Midwest Evaluation of the Adult Functioning of Former Foster Youth: Conditions of Youth Preparing to Leave State Care in Illinois

Mark E. Courtney

Sherri Terao

Noel Bost

Chapin Hall Center for Children at the University of Chicago

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Chapin Hall Center for Children at the University of Chicago
1313 East 60th Street
Chicago, IL 60637
773/753-5900 (voice) 773/753-5940 (fax)

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TABLE OF CONTENTS

Introduction	3
Overview of Study	7
Youth Demographic Characteristics	10
History of Maltreatment	14
Experiences in Care	15
Attitude Toward Out-of-Home Care	20
Contact with Family	23
Relations with Family of Origin and Foster Parents	24
Social Support	26
Independent Living Services	28
Mental Health and Mental Health Care Services	30
Health Status and Availability of Health Care Services	34
Education	38
Employment and Finances	45
Delinquency	47
References	51
Appendix	54

INTRODUCTION

Each year, 20,000 adolescents leave the foster care system and attempt to live independently (GAO, 1999). Studies of high-risk adolescent populations typically include those who grew up in poor communities, have families that lack economic and social resources, live in large urban areas and are of ethnic minority status. Because they spend some time growing up in families of origin that are typically "high-risk" in terms of the criteria listed above, foster youth are multiply at risk. In addition, they suffer from the consequences of the abuse, and more commonly neglect, that led to their removal from home. In some cases, the system that is supposed to help them fails to adequately address their health, mental health, educational, employment, emotional, or other needs.

Current federal child welfare funding provides very limited support to states to allow youth to remain in foster care past their eighteenth birthday. As a result, in all but a few jurisdictions nationally, youth are discharged from foster care at the age of 18 or shortly thereafter; in other words, they "age out" of care, and are "on their own" at a relatively early stage in the transition to adulthood.

In light of these multiple challenges, it is imperative that we study the transitional pathways to adulthood for foster youth. Very few studies have focused on the transition to adulthood among foster youth. Reviews of the meager literature in this area have suggested that foster youth aging out of the system have limited education and employment experience, relatively poor mental and physical health, and a relatively high likelihood of experiencing unwanted

outcomes such as homelessness, incarceration, and non-marital pregnancy (Collins, 2001; McDonald, Allen, Westerfelt, & Piliavin, 1996).

In response to some early studies that described problems faced by youth after leaving care (see, e.g., Meier, 1965; Festinger, 1983), independent living programs were developed to assist young people aging out of the foster care system. In principle, these programs were designed for teens who were very unlikely to return home or be adopted, and for whom out-of-home care had become a permanent situation. In 1985, the Independent Living Initiative (Public Law 99-272) provided federal funds to states under Title IV-E of the Social Security Act to help adolescents develop skills needed for independent living, though Congressional appropriations for the programs were made annually. Funding for the Independent Living Program (ILP) was reauthorized indefinitely in 1993 (Public Law 103-66) allowing states to engage in longer-term planning of their programs. The ILP gave states great flexibility in the kinds of services they could provide to foster youth. Basic services outlined in the law included outreach programs to attract eligible youth, training in daily living skills, education and employment assistance, counseling, case management, and a written transitional independent living plan. ILP funds could not, however, be used for room and board. The federal government required very little reporting from states about the ILP beyond creation of state ILP plans and had “no established method to review the states’ progress in helping youths in the transition from foster care” (GAO, 1999, p. 3). The General Accounting Office (GAO) found that at least 42,680 youths in 40 states (only about 60 % of all eligible youth) received some type of independent living service in 1998 (GAO, 1999).

The Foster Care Independence Act (FCIA) of 1999 (Public Law 106-169) amended Title IV-E to create the John Chafee Foster Care Independence Program, giving states more funding and greater flexibility in providing support for youths making the transition to independent living. The FCIA doubled federal independent living services funding to $140 million per year, allowed states to use up to 30 percent of these funds for room and board, enabled states to assist young adults 18-21 years old who have left foster care, and permitted states to extend Medicaid eligibility to former foster children up to age 21. There is currently a great deal of interest on the part of policy makers in the well-being of youth aging out of foster care, whether they are receiving independent living services during care and in the years after they leave care, and whether such services are helpful.

This report describes findings of the first phase of data collection from the state of Illinois, one of three states participating in the Midwest Evaluation of the Adult Functioning of Former Foster Youth (hereafter referred to as the Midwest Study). The Midwest Study is a collaborative effort of the state public child welfare agencies in Illinois, Iowa, and Wisconsin and Chapin Hall Center for Children at the University of Chicago. The overall purpose of the project is to gather information about services provided to selected foster youth served in participating states and report on adult self-sufficiency outcomes achieved by the youth.

The study follows the progress of foster youth in the participating states through age 21 who reached the age of 17 years old while in out-of-home care and who had been in care for at least one year prior to their seventeenth birthday. The focus of the study is on youth who were placed in out-of-home care due to abuse and/or neglect, and this first wave of data

includes youth's status with respect to family history and current family relations, experiences while in out-of-home care, health, mental health, social support, delinquency, substance abuse, education and employment. Future reports will focus on the functioning of youth after they leave out-of-home care. The project will provide the first comprehensive look since the enactment of the Chafee Act at how former foster youth fare during the transition to adulthood. It will also provide guidance to states in their efforts to meet the overall purpose of the John Chafee Foster Care Independence Act of 1999.

BACKGROUND AND OVERVIEW OF STUDY

Planning for the Midwest Study began in early 2001 when public child welfare agencies in Illinois, Iowa, and Wisconsin agreed to allocate part of their Chafee Program federal funding to the collection of data on the young adult outcomes of youth eligible for independent living services. The University of Wisconsin Survey Center was contracted to conduct the in-person interviews of the youth selected for the study. Chapin Hall Center for Children at the University of Chicago took on the overall management of the study, data analysis, and preparation of reports for participating states. The Midwest Study formally commenced on August 8, 2001 with a meeting of the research team and representatives of the public child welfare agencies from each of the three states. The group agreed on the major dimensions of the study design (described below) and all states agreed to provide Chapin Hall with a list of youth who fit the sample selection criteria for the study.

In May 2002, the University of Wisconsin Survey Center fielded the Illinois sample and completed interviews with 474 youth. The following report details the findings of the first wave of the study when youth were 17 years old and still under the jurisdiction of the state child welfare system. Future reports will cover the information we obtain from in-person interviews with youth when they reach their nineteenth and twenty-first birthdays.

Sample

Before going into the field to conduct interviews, all adolescents in out-of-home care supervised by the public child welfare agency who were between 17 and 17½ years old and

had been in state care at least 1 year prior to their seventeenth birthday were identified for sampling purposes. The only youth excluded from this population were those who could not participate in the survey because of developmental disability, incarceration or psychiatric hospitalization at the time of the interview, or inability to participate in an interview in English. Additional reasons for youth being deemed ineligible for the study included current runaway or missing person status and current placement out of state. In addition, some eligible youth were not interviewed because the care provider refused to participate, youth refused to participate, there was no contact with the youth, or a lack of contact information. In Iowa and Wisconsin, all youth who fit the sample selection criteria were included in the survey sample; in Illinois, due to the size of the population and available funds, we drew a sample of approximately 67 percent from the overall population of youth who met the sample criteria. Interviews were conducted between May 2002 and March 2003. Of the 767 adolescents fielded for the study in all three states, 732 consented to participate and completed an in-person or telephone interview, for an overall response rate of 95.4 percent.

The State of Illinois identified 581 youths from their child welfare system as potential candidates for the study. Of these, 83 were determined ineligible for the study due to youths' physical or mental limitations (16 cases), current runaway or missing person status (13 cases), eligibility issues (5 cases), current placement out of state (11 cases), or current incarceration (38 cases).

Of the 498 remaining Illinois youth that met inclusion criteria, 20 were not interviewed because of care provider or household-level refusal to participate (2 cases); the youth's own

refusal to participate (5 cases); no contact with the youth (6 cases); inability to reach youth after preliminary contact (2 cases); youth no-show (1 case); youth left state or county after start of the field period (2 cases); or youth ran away (2 cases). Four additional youth were classified as having "unknown" eligibility status for the study and were not interviewed because of lack of availability of current contact information. The overall response rate was 95 percent.

Measures

The survey instrument used in the first interview wave for the Midwest Study covers three domains:

- demographic attributes of sample members before they entered out-of-home care
- their experiences while in care
- their status at the time of the interview

The next section of this report focuses on the characteristics of the youth in the sample and information about their families. We explore gender, race-ethnicity, characteristics of former primary caregivers, and the reasons that youth were placed in out-of-home care. It is followed by a section on youth experiences in care, including such program attributes as number and type of foster care placements; receipt of social, health, and mental health services; education history; employment history; and recent delinquent behavior. The last domain of variables assessed shortly before youth exit from out-of-home care, explores financial assets, employment status, educational attainment, health and mental health status, expectations for the future, and the availability of social support. Appendix A provides a table with additional information about some of the measures used in the study. Throughout

the report, unless otherwise noted, sample sizes in tables may not correspond exactly to the overall sample size due to missing data on particular survey items.

