss you against your will?	3	100%	0%
Did a non-relative adult try to touch or kiss you against your will?	9	100%	0%
Did other youths try to touch or kiss you against your will?	3	100%	0%
Has anyone tried to have intercourse, oral sex, or anal sex with you against your will?	62	16%	84%
Did another adult relative try to have intercourse, oral sex, or anal sex with you against your will?	2	100%	0%
Did a non-relative adult relative try to have intercourse, oral sex, or anal sex with you against your will?	5	100%	0%
Did other youths try to have intercourse, oral sex, or anal sex with you against your will?	3	100%	0%
Did anyone ever try to show respondent, or involve you in pornography?	64	3%	96%

DISCUSSION

This study explored the well-being of older youth in out-of-home care who are headed to independence. The authors drew a sample of 200 youth in foster care whose age were 16 and half to 17 years. Of these 200 foster youth, the authors received consents to interview for 100 youth, and interviewed 74 foster youth who were in care. Foster youth were asked to provide information concerning their experiences in out-of-home care. Using an instrument developed by Courtney and his associates (1998), this study examined the well-being status of older youth in out-of-home care. Youth were asked to report on their employment status, educational attainment, health status, social activities, and involvement in delinquent behaviors. They also reported their perception of the Independent Living Initiatives and readiness for independence after discharge from care.

This study's findings can help policy makers and practitioners in child welfare understand the well-being status of older youth who are headed to independence. Moreover, because this study uses data that are collected directly from a sample of older youth, it offers the youth's perspectives on how foster care system performed to improve their welfare. On the one hand, the results of the study must be interpreted within the context of its limitations. We could not interview many foster youth in the original sample because we failed to obtain consents to interview 100 foster youth. Furthermore, the fact that data were directly gathered from the youth and that self-report measures have been used, is another limitation. However, considering that the population from which the sample was drawn has not been studied frequently, the study yielded useful observations on the well-being status of older adolescents in out-of-home care.

A major concern for older youth likely to exit care by reaching the age of majority is their ability to become productive members of the community. Since the Independent Living Initiative of 1986, there has been an emphasis on providing older youth with independent living skills. This study asked youth if they had received training in 15 skills that are frequently part of child welfare independent living skills programs. Most youth reported receiving training on these skills. There were five skills for which 80 % or more of these youth reported receiving training. These were personal appearance and hygiene, housekeeping, educational planning, job seeking skills, and emergency and safety skills. Although 60–70 % still reported receiving training in finding a place to live (65%), legal skills (65%), and parenting skills (64%), these three skills were reported as being trained less frequently.

Youth in this study received similar levels of training in independent living skills compared to the youth in the Wisconsin study (Table 25). One important finding from this comparison is that nearly one third of youth in both states did not received training about how to find a place to live although a number of studies reported a significant proportion of homeless adults were raised as foster children (McDonald, Allen, Westerfelt & Piliavin, 1996). Furthermore, youth were less likely to receive training in parenting skills and legal skills in both states.

A majority of these youth had lower reading scores than the youth of the Wisconsin study and the reference group (Table 26). Twenty seven (36%) of the Illinois youth were categorized between grades 2 and 5 on reading levels while two youth (0.3%) were classified with reading levels below grade 5 in the Wisconsin study. Moreover, only 24% of Illinois youth demonstrated reading levels between grades 6 through 8 while 32% of youth in the Wisconsin study demonstrated reading levels between grades 6 through 8. Finally, 20% of youth in this study were classified at a reading level of grade 12 or higher.

Table 25. Comparison of Reported Independent Living Skills Training Between Illinois and Wisconsin

Training Area	% of Illinois Youth	% of Wisconsin Youth
Money management	77%	70%
Food purchasing and preparation	78%	77%
Personal appearance and hygiene	84%	80%
Personal health	78%	86%
Housekeeping	84%	83%
How to find a place to live	65%	67%
Transportation	76%	71%
Educational planning	85%	82%
Job seeking skills	84%	86%
Job maintenance skills	78%	74%
Emergency and safety skills	80%	82%
Knowledge of community resources	85%	70%
Interpersonal skills	85%	79%
Legal skills	65%	60%
Decision-making and problem solving skills	82%	89%
Parenting skills	64%	61%

Table 26. Comparison of Demonstrated Reading Level Between Illinois and Wisconsin

Reading Level	% of Illinois Youth	% of Wisconsin Youth
Grades 6 through 8	24%	31.9%
Grades 12 or higher	20%	25.5%

Farmer (2001) reported that minority adolescents tend to have higher levels of educational aspiration. Youth in this study, who were primarily African-American, had high aspirations regarding their future education. However, findings suggest that the future educational attainment of the youth could be limited. For example, 61% reported failing a subject and 18% reported failing a grade in the last two years. Moreover, 34% reported having been in one or more special education classes. This is somewhat higher than national estimates that suggest 20 % of youth in care have some type of disability (Westat, 1990). Most important, nearly half (41%) reported that they had to change schools at least three times because of placement changes. In most of the measures studied, youth had more behavioral problems in schools. For example, almost a half (46%) reported having been suspended from school at least once in the last two years, with 6% reporting having been suspended more than 5 times in two years, and nearly a quarter (24%) reported having dropped out of school in the last two years.