YOUTH DEMOGRAPHIC CHARACTERISTICS

Table 1, which presents demographic characteristics of the youth respondents who completed surveys, shows that the study sample was predominantly female (53.8%), African American (69.2%), and 18 years of age (55.3%). Over three-fourths of the sample identified themselves as belonging to a minority group, with African Americans most predominately represented. Table 1a shows the self-reported racial background of the youths that identified themselves as Hispanic (*n*=33; 7 percent of overall sample).

Table 1: Demographic Profile of Illinois Sample

		Total (*N*=474)	
		Number	%
Age	17 yrs	210	44.3
	18 yrs	262	55.3
	19 yrs	1	.2
	20 yrs	1	.2
	Median Age	18.0	*
Sex	Male	219	46.2
	Female	255	53.8
Race	Caucasian	98	20.7
	African American	328	69.2
	Asian or Pacific Islander	0	*
	American Indian or Native Alaskan	2	.4
	Mixed Race	42	8.9

Table 1a: Hispanic Ethnicity

Race	Total (N=33)	
	Number	%
Caucasian	3	3.1
African American	10	3.0
Asian or Pacific Islander	0	.0
American Indian or Native Alaskan	0	.0
Mixed Race	20	47.6
Total	33	7.0

Table 2 identifies the family members with whom youth lived just prior to their placement in out-of-home care, and Table 3 provides the primary caregiver status of the family members youth were residing with prior to their entry into out-of-home care. Most youth resided with at least one birth parent--the birth mother in the vast majority of cases. In contrast, one-third reported residing with their birth father and a slightly higher percentage reported living with a grandparent. Almost two-thirds reported having a biological sibling present in the home.

Table 2: Persons Living in the Home Just Before Placement in Out-of-Home Care

Household member	Total (N=474)	
	#	%
Either Birth Mother or Birth Father	382	80.6
Birth Mother	353	74.5
Birth Father	144	30.4
Adoptive Mother or Adoptive Father	7	1.5
Adoptive Mother	7	1.5
Adoptive Father	3	.6
Step-Mother or Step-Father	23	4.9
Step-Mother	11	2.3
Step-Father	37	7.8
Grandmother or Grandfather	163	34.4
Grandmother	154	32.5
Grandfather	50	10.5

Table 2 (cont.): Persons Living in the Home Just Before Placement in Out-of-Home Care

Any Other Adult Relatives	135	28.5
Other Unrelated Adults	70	14.8
Biological Siblings (inc. half-sibs, exc. step-sibs)	301	63.5
Any Unrelated Kids (including step-siblings)	66	13.9

According to Table 3, when a biological parent is present in the home, that parent is usually the primary caregiver. For example, 95 percent of the 382 youth who report living with their birth mother also identified her as their primary caregiver. Similarly, 89.6 percent of those living with their birth fathers identified him as a primary caregiver. Those residing with a grandmother, grandfather, and other adult relatives before initial placement were also very likely to view these adults as primary caregivers. Stepparents, other relatives, and unrelated adults were less likely to be considered primary caregivers.

Table 3: Caregiver Status of Household Member Youth Lived with Just Before Placement in Out-of-Home Care

	Total (*N*=474)			
Household member	Present		Missing*	
	#	%	#	%
Birth Mother	336	70.9	121	15.5
Birth Father	129	27.2	330	69.6
Adoptive Mother	7	1.5	467	98.5
Adoptive Father	1	.2	471	99.4
Step-Mother	5	1.1	463	97.7
Step-Father	23	4.9	437	92.2
Grandmother	147	31.0	320	67.5
Grandfather	44	9.3	424	89.5
Any Other Adult Relatives	122	25.7	339	71.5
Other Unrelated Adults	48	10.1	404	85.2
Biological Siblings (incl. half-sibs, excl. step-sibs)	34	7.2	173	36.5
Any Unrelated Kids (including step-siblings)	4	.8	408	86.1

*Nearly all the missing values resulted from the youth not responding to the question because this family member did not reside in the child's home.

Table 4 shows the number of siblings along with the number of siblings that are or have been in foster care reported by youth. The youth were as likely to have brothers as they were to have sisters, and about two-thirds reported having a sibling in out-of-home care.

Table 4: Siblings / Siblings in Foster Care

	Total (*N*=474)			
Gender Categories	Siblings		Siblings In Care	
	#	%	#	%*
Brothers (incl. half-brothers and step-brothers)				
0	55	11.6	85	17.9
1	99	20.9	125	26.4
2	115	24.3	82	17.3
3+	196	41.3	94	19.8
Missing	9	1.9	88	18.6
Sisters (incl. half-sisters and step-sisters)				
0	55	11.6	78	16.5
1	109	23.0	119	25.1
2	107	22.6	95	20.0
3+	193	40.7	102	21.5
Missing	10	2.1	80	16.9

*Percentages shown are valid percentages for those youth who reported at least one sibling in care.

Youth were asked to identify problems that their parents or others who cared for them had before they entered foster care, as shown in Table 5. The four most frequently identified types of caregiver problems were alcohol abuse, drug abuse, inadequate parenting skills, and abusing their spouse. Perhaps most notable, almost two-thirds of the youth said that their caregiver had one or more of the problems identified.

Table 5: Primary Caregiver Problems

Characteristic	Total (N=474)			
	Present		Missing	
	#	%	#	%
Abused Alcohol	156	32.9	31	6.5
Abused Drugs	202	42.6	30	6.3
Had Mental Illness	78	16.5	37	7.8
Was Mentally Retarded	10	2.1	26	5.5
Showed Inadequate Parenting Skills	158	33.3	35	7.4
Abused Their Spouse	111	23.4	24	5.1
Had A Criminal Record	101	21.3	52	11.0
Had Other Problems	36	7.6	28	5.9
One or more of the above problems	310	65.4	20	4.2

HISTORY OF MALTREATMENT

The Lifetime Experiences Questionnaire (Rose, Abramson, & Kaupie, 2000) assesses a history of physical, emotional, and sexual maltreatment committed by peers and adults (see Appendix B). The LEQ was developed as a modification of Cicchetti's Child Maltreatment Interview (1989) and assesses a broad range of specific events versus global estimates of maltreatment. The questions used here primarily focus on ways in which caregivers may have mistreated youth.

Table 6 aggregates reported maltreatment experience into categories of neglect and abuse. In compliance with Institutional Review Board Procedures concerning questions of a sensitive nature, researchers did not ask youth a series of questions about sexual abuse during this phase of the study. However, the Post-Traumatic Stress Disorder subscale of the Composite International Diagnostic Interview (CIDI; World Health Organization, 1998) contains one question about sexual molestation (i.e., were you ever sexually molested, that is someone

touched or felt your genitals when you did not want them to?). Over one-quarter of youth indicated that they had been sexually molested. Data also suggest that the distribution of abuse and neglect categories in the Illinois sample are generally consistent with prior studies in that a much greater percentage of youth reported a history of neglect than physical abuse.

Table 6: Number of Youth Reporting Abuse and Neglect by a Caretaker

	Total (*N*=474)			
Responses	Present		Missing	
	#	%	#	%
Abuse	153	32.3	27	5.7
Neglect	277	58.4	25	5.3
Abuse and Neglect	130	27.4	27	5.7
Sexual Abuse	136	28.7	3	.6

EXPERIENCES IN CARE

Questions regarding service factors (i.e., age at entry into foster care system, number of placements, and type of placements) were developed for a prior study of foster youth aging out of care in Wisconsin (see Courtney, et al., 2001 for a description of questions). Tables 7 and 8 show responses to questions about the household in which youth were currently living, as well as questions about others who usually lived in their current households. Less than one-third of all youth reported residing in traditional foster home placements without relatives. Relative foster care, representing one-third of responses, was the most frequent answer given. Youths who were not currently living with relatives were also asked "Have you *ever* had foster parents who were relatives of yours?" One hundred fifty-three youth (32.3%) responded "yes" out of a total of 312 youth (66%) that had *ever* had relatives as foster parents. The remainder of youth indicated that they reside in group homes/residential

treatment facilities/ child caring institutions, adoptive homes (adoptions not yet finalized), and independent living arrangements. For those youth who identified "other settings" as a placement, approximately 3 percent had emancipated from the foster care system.

Table 7: Current Living Situations

Placement	Total (*N*=474)	
	#	%
Foster Home w/o Relatives	143	30.2
Foster Home w/ Relatives	160	33.8
Group Care/Residential Treatment	100	21.1
Adoptive Home	1	.2
Independent Living Arrangement	48	10.1
Other settings	20	4.2
Emancipated	15	
Independent Living	3	
Incarcerated	1	
Shelter	1	

Table 8 shows other people the youth identified as living in their current abode. A larger number of youth reported the usual presence of their foster mother than their foster father. Of youth with siblings in care, 27 percent reported living with at least one sibling, however only 4.4 percent reported living with *all* of their biological siblings in the current household. About two-fifths report the presence of other foster children to whom they are not related. Grandmothers and aunts were the other kin most likely to be present in the youth's current home.

Table 8: Others Usually Residing in Current Household

Responses	Total (*N*=474)	
	#	%
Lives Alone	18	3.8
Foster Mother	141	29.7
Foster Father	67	14.1
Any Biological Siblings	107	22.6
All of Your Biological Siblings	21	4.4
Grandmother	55	11.6
Grandfather	18	3.8
Aunt / Uncle	79	16.7
Other Relatives	81	17.1
Children of Current Caregivers	*	*
Other Unrelated Foster Children	198	41.8
Anyone Else	83	17.5

Youth were asked about the number of foster home placements and group home, residential treatment centers or child-caring institutions they had been in since entering the foster care system. Tables 9 and 10 detail their placement experiences. With respect to foster home placements, fewer than one-fifth of youth report only one placement whereas over two-fifths experienced four or more. Sixteen youth reported no foster home placements.

Table 9: Number of Foster Home Placements

Responses	Total (*N*=474)	
	#	%
0	16	3.4
1	93	19.6
2	83	17.5
3	76	16.0
4	44	9.3
5	41	8.6
6	23	4.9
7+	95	20.0
Missing	3	.6

About three-fifths of all respondents had lived in at least one group home, residential treatment center, or child-caring institution. Approximately one-quarter report had no more than one placement, but over 10 percent had four or more.

Table 10: Number of Group Home/Residential Treatment/Child-Caring Institution Placements

Responses	Total (*N*=474)	
	#	%
0	183	38.6
1	106	22.4
2	69	14.6
3	47	9.9
4	27	5.7
5+	38	8.0
Missing	4	.8

In some cases, youth experienced reentry into care, a return to the youth's family followed by another placement episode in out-of-home care. Tables 11 and 12 show that one-fifth reported reentry into care and that a few had done so more than once.

Table 11: Reentry to Care

Responses	Total (*N*=474)	
	#	%
YES	95	20.0
NO	376	79.3
Missing	3	.6

Table 12: Multiple Reentries to Care

Responses	Total (*N*=95)	
	#	%
1	68	71.6
2	17	17.9
3+	10	10.5

Youth were also asked whether they had ever run away from care and the number of times they had done so (see Tables 13 and 14). Over half of youth reported having run away from out-of-home care and many of these had run away on multiple occasions.

Table 13. Youth Who Ran Away from Care

Responses	Total (*N*=474)	
	#	%
YES	248	52.3
NO	223	47.3

Table 14. Multiple Runaway Episodes

Responses	Total (*N*=248)	
	#	%
1	82	33.1
2	31	12.5
3	18	7.3
4	12	4.8
5+	105	42.3

Youth were asked about their thoughts and experiences concerning adoption, and Table 15 shows the distribution of their responses to these questions. About one-quarter report having wanted, at some point, to be adopted, and more than one-third either had a current adoption plan or had previously been in a placement where the plan was for their foster parent to adopt them. Only 37 youth had previously been adopted.

Table 15: Adoption Plans*

Responses	Total (*N*=474)			
	Present		Missing	
	#	%	#	%
Did you ever wish you were adopted?	118	24.9	7	1.5
Are you now in a foster placement where the plan of your social worker or your foster parents is that you will be adopted by the family that you are living with?	36	7.6	11	2.3
Have you ever, in the past, been in a foster placement where the plan of your social worker or your foster parents was that you would be adopted by that family?	147	31.0	14	3.0
Have you ever been adopted?	37	7.8	3	.6

*This table includes the actual questions directed to the youth regarding adoption.

ATTITUDES TOWARDS OUT-OF-HOME CARE

Questions regarding attitudes about foster care were adapted from the work of Trudy Festinger (1983) who interviewed 277 young adults between the ages of 22 and 25 years old who had been in the New York foster care system for at least 5 years and were discharged between 18 and 21 years old. Respondents were asked to what extent they agreed with a list of questions intended to elicit their attitudes towards out-of-home care. Responses ranged from "very strongly agree" to "very strongly disagree."

Table 16 shows that under one-half of the Illinois respondents agreed that they were "lucky" to be placed in out-of-home care. About 58 percent agreed that they were generally satisfied with their experiences in out-of-home care and approximately 70 percent agreed with the statement "foster parents have been a help to me." Approximately 57 percent of respondents found social workers to be of help to them.

Table 16: Satisfaction with Foster Care

Responses	Total (*N*=474)	
	#	%
All in all I was lucky to be placed in the foster care system.		
Very Strongly Agree	73	15.4
Strongly Agree	41	8.6
Agree	113	23.8
Neither Agree Nor Disagree	73	15.4
Disagree	74	15.6
Strongly Disagree	26	5.5
Very Strongly Disagree	70	14.8
Generally I am satisfied with my experiences in the foster care system.		
Very Strongly Agree	66	13.9
Strongly Agree	50	10.5
Agree	159	33.5
Neither Agree Nor Disagree	51	10.8
Disagree	69	14.6
Strongly Disagree	26	5.5
Very Strongly Disagree	50	10.5
Overall, social workers have been a help to me while I was in the foster care system.		
Very Strongly Agree	55	11.6
Strongly Agree	52	11.0
Agree	161	34.0
Neither Agree Nor Disagree	64	13.5
Disagree	72	15.2
Strongly Disagree	21	4.4
Very Strongly Disagree	46	9.7
All in all foster parents have been a help to me. *		
Very Strongly Agree	31	6.5
Strongly Agree	21	4.4
Agree	48	10.1
Neither Agree Nor Disagree	18	3.8
Disagree	15	3.2
Strongly Disagree	5	1.1
Very Strongly Disagree	5	1.1

* This question was only asked of youth who were currently living in a foster home.

Youth were also asked about the number of contacts that they had with social workers over the past year. They reported an average of 17 face-to-face visits with their social workers per year, with a median of 12 visits (i.e., about once per month). Over one-third of the youth (34.5%, 154 youth) reported visits more than once per month, while 65.5 percent (*n*=463) were visited once a quarter or less. Youth reported an average of 18 phone conversations with their social worker during the past year, with a median of 10 calls. More than one-third (*n*=161) reported phone contact with their social worker once a quarter or less, while 36.2 percent (*n*=172) reported phone contacts of more than once per month.

Respondents were asked questions regarding the likelihood that they would turn to the child welfare system for support in the future (Table 17). More than two-fifths of respondents reported that they would access their foster care agency for help with any given problem.

Table 17: Future Likeliness to Use Foster Care Services

	Total (*N*=474)			
Future likeliness, after discharge from foster care, to turn to someone from your foster care agency for any of the following:	Present		Missing	
	#	%	#	%
Financial Help	219	46.2	9	1.9
Help w/ Personal Problems	211	44.5	6	1.3
Help w/ Employment Problems	240	50.6	4	.8
Help w/ Family Problems	175	36.9	6	1.3
Help w/ Housing Problems	237	50.0	7	1.5
Help w/ Health Problems	181	38.2	7	1.5
Help w/ Any Other Problems	197	41.6	12	2.5

CONTACT WITH FAMILY

Table 18 shows youth visits with relatives in the past year and the median number of visits for those who reported at least one. Overall, they visited most frequently with their birth mother and grandparents. Youth were further asked about their level of satisfaction with family visits with birth parents and siblings (Table 19). Just over one-third reported that they had too few visits with their birthparents while more than one-third of those responding reported that they had too few visits with their siblings. Few reported seeing their kin too often.

Table 18: Number of Visits with Family in the Past Year

Responses	Total (*N*=474)	
	Median	Youth Who Visited
	#	%
Birth Mother	12	47.3
Birth Father	10	23.8
Step-Mother	10	7
Step-Father	10	6.3
Grandparents	12	37.6
Siblings	24	62

Table 19: Satisfaction with Family Visits

Relative	Total (*N*=474)	
	#	%
Biological Parents		
Too little	154	32.5
Just about enough	173	36.5
Too Much	21	4.4
Siblings		
Too little	184	38.8
Just about enough	152	32.1
Too Much	26	5.5

RELATIONS WITH FAMILY OF ORIGIN AND FOSTER PARENTS

Youth generally identify a number of relationships in which they feel a strong sense of closeness, and Table 20 shows their responses to questions about those relationships. For example, more than three-fifths of youth reported feeling very close to their current foster family and more than two-thirds reported feeling very close to relatives with whom they currently live. More than half reported that they feel somewhat close to adults that work at their group home and about one-third reported feeling very close to these adults. About two-thirds of responding youth reported feeling very close or somewhat close to their biological mothers, and a similar percentage report feeling not very close or not at all close to their biological fathers. Many feel very close to their grandparents and siblings.