The rate of noncompletion of high school reported by African American youths in this study (10.6%) was lower than the national rate of noncompletion (24.5%) reported by the U.S. Department of Education (Children's Defense Fund, 1995). Even though the rate was significantly lower than the rate of the reference group, we need to interpret this finding with care. Many youth were still enrolled in school when interviewed and we did not compare youth reports to school records.

Education and employment while in care need to receive special attention from policy makers because obtaining employment with a living wage is necessary to achieving independence after care. The literature suggests that employment while in foster care predicts later employment as well. Youth in care, however, reported limited employment histories. High drop out rates and low academic achievement may prevent these youth from getting jobs that would allow them to be self-sufficient. Forty-two percent of youth in our study stated that they were working at the point of interview while the youth in the Wisconsin study reported that 57% were currently holding a job. Youth

in our study reported earning a median wage of \$6.13, which is moderately higher than the Wisconsin youth' median wage, \$4.60. The fact that our study was conducted between 1999 and 2000, and the Wisconsin study was administered in 1995, may explain this difference.

Independent living programs need to accentuate job maintenance skills as well as job searching skills training. Considering the difficulty of obtaining jobs with a living wage, their job histories are more distressing. Youth reported that they had been working at the current job for an average of 5.8 months. In the Westat study (1990), many child welfare practitioners reported that it was not difficult to help youth find a job, but it was difficult to assist the youth to maintain a job. Youth left jobs because of seasonal employment, placement changes, work schedule conflicted with school hours, better job opportunities, layoffs, and transportation problems. It is important to teach older foster youth skills to get a job, and it is also necessary to teach them how to maintain their jobs.

One of the most important aspects of well-being of older foster youth is mental health status of the youth. Many of the young adults reported that they were experiencing depression and anxiety. They reported that they were more depressed and more anxious than the national sample. In addition, they stated that they were more likely to lose behavioral and emotional control than the reference group does. One fifth reported that they have been so angry with someone that they lived with that they attacked them with a weapon and tried to seriously hurt them or even kill them.

Sound mental health is an important component of independent living. If youth fail to handle emotional and behavioral problems in socially acceptable manners, they may experience arrest, victimization, or incarceration. Few independent living programs, however, have been developed with their curricular emphasis on anger management and/or problem solving skills. In short, skills about how to handle psychological distress

should be specifically considered in developing curricula for independent living programs. Direct adult guidance and concrete support might be another possible solution.

Adolescents in foster care reported close relationships with biological relatives including siblings, parents, and grandparents. However, they reported low levels of support from biological parents. Although youth in foster care reported that they received less support from biological parents, findings from other studies suggesting that many of the youth are living with family members at and after discharge from care should be a great concern (McMillen & Tucker, 1999; Courtney & Barth, 1996; Mallon, 1998; Westat, 1990). These authors urged that family visiting and the maintenance of youth' connections with their biological family members should be accentuated.

These youth reported that they mainly received social support from friends and significant others such as foster parents and social workers. More than a half reported that their foster parents have been a help to them. Youth in this study and in the Wisconsin study reported similar levels of closeness to their biological family except that youth in the Wisconsin sample reported slightly closer relationships with their father and grandparents than our youth do (Table 27).

Table 27. Comparison of Close Biological Family Relationships Between Illinois and Wisconsin

Family Member	% of Illinois Youth	% of Wisconsin Youth
Close relationship with mother	59.7%	57%
Close relationship with father	25%	41%
Close relationship with siblings	78.6%	80%
Close relationship with grandparent	54%	70%

Youth had positive feelings about their experience in out-of-home care (Table 28). While 87% of youth in the Wisconsin sample reported that foster parents had been a help to them, nearly 60% of youth in our study reported same perception of foster care. In addition, nearly two thirds reported that they were satisfied with their experience in foster care. However, they did not have positive feelings toward foster care agencies. Less than half of the youth stated that they would seek help from foster care agencies after discharge. They also complained about frequent placement changes and tedious visiting arrangements with their biological families.