Table 20: Closeness to Others

Would you say that you feel very close, somewhat close, not very close, or not at all close to…	Total (*N*=474)	
	#	%*
Your Present Foster Family	(*N*=143)	
Very Close	86	60.1
Somewhat Close	43	30.1
Not Very Close	5	3.5
Not at All Close	9	6.3
Relatives You Presently Live With	(*N*=159)	
Very Close	111	69.8
Somewhat Close	40	25.2
Not Very Close	3	1.9
Not at All Close	5	3.1
Adults In Your Group Home	(*N*=100)	
Very Close	33	33.0
Somewhat Close	41	41.0
Not Very Close	11	11.0
Not at All Close	15	15.0

Table 20 (cont.): Closeness to Others

Your Biological Mother	(*N*=325)	
Very Close	136	41.8
Somewhat Close	81	24.9
Not Very Close	37	11.4
Not at All Close	71	21.8
Your Biological Father	(*N*=317)	
Very Close	65	20.5
Somewhat Close	54	17.0
Not Very Close	35	11.0
Not at All Close	163	51.4
Your Step-Mother	(*N*=74)	
Very Close	16	21.6
Somewhat Close	22	29.7
Not Very Close	9	12.2
Not at All Close	27	36.5
Your Step-Father	(*N*=90)	
Very Close	23	25.6
Somewhat Close	22	24.4
Not Very Close	8	8.9
Not at All Close	37	41.1
Your Grandparents	(*N*=318)	
Very Close	169	53.1
Somewhat Close	63	19.8
Not Very Close	23	7.2
Not at All Close	63	19.8
Your Brothers and Sisters	(*N*=366)	
Very Close	265	72.4
Somewhat Close	67	18.3
Not Very Close	14	3.8
Not at All Close	20	5.5

*Category percentages do not sum to 100 due to small numbers of missing values.

SOCIAL SUPPORT

The MOS Social Support Survey (Sherbourne & Stewart, 1991) is a brief, multidimensional, self-administered, social support survey that was developed for patients in the Medical Outcomes Study (MOS), a two-year study of patients with chronic conditions. This survey was designed to be comprehensive in terms of the various dimensions of social support and for use in clinical practice and research, health policy evaluations, and general population surveys. The survey was constructed for self-administration by persons aged 14+ years and for administration by a trained interviewer in person or by telephone.

The MOS contains four functional support scales: emotional/informational, tangible, affectionate, and positive social interaction. Emotional/informational support refers to the expression of positive affect, empathetic understanding, and the encouragement of expressions of feelings. It also measures the offering of advice, information, guidance or feedback. Tangible support refers to the provision of material aid or behavioral assistance. Affectionate support refers to expressions of love and affection. Positive social interaction refers to the availability of other persons to do fun things with you. Youth were asked to indicate on a 5-point Likert scale how often each type of support was available to them (i.e., 1=none of the time; 2=a little of the time; 3=some of the time; 4=most of the time; 5=all of the time). The data from Wisconsin suggest that foster youth overall, reported receiving social support some to most of the time (mean score across all items of 3.95). Tables 21-24 display the social support for foster youth in the Illinois study across the four domains of the MOS.

Table 21: Emotional/Informational Support

	Total (*N*=474)		
	Mean	SD	Missing
Someone to listen to you	3.89	1.22	4
Someone to confide in	3.98	1.23	5
Someone to share your worries with	3.53	1.45	5
Someone to understand your problems	3.82	1.31	4
Someone to give you good advice	3.94	1.20	5
Someone to give you information	4.05	1.09	4
Someone to give you advice you really want	3.84	1.24	5
Someone to turn to for suggestions	3.88	1.24	4
Emotional/Informational Overall Scale Score	**3.87**	**1.03**	**6**

Table 22: Tangible Support

	Total (*N*=474)		
	Mean	SD	Missing
Someone to help you if you were confined to a bed	3.57	1.36	6
Someone to get together with for relaxation	4.06	1.24	4
Someone to do something enjoyable with	3.99	1.25	5
Someone to help with daily chores if you were sick	3.67	1.37	5
Tangible Support Overall Scale Score	**3.83**	**1.04**	**7**

Table 23: Positive Social Interaction

	Total (*N*=474)		
	Mean	SD	Missing
Someone to have a good time with	4.19	1.08	4
Someone to relax with	3.76	1.35	5
Someone to distract them from their problems	3.91	1.18	4
Positive Social Interaction Overall Scale Score	**3.95**	**1.05**	**5**

Table 24: Affectionate

	Total (*N*=474)		
	Mean	SD	Missing
Someone who shows you love and affection	4.08	1.24	7
Someone who hugs you	3.77	1.42	4
Someone to love and make you feel wanted	4.05	1.25	4
Affectionate Overall Scale Score	**3.97**	**1.18**	**7**

INDEPENDENT LIVING SERVICES

During the interview, youth were asked whether they had received educational support services or training in topics such as money management, food preparation, personal health and hygiene, and finding housing, transportation, and employment. Table 25 shows the percentage of youth that reported receiving at least one service in a given category. Table 26 shows the percentage of youth that reported receiving each of the selected independent living services. In addition, we asked about the youth's receipt of an independent living subsidy that allowed them to live on their own. In our Illinois study population, 45 youth (9.5%) reported having ever received an independent living subsidy while 30 youth (6.3%) indicated that they were currently receiving a subsidy.

Table 25: Receipt of Independent Living Services

Category	Total (*N*=474)			
	Present		Missing	
	#	%	#	%
Educational Support	283	59.7	3	.6
Employment/Vocational Support	297	62.7	3	.6
Budget and Financial Management Services	239	50.4	3	.6
Housing Services	217	45.8	3	.6
Health Education Services	294	62.0	3	.6
Youth Development Services	204	43.0	3	.6

Table 26: Specific Independent Living Skills Training Received

Services youth received in preparation for independent living:	Total (*N*=474)			
	Present		Missing	
	#	%	#	%
Educational Support				
Career Counseling	115	24.3	9	1.9
Study Skills Training	128	27.0	10	2.1
School To Work Support	99	20.9	11	2.3
GED Preparation	50	10.5	5	1.1

Table 26 (cont.): Specific Independent Living Skills Training Received

Educational Support				
SAT Preparation	86	18.1	8	1.7
College Application Assistance	149	31.4	3	.6
Financial Aid/Loan Application Assistance	106	22.4	3	.6
Attend University/College Fairs	92	19.4	5	1.1
Employment/Vocational Support				
Resume Writing Workshop	84	17.7	7	1.5
Assistance Identifying Employers	87	18.4	3	.6
Help with Completing Job Applications	195	41.1	3	.6
Help with Developing Interviewing Skills	175	36.9	5	1.1
Help with Job Referral/Placement	117	24.7	4	.8
Help with Use of Career Resources Library	76	16.0	5	1.1
Explanation of Benefits Coverage	72	15.2	5	1.1
Help Securing Work Permits / Social Security Cards	168	35.4	8	1.7
Given an Explanation of Workplace Values	135	28.5	5	1.1
Received an Internship	45	9.5	3	.6
Summer Employment Programs	146	30.8	3	.6
Budget and Financial Management Services				
Money Management Courses	157	33.1	3	.6
Assistance With Completing Tax Returns	89	18.8	3	.6
Training on Use of a Budget	167	35.2	3	.6
Training on Opening a Checking and Savings Account	184	38.8	4	.8
Training on Balancing a Checkbook	168	35.4	3	.6
Developing Consumer Awareness	112	23.6	6	1.3
Accessing Information on Credit	80	16.9	3	.6
Housing Services				
Assistance with Finding an Apartment	113	23.8	4	.8
Help with Completing Apartment Application	71	15.0	3	.6
Learning About Security Deposits and Utilities	105	22.2	3	.6
Handling Landlord Complaints	84	17.7	3	.6
Training on Health and Safety Standards	130	27.4	3	.6
Training on Tenants' Rights and Responsibilities	105	22.2	3	.6
Training on Meal Planning and Preparation	145	30.6	3	.6
Cleaning Classes	121	25.5	4	.8
Courses on Home Maintenance and Repairs	80	16.9	3	.6
Health Education Services				
Training on Personal Care Needs (Basic Hygiene)	196	41.4	4	.8
Training on Nutritional Needs	187	39.5	3	.6
Training on Health/Fitness	185	39.0	3	.6

Table 26 (cont.): Specific Independent Living Skills Training Received

Training on Preventive and Routine Healthcare	138	29.1	5	1.1
Accessing Information About Health/Dental Insurance	122	25.7	4	.8
Courses on First Aid	131	27.6	3	.6
Health Education Services				
Maintaining Personal Health Records	129	27.2	3	.6
Information on Birth Control and Family Planning	188	39.7	3	.6
Education on Substance Abuse	203	42.8	3	.6
Youth Development Services				
Youth Conferences	108	22.8	8	1.7
Youth Leadership Activities	114	24.1	6	1.3
Mentoring Services	131	27.6	4	.8
Other Services				
Training/Assistance Youth Wanted But Didn't Receive	196	41.4	11	2.3

MENTAL HEALTH AND MENTAL HEALTH CARE SERVICES

Foster youth suffer from more mental health problems than the general population. Support for this conclusion comes from data on their utilization of mental health services and research assessments of their mental health (Leslie, Landsverk, Ezzet-Lofstrom, Tschann, Slymen, & Garland, 2000). Leslie and colleagues (2000) found that the total number of outpatient mental health visits increased with the age of the youth, male gender, and placement in a non-relative foster home. Given foster youths' exposure to a multitude of adverse conditions and stressors, adolescents in out-of-home care may also be at elevated risk of developing Post-Traumatic Stress Disorder (PTSD) and substance use disorders (SUDs). For those youth making the transition from foster care to independent living, the risk may be especially high. Exposure to stress becomes even greater, particularly for those who have less than

adequate social supports. Although a variety of events may cause a reaction to stress, problematic interpersonal relationships (De Bellis, 1997), threats of conflict and violence (Dempsey, 2002; Dubner, & Motta, 1999; Resnick, Kilpatrick, Best, & Kramer, 1992), and uncertainty about one's safety and well-being are among the most serious stressors.

Mental health diagnostic information was gathered using the Composite International Diagnostic Interview (CIDI; World Health Organization, 1998). The CIDI is a highly structured interview that renders both lifetime and current psychiatric diagnoses according to definitions and criteria of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). The CIDI is designed for use by nonclinicians. The subscales used for the study are as follows: major depression, panic disorder, social phobia, generalized anxiety disorder, post-traumatic stress disorder, alcohol abuse, alcohol dependence, and substance abuse and dependence. Baseline data was gathered using the lifetime version of the CIDI. Tables 27 shows CIDI results across all diagnostic categories we assessed. Altogether, 29.4 percent of Illinois respondents suffered from one or more mental or behavioral health disorders. Table 28 provides details regarding depression, and Table 29 provides details regarding substance dependence and abuse.

Table 27: CIDI Diagnostic Results

Diagnosis	Total (*N*=474)	
	#	%
Post Traumatic Stress Disorder (PTSD)	78	16.5
Depression (any type)	9	1.9
Generalized Anxiety Disorder (GAD)	0	0
Social Phobia	0	0
Alcohol Abuse	49	10.3
Alcohol Dependence	9	1.9
Substance Abuse	37	7.8
Substance Dependence	17	3.6

Table 28: CIDI Diagnostic Results (Depression)

Diagnosis	Total (*N*=474)	
	#	%
Single Episode, mild	5	1.1
Single Episode, moderate	1	.2
Single Episode, severe	3	.6
Recurrent, mild	5	1.1
Recurrent, moderate	1	.2
Recurrent, severe	2	.4

Table 29: CIDI Diagnostic Results (Substance Dependence and Abuse)

Substance	Total (*N*=474)			
	Dependence		Abuse	
	#	%	#	%
Opiate	1	.2	1	.2
Cannabis	16	3.4	34	7.2
Sedative	1	.2	2	.4
Cocaine	1	.2	1	.2
Amphetamine	2	.4	1	.2
Hallucinogen	*	*	3	.6
Inhalant	*	*	1	.2
PCP	*	*	1	.2
Other Substance	1	.2	*	*

Table 30 shows the number and percentage of foster youth in our study that received various forms of mental health services in the year before our interview. About one-third received some kind of counseling, nearly one-fifth used prescribed drugs for their emotions, and 8 percent had spent at least one night in a psychiatric hospital in the past year.

Table 30: Mental Health Care Services Received in the Past Year

Services	Total (*N*=474)	
	#	%
Psychological or Emotional Counseling		
Yes	170	35.9
No	299	63.1
Missing	5	1.1
Substance Abuse Treatment Program		
Yes	74	15.6
No	396	83.5
Missing	4	.8
Medication For Emotional Problems		
Yes	98	20.7
No	372	78.5
Missing	4	.8
Psychiatric Hospitalization		
Yes	38	8.0
No	431	90.9
Missing	5	1.1

Another indicator of mental health status is optimism of the youth regarding their future, which is shown in Table 31. Approximately 92 percent of the sample reported they were "fairly" or "very" optimistic about the future.

Table 31. Optimism About the Future

Responses	Total (*N*=474)	
	#	%
Very Optimistic	310	65.4
Fairly Optimistic	126	26.6
Not Too Optimistic	20	4.2
Not At All Optimistic	13	2.7
Missing	5	1.0

HEALTH STATUS AND AVAILABILITY OF HEALTH CARE SERVICES

Studies on adolescent health have emphasized the link between current care and future outcomes. Call, Riedel, Hein, McCloyd, Peterson, and Kipke (2002) report that increased peer relationships and decreased time spent with family place adolescents at risk for exposure to sexual relationships, drugs and alcohol, and exposure to violence. Call and colleagues (2002) also emphasize the importance of strong community connections in maintaining health-promoting behaviors.

Our questions about the health status and behaviors of Illinois' foster youth were drawn from the National Longitudinal Study of Adolescent Health (Add Health). Add Health is a national, longitudinal study of the multiple contexts of adolescents' lives and how these affect health and health-related behaviors (Bearman, Jones, & Udry, 1997). Through the initial recruitment of 12,105 students in grades 7 through 12, Add Health includes three waves of data collection, including school- as well as home-based questionnaires. This report compares health status findings of Illinois foster care youth with Wave I Add Health findings.

General Health and Symptoms

Table 32 shows the health status of Illinois youth as compared with the Add Health sample. Just under one-third of Illinois foster youth (28.9%) and Add Health youth (27.4%) report excellent general health. Similarly, close to one-third of both Illinois foster youth and youth in the Add Health study indicate that their health is "very good" or "good". Thus, the foster

youth and Add Health youth report similar overall perceived health stats. A "poor" health status rating was reported by less than 1 percent of both study groups. Findings related to recent injury were less positive. For example, 22.2 percent of the Illinois foster youth versus 14.2 percent of the normative comparison group reported that their worst injury in the past year was serious, very serious, or extremely serious. Similarly, 35.2 percent of foster youth versus 43.8 percent of the normative group reported that their last injury was "very minor."

Table 32: Comparative Health Status of Adolescents, Illinois vs. Add Health Sample

Response	Total (*N*=474)		
	Illinois		Add Health
	#	%	%
Report of general health			
Excellent	137	28.9	27.4
Very good	138	29.1	29.9
Good	125	26.4	28.7
Fair	65	13.7	12.5
Missing	5	1.1	.6
Worst injury in past year			
Very minor	167	35.2	43.8
Minor	196	41.4	42.0
Serious	70	14.8	9.8
Very serious	15	3.2	2.5
Extremely serious	20	4.2	1.9
In the last month, how often did a health or emotional problem cause you to miss school?			
Never	295	62.2	65.9
A Few Times	149	31.4	29.5
Weekly or more	25	5.3	4.5
In the last month, how often did a health or emotional problem cause you to miss social or recreational activities?			
Never	39	71.5	75.9
A Few Times	109	23.0	22.2
Weekly or more	21	4.4	1.9

Access to Health Services

Table 33 presents a comparison of foster youths' reported receipt of health care services in comparison with the Add Health national norm. More than four-fifths of Illinois adolescents surveyed reported that they had a routine physical exam in the last 12 months, and 36 percent reported receiving emotional or psychological counseling. Approximately one-quarter of the Illinois sample received testing or treatment for STDs/AIDS, and a similar proportion reported a history of foregoing necessary medical care. The most commonly endorsed reason for foregoing medical care was the assumption that the health problem would go away. Other barriers to seeking medical care included lack of available parent or guardian to accompany adolescent, difficulty making an appointment, and lack of transportation. Differences related to the use of counseling services and testing/treatment of STDs are most compelling. The proportion of Illinois youth receiving psychological or emotional counseling is nearly three times that of the Add Health national sample. Similarly, one-quarter of the Illinois foster youth sample reported having been tested or treated for STD's, more than four times the proportion reported by the national sample.