Table 28. Comparison of Youth Perceptions of Foster Care Between Illinois and Wisconsin

Perception	% of Illinois Youth	% of Wisconsin Youth
Satisfied with experience in foster care	60%	72%
Believed that foster parents have been a help to them	60%	87%
Thought they were “lucky” to be placed in foster care	51%	75%
Social workers have been a help to them	48%	50%

Some youth had committed serious delinquent acts. Although the most commonly reported delinquent acts were not the most serious ones such as public rowdiness and driving without a license, some behaviors were serious enough to get attention from public. More than 36% of youth reported that they committed physical assault on another person with intent to do serious harm, and 40% of youth stated they have run away from home. Another delinquent behavior of which many of the youth

reported was use of illegal substances. Clearly, it is undesirable for youth to leave out-of-home care with chemical dependency. In this study, 22% of youth reported that they needed to drink a lot more in order to get an effect and 14% of youth said that they had injured themselves under the effect. Reminding that many youth were experiencing depression and anxiety problems, it is alarming to hear that about 14% of youth suffered emotional or psychological problems caused by the alcohol consumption.

Implications for Policy, Practice, and Research

It is important to develop independent living programs that meet the needs of the youth. A review of the literature suggests that former foster youth considered money management skills training as the most beneficial element of the program, and they wished more intensive instruction on that area. Furthermore, because many youth reported that they experienced difficulty in maintaining jobs, it is necessary to stress job maintenance skills as well as job searching skills. Developers and coordinators need to have an understanding of mental health problems of these youth. They also need to train foster youth about how to handle emotional and behavioral problems in socially acceptable manners. Anger management lessons and problem solving skills training should be included in the curricula.

Older foster youth are mentally fragile. To make matters worse, social stigma attached to use of mental health services and lack of information about accessibility and eligibility to community mental health institutions prevent foster youth at high risk from obtaining appropriate mental health services. Child welfare workers should provide these adolescents with information about mental health services in their communities including locations, eligibility criteria, contact numbers, and available financial and community resources. Workers could accompany youth to mental health service providers, introduce social workers and/or other helping professionals in the institutions to the youth, and

make sure the use of mental health service is a normal and healthy way of handling personal problems.

The concept of permanency planning has been a part of child welfare for about three decades. However, for those older youth who entered the care in their early childhood and remained in out-of-home care until their late adolescence, this policy was not successful. Nearly 28% of the study group entered the care before age 7, and stayed in care until the age of 16.5 to 17.5. We need to understand what prevents this policy from being fully implemented, and to develop alternative policy choices for this population if it turns out permanency planning is not application to these youth. Research studies are needed to assess the effects of permanency planning policy on preparing older foster youth to be independent.

A number of these youth were experiencing substance abuse problems. Few studies have been conducted to observe substance abuse prevalence among children in out-of-home care. Even fewer studies focused on the illegal behaviors among older foster youth. Future research should examine prevalence of substance abuse among children in out-of-home care and assess the relationship between illegal drug use and independent living status after leave the care.

The results reported in this study provide information on the educational achievement of older adolescents in out-of-home care. Courtney and his colleagues (in press) reported that educational outcomes are closely associated with successful independence. Observing foster youth transition from out-of-home care to independent living, they stated that youth with high school diploma and with good performance records were less likely to experience problems and to rely on community resources. The lack of collaboration between the child welfare system and school system has been criticized for poor academic performance of foster youth (Goren, 1996; Altshuler, 1997). Child welfare workers should work in partnership with school social workers to ensure

adequate educational opportunities for these adolescents. Because two professionals have identical objectives for children, they can provide the joint services of the child welfare worker and the school social worker by sharing information of foster youth, inviting each other for important meetings, and exchanging social work intervention skills and knowledge.

Researchers on child welfare must thoroughly explore the readiness of older foster youth for independent living. Due to the cost of longitudinal designs and the need to obtain permission from the guardian before foster youth can participate in research studies, it is difficult to study the well-being and the transition of foster children from their youth to young adulthood. However, we still know few things about these youth at risk. Although relatively many studies examined the transition of foster youth and their lives as adult members in the community mostly using retrospective longitudinal approaches, still few studies observed readiness of older foster youth while they are in care. Future research studies must focus on specific well-being characteristics of adolescents in out-of-home care.

What factors really predict successful independent living should be the main research topic for scholars who are concerning older foster youth. Researchers have been found out few factors closely associated with the success. Research studies are needed to explore individual characteristics, placement characteristics, and environmental characteristics that may explain the path from out-of-home care to flourishing independent living.

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