Table 33: Comparison of Health Care Utilization, Illinois Sample vs. Add Health Sample

	Total (*N*=474)		
	Illinois		Add Health
Responses	#	%	%
Routine physical examination in the last year	408	86.1	80.0
Received psychological or emotional counseling	170	35.9	13.0
Routine dental examination in the last year	352	74.3	66.7
Did not get medical care they thought they should have	104	21.9	18.7
Didn't know whom to go see	12	2.5	
No transportation	24	5.1	8.7
No one available to go along	20	4.2	3.2
Parent or guardian would not go	22	4.6	11.1
Didn't want parents to know	7	1.5	N/A

Table 33 (cont.): Comparison of Health Care Utilization, Illinois Sample vs. Add Health Sample

Did not get medical care they thought they should have			
Difficult to make an appointment	15	3.2	7.7
Afraid of what the doctor would say	13	2.7	
Thought the problem would go away	34	7.2	63.1
Couldn't pay	14	3.0	14.1
Other	25	5.3	
Tested or treated for sexually transmitted disease	123	25.9	6.0
Received family planning and counseling services	73	15.4	6.0
Received medication for emotional problems	98	20.7	N/A
Received Substance abuse counseling in the last year	74	15.6	2.5
Was in a psychiatric hospital in the last year	38	8.0	N/A

Pregnancy History and Sexual Involvement

About one-half of all adolescents in the United States are sexually experienced, and in 1995, the Alan Guttmacher Institute estimated that about 10 percent of U.S. adolescent girls 15-19 years of age have had a pregnancy (Henshaw, 1998). Females in the Illinois sample were asked about their pregnancy history, and their responses were compared with the Add Health national sample (see Table 34). Approximately one-fifth of female respondents endorsed a history of pregnancy, with over two-thirds reporting pregnancies that were unwanted. A similar percentage of the Illinois foster youth to the comparison groups reported repeated pregnancies.

Table 34: Pregnancy History, Illinois Sample vs. Add Health Sample*

	(*N*=255)		
	Illinois		Add Health
	#	%	%
Have you ever been pregnant?	95	37.3	18.9
How many times have you been pregnant?			
Once	77	81.1	82.0
Two or more times	18	18.9	18.0

Table 34 (cont.): Pregnancy History, Illinois Sample vs. Add Health Sample*

Before you got pregnant, did you want to get pregnant by your partner at that time?	(N = 95)		
Definitely or probably no	66	69.5	56.0*
Neither wanted nor didn't want	8	8.4	24.0*
Yes	21	22.1	20.0*
Did you want to marry him?			
No	55	57.9	54.2*
Neither wanted nor didn't want	9	1.9	4.2*
Yes	31	32.6	41.7*
How did this pregnancy end? (m=6—due either to missing/duplicate)			
It has not ended; you are still pregnant	1	1.1	12.0
A live birth	52	59.8	20.0
Still birth or miscarriage	25	28.7	32.0
An abortion	9	10.3	36.0
Respondents reports having children	80	16.9	N/A
Respondent received prenatal/postpartum health care	45	9.5	4.7

* all of the Add Health figures are in relation to respondent's first pregnancy

EDUCATION

The level of educational attainment adolescents desire to achieve has been regarded as among the most significant determinants of eventual educational attainment (Wilson & Wilson, 1992; Dryfoos, 1990; Gottfredson, 1981; Marjoribanks, 1984). Studies have shown that family factors such as socioeconomic status, parents' education, and a climate of educational support in the home, as well as school-related factors such as performance and being held back in early grade levels are associated with adolescents' educational aspirations (Wilson & Wilson, 1992; Dryfoos, 1990; Marjoribanks, 1984). Table 35 shows educational aspirations of the foster youth in our sample. Most respondents hope and expect to graduate

from college. Given the educational challenges described below, this may be difficult, at least in the relatively near term.

Table 35: Educational Aspirations

	#	%
School Aspiration		
9-11th grade	0	0
Graduate from high school	49	10.3
Some College	56	11.8
Graduate from college	232	48.9
More than college	118	24.9
Other	15	3.2
School Expectation		
9-11th grade	1	.2
Graduate from high school	52	11.0
Some College	61	12.9
Graduate from college	220	46.4
More than college	80	16.9
Other	28	5.9

At the time of our first interview, 86.4 percent of the total sample reported current school enrollment at the high school level or higher, the vast majority having completed grades 10 or 11 at the time of the study (Tables 36 and 37). Table 38 shows that nearly half of the respondents reported having, at some point during the course of their educational experience, been placed in special education, suggesting that a considerable number of youth have received attention to learning difficulties.

Table 36: Type of School Enrollment

Education Level	Total (*N*=474) Present	
	#	%
High School	358	75.5
College	41	8.6
Vocational School	11	2.3
Other	34	7.2
Missing	30	6.3

Table 37: Level of Schooling

Grade Level	Total (*N*=474) Present	
	#	%
1st Grade	2	.4
5th Grade	1	.2
7th Grade	2	.4
8th Grade	8	1.7
9th Grade	23	4.9
10th Grade	126	26.6
11th Grade	241	50.8
12th Grade	60	12.7
First Year of College	4	.8
Second Year of College	4	.8
Fourth Year of College	1	.2

Table 38: Special Education Status

Were you ever placed in a special education classroom?	Total (*N*=474) Present	
	#	%
Yes	216	45.6
No	254	53.6

We continued to make use of questions from the Add Health survey to assess academic grades, experience of grade retention, and difficulty in school as indicators of the adolescent's experience within the school context. Findings on academic achievement and

intervention, particularly those that consider the context of adolescents in foster care, warrant some discussion here. Grade retention has increased over the past 25 years, and tends to occur more frequently among African American or Hispanic children, particularly those living in poverty or in single-parent households. Other factors related to grade retention include frequent change of schools and history of aggression or behavior problem challenges also relevant to adolescents in foster care. Grade retention also suggests a greater probability of poorer education and employment outcomes during early adulthood. Thus, in addition to the more straightforward implications of poor academic performance, grade retention serves as an important indicator for adolescents transitioning out of foster care.

Changes in foster care placements pose a number of potential problems for youth in care. One risk in particular is school changes. To gain insight into the effect placements have on the Illinois sample, youth were asked about the number of school changes they have had as a result of their foster care situation (Table 39). Although 15 percent reported no school changes, more than one-third report experiencing five or more school changes.

Table 39: Impact of Foster Care On School Mobility

Responses	Total (*N*=474)	
	#	%
Missed at least one month of school due to foster care change	130	27.4
Number of school changes due to foster care situation		
0	71	15.0
1	65	13.7
2	63	13.3
3	72	15.2
4	30	6.3
5+	172	36.3

Table 40 compares the group of Illinois foster youth to their age peers in the Add Health national sample on experiences in school.

Table 40: Comparative Indicators of School Performance, Illinois Sample vs. Add Health Sample

	Total (*N*=474)		
	Illinois		Add Health
	#	%	%
Skipped a grade	46	9.7	2.6
Repeated a grade	168	35.4	21.5
Received out-of-school suspension	328	69.2	27.8
Expelled from school	85	17.9	4.6

As is evident from the findings displayed in Table 40, adolescents in our study were more likely to experience grade retention and almost three times as likely to be suspended and/or expelled from school. In our sample, grade retention occurred most frequently during the sixth (15%) and ninth (12.5%) grades.

Grades in academic classes offer additional information regarding the school experience of foster youth. As is indicated in Table 41, the prevalence of academic difficulty as evidenced by class failure ranges from 9-17 percent of foster youth, depending on gender and academic content. Youth in foster care report similar incidences of class failure to their Add Health counterparts. However, adolescents surveyed nationally report approximately 2 times more instances of As in their academic classes than foster youth.

Table 41: Academic Grades, Illinois Sample vs. Add Health Sample

Subject Grades	Total (*N*=443)		
	Illinois*		Add Health
	#	%	%
English			
A	80	18.1	27.1
B	161	36.3	37.8
C	118	26.6	22.7
D or lower	39	8.8	10.2
Math			
A	82	18.5	24.5
B	113	25.5	29.9
C	110	24.8	24.0
D or lower	67	15.1	15.0
History			
A	74	16.7	30.5
B	99	22.3	29.3
C	108	24.4	18.7
D or lower	61	13.8	10.5
Science			
A	73	16.5	27.7
B	88	19.9	29.3
C	96	21.7	20.2
D or lower	77	17.4	11.1

*Row percentages for foster youth represent valid percentages of all youth who took a given type of course and received a letter grade.

Given their other academic problems, the fact that this sample's report of interpersonal difficulty in school is more moderate than the national average is somewhat surprising (Table 42). These findings may be a result of self-report bias and an attempt by youth to present themselves in a more favorable light.

Table 42: Indicators of Difficulty Interacting in School

Response	Total (*N*=443)		
	Illinois		Add Health
	#	%	%
How often did you have trouble getting along with your teachers?			
Never	260	58.7	39.4
Just a few times	106	23.9	43.0
Weekly or more	56	17.1	17.7
How often did you have trouble paying attention in school?			
Never	208	47.0	24.4
Just a few times	145	32.7	45.6
Weekly or more	87	19.6	30.1
How often did you have trouble getting your homework done?			
Never	229	51.7	29.7
Just a few times	138	31.2	41.4
Weekly or more	74	16.7	29.0
How often did you have trouble with other students?			
Never	228	65.0	39.2
Just a few times	96	21.7	44.8
Weekly or more	57	12.9	16.0

The Wide Range Achievement Test (WRAT) was developed as an addition to the Wechsler-Bellevue Scales intelligence test. Its primary purpose is to measure the codes that are needed to learn basic skills of reading, spelling, and arithmetic. Developed on the premise that determining whether a learning problem is due to an inability to learn the codes necessary to acquire the skill or is due to an inability to derive meaning from the codes, the instrument excludes the area of comprehension as focal point, opting instead to focus on the level at which an individual has adequate grasp of necessary codes. The instrument incorporates the subtest of reading, which tests the individual’s recognition and naming of letters and pronunciation of words out of context; spelling, which includes writing names, letters, and

words from dictation; and arithmetic, which involves counting, reading number symbols, solving oral problems, and performing written computations. We used the word recognition portion of the WRAT to perform a brief assessment of the youths' reading ability. Absolute Scores, Standard Scores and Grade Scores are provided for each of these three subtest areas allowing the comparison of the achievement levels of different individuals from ages 5 to 75.

The reading skills of Illinois youth were tested using the 1993 edition of the WRAT. With an average score of 39.4, Illinois' foster care youth exhibit reading skills that correspond with a seventh-grade reading level. Approximately 42 percent are reading at high school level or higher.

EMPLOYMENT AND FINANCES

Mortimer and Johnson (1998) found that adolescents who maintained stable employment during high school but limited their work hours (fewer than 20 hours per week) were more likely to enter postsecondary education. Furstenberg (2000) reports that research findings continue to be mixed, with one group pointing to the harmful effects of work (i.e., long hours, dangerous working conditions) and the other demonstrating that employment can promote positive development such as responsibility and self-efficacy.

Below are findings related to employment of adolescents in our study (Table 43). At the time of the survey, just under one-third were employed, although approximately half had

ever worked for pay. Similarly, the Add Health survey found that 57 percent of adolescents have ever worked for pay.

Table 43: Employment Status

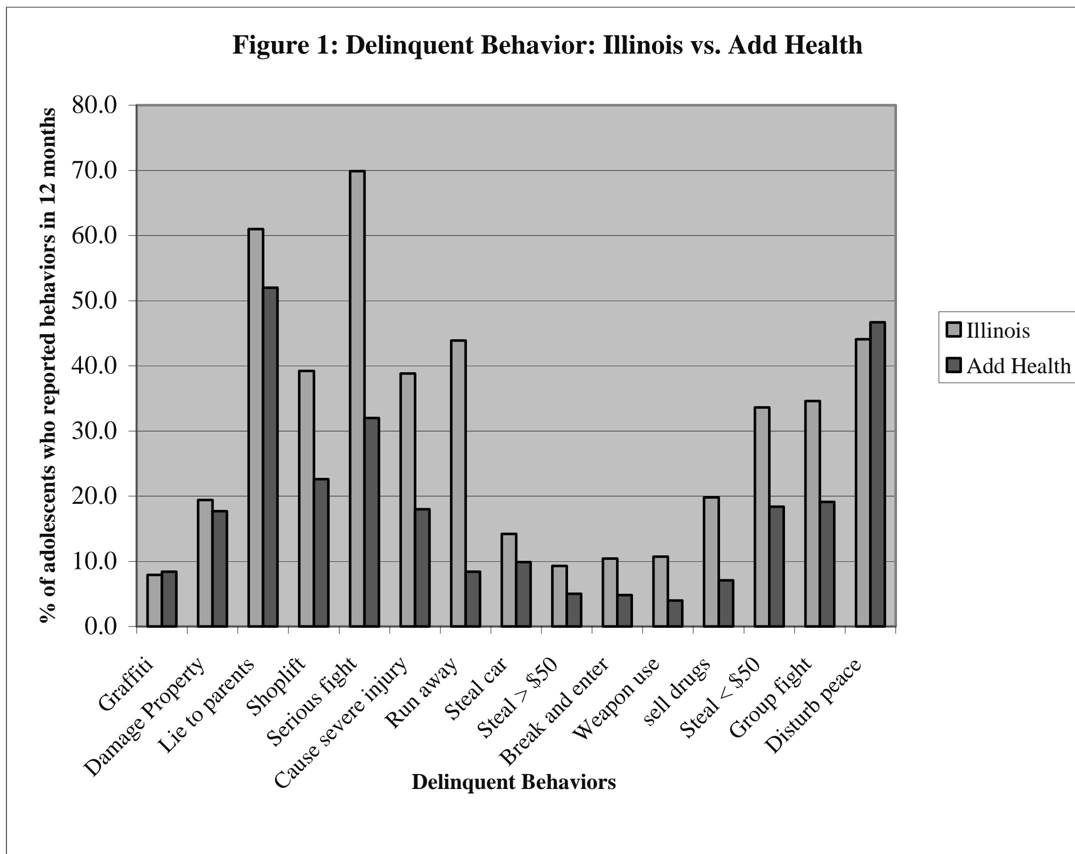
Response	Total (*N*=474)			
	Present		Missing	
	#	%	#	%
Has ever been employed	239	50.4	147	31.0
Youth is currently employed	146	30.8	1	.2
Hours worked per week				
10 or less	21	4.3		
11-20 hours	64	13.6		
21-30 hours	79	16.5		
31-40 hours	58	12.2		
More than 40 hours	14	2.8		
Current job is from job corps	5	1.1	328	69.2
Current job gained through other job training	45	9.5		
If not currently working…				
Most recent job is from job corps	4	.8	235	49.6
Most recent job is through other job training	65	13.7		
Overall job satisfaction				
Satisfied	190	40.1	235	49.6
Dissatisfied	48	10.2		

In terms of employment, it is notable that the average number of hours worked, in considering those with current jobs as well as those with a history of employment, is 25 hours per week. The median number of weekly work hours reported was 27, suggesting that the majority of these youths that were employed work half-time.

DELINQUENCY

A number of studies have shown that the large majority of adolescents engage occasionally in some form of delinquent behavior. Factors that predict such behaviors include poverty, biological disabilities, poor parenting, difficult temperament, cognitive deficits, poor bonding to parents and school, poor peer relations, and school problems (Dryfoos, 1990; Tremblay & Craig, 1995). More chronic delinquency is associated with early exposure to violence, limited parent and teacher attachments, lack of school commitment, poor parental monitoring of behaviors, and residing in high-crime areas (Elliott, 1994; Thornberry, Huizinga, & Loeber, 1995).

For our study, 15 items from the Add Health survey were employed to assess the frequency of delinquent behaviors among our sample. As shown in Figure 1 below, our sample consistently exceeds national norms in terms of frequency of delinquency. The differences are particularly marked on items regarding theft, serious fighting, causing injury, and running away. Appendix C provides comprehensive findings for these items.



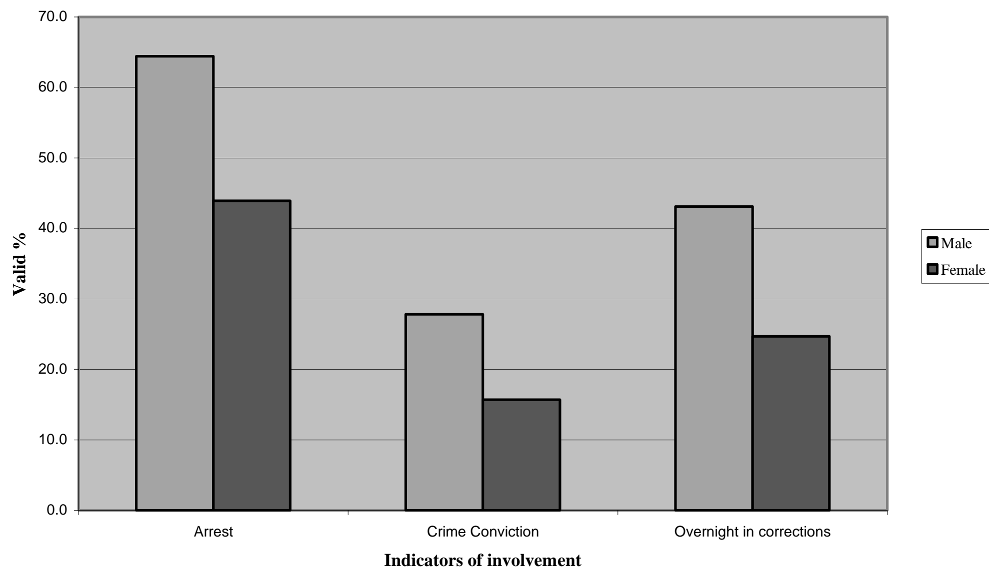
In addition to questions regarding delinquency, which were derived from the Add Health survey, our instrument included questions that sought to measure involvement with the juvenile justice system. These questions asked respondents about their history of arrest, conviction of a crime, and overnight stay in a correction facility. Three fifths of our sample experienced one or more of these outcomes, with over half having a history of arrest, close to one-quarter reporting being convicted of a crime, and one-third having spent the night in a correctional facility. Table 44 and Figure 2 below illustrates these findings by gender, and

indicate that in all categories, males were much more likely than females to experience these kinds of direct involvement with the juvenile justice system.

Table 44: Legal System Involvement, by Gender

	Total (*N*=471)					
Response	Male		Female		Total	
	#	%	#	%	#	%
Have you ever been arrested?	139	64.4	112	43.9	251	53.3
Have you ever been convicted of a crime?	60	27.8	40	15.7	100	21.2
Have you ever spent one night or more in jail, prison, juvenile hall, or other correctional facility?	93	43.1	63	24.7	156	33.1
Have you ever had any legal involvement?	146	67.6	115	45.1	261	55.4

Figure 2: Involvement with Juvenile Justice System



It is evident that the likelihood of involvement in violent activity was high for this population. Tables 45 through 47 illustrate this through the use of interview items that focused on perpetration and victimization. In this analysis, gender continued to be an important factor. Nearly three-quarters of the males studied reported a history of perpetrating

violence, and over one-half of males endorsed a history of victimization. Similarly, over two-thirds of females studied reported a history of perpetrating violence, and over one-third endorsed a history of victimization. The frequency of these experiences alone suggests that violence is a common issue in the lives of foster youth.

Table 45: Victimization in the Past 12 Months

Category	Total (*N*=474)			
	Present		Missing	
	#	%	#	%
Someone pulled a knife or gun on you	130	27.4	3	.6
Someone shot you	19	4.0	3	.6
Someone cut or stabbed you	72	15.1	3	.6
You were jumped	159	33.5	3	.6

Table 46. Perpetrator Status in the Past 12 Months

Category	Total (*N*=474)			
	Present		Missing	
	#	%	#	%
You got into a physical fight	329	69.4	3	.6
You pulled a knife or gun on someone	63	13.3	3	.6
You shot or stabbed someone	30	6.3	3	.6
You carried a knife, gun, or club to school	24	5.0	3	.6

Table 47: Crime Victimization and Perpetration, by Gender

Response	Total (*N*=471)					
	Male		Female		Total	
	#	%	#	%	#	%
Youth has been a crime victim	125	57.9	94	36.9	219	46.5
Youth has been the perpetrator of a crime	161	74.5	177	69.4	338	71.8

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APPENDICES

Appendix A: Selected Standardized Instruments Used in the Midwest Study

	Measure			
Domain	Instrument	Sample Questions	Author	Date
Family Background	Longitudinal Study of post discharge functioning of former foster children in the state of Wisconsin	Q76: Just before you were placed in foster care for the first time did you live with your birth mother? 1) yes, 2) no, d) don't know, r) refused	Courtney et al.	1999
Family Relationship & Visitation	Longitudinal Study of post discharge functioning of former foster children in the state of Wisconsin	Q132b: In general, would you say that you feel very close, somewhat close, not very close, or not at all close to your biological father these days? 1) very close, 2) somewhat close, 3) not very close, 4) not at all close, d) don't know, r) refused	Courtney et al.	1999
Experiences Prior To and During Out-of-Home Care		Q76: Just before you were placed into foster care for the first time did you live with your birth mother? 1) yes, 2) no, d) don't know, r) refused	Festinger	1983
Health Status	National Longitudinal Study of Adolescent Health	Q139: In general, would you say your health is excellent, very good, good, fair, or poor? 1) excellent, 2) very good, 3) good, 4) fair, 5) poor, d) don't know, r) refused	Carolina Population Center at The University of North Carolina at Chapel Hill	1997

Social Support	Medical Outcome Study (MOS) Social Support Survey	When you need help with small favors, are there 1) enough people you can count on, 2) too few people, or 3) no one you can count on? d) don’t know, r) refused.	Sherbourne, C.D. and Stewart, A.L.	
Interpersonal Relationships	Experiences in Close Relationships Scale-Revised	I find it difficult to allow myself to depend on others. 1) disagree strongly, 2) disagree, 3) somewhat disagree, 4) neutral/ mixed, 5) somewhat disagree, 6) agree, 7) agree strongly, d) don’t know, r) refused	Brennan, et al. Fraley, et al.	1998 2000
Mental Health	Composite International Diagnostic Inventory-(CIDI)	Q69e1: In your lifetime, have you ever had two weeks or longer when nearly every day you felt sad, empty, or depressed for most of the day? 1) yes, 2) no, d) don’t know, r) refused	World Health Organization	1998
Delinquency	National Longitudinal Study of Adolescent Health	Del 2: In the past 12 months, how often did you deliberately damage property that didn’t belong to you? 0) never, 1) 1 or 2 times, 2) 3 or 4 times, 3) 5 or more times	Carolina Population Center at The University of North Carolina at Chapel Hill	1997
Substance Abuse	Composite International Diagnostic Interview	Qj7a: Did your drinking frequently cause problems between you and a family member or friend? 1) yes, 2) no, d) don’t know, r)refused	World Health Organization (WHO)	1998

Preparation For Independent Living	Chafee Pilot Data Form-	Q117b,d Did you receive any of the following employment/vocational support services in preparation for independent living?: Assistance with completing a job application? 1) yes, 2) no, d) don't know, r) refused	John H. Chafee Foster Care Independence Program Work Group	2001
Reading Ability	Wide-Range Achievement Test-3(Reading Subscale)	Look at each word carefully and say it aloud. Begin here and read the words across the page so I can hear you. When you finish the first line, go to the next line, and then the next, etc. Don't worry about getting all of the words right. No one is expected to know them all. V3) book, v32) usurp	Wilkinson	1993
History of Maltreatment	Lifetime Experiences Questionnaire (LEQ)	Qab14 Did any of your caretakers ever try to choke. Strangle or smother you? 1) yes, 2) no, d) don't know, r) refused	Rose, Abramson, & Kaupie	2000

APPENDIX B: Lifetime Experiences Questionnaire

Type of maltreatment	Total (*N*=474)			
	Present		Missing	
	#	%	#	%
Did you ever have a serious illness or injury or physical disability, but your caretaker ignored it or failed to obtain necessary medical or redial treatment for it?	48	10.1	31	6.5
Did your caretaker fail to help you with washing and grooming so that you were often dirty, had uncombed hair, or wore dirty clothes?	74	15.6	29	6.1
Did your caretaker often fail to provide regular meals for you so that you had to go hungry or ask other people for food?	97	20.5	33	7.0
Did you ever have to go without things that you needed, (for example clothes, shoes, school supplies, food, etc.) because your family's paycheck was spent on the adult's interests? For example, a parent spending money on alcohol, gambling, drugs, fancy cars or clothes, so that there was little money left over for the children.	126	26.6	34	7.2
Were you ever required to do chores that were too difficult or dangerous for you? For example, cooking at the stove when you were too small to do it safely, or operating farm machinery that could have been dangerous?	36	7.6	30	6.3
Were you ever actually abandoned by a caretaker?	93	19.6	30	6.3
Were any of your caretakers ever physically or emotionally ill to the extent that he or she was unable to care for you or pay attention to you because of the illness? Illnesses that could cause a caretaker to be unable to care for a child might include depression, substance abuse, complications of childbirth, cancer, etc.	102	21.5	39	8.2
Did you ever miss school because you had to stay home to take care of a parent, grandparent, brother or sister, or to do chores?	100	21.1	29	6.1
Did any of your caretakers ever fail to protect you from being physically harmed by someone else? For example, one parent watching while the other parent or a brother or sister beat you	79	16.7	34	7.2
Did any of your caretakers ever throw or push you? For example, push you down a staircase or push you into a wall?	100	21.1	29	6.1
Did any of your caretakers ever lock you in a room or closet for several hours or longer?	38	8.0	28	5.9
Did any of your caretakers ever hit you hard with a fist, or kick you or slap you really hard?	124	26.2	28	5.9
Did any of your caretakers ever beat you up (hitting or kicking you repeatedly)?	67	14.1	29	6.1

APPENDIX B (cont.): Lifetime Experiences Questionnaire				
Did any of your caretakers ever try to choke, strangle or smother you?	44	9.3	29	6.1
Did any of your caretakers ever attack you with a weapon such as a knife or gun? Actually being stabbed or shot is not required to answer yes; all that is required is that the attacker had the weapon and indicated by words or actions that he or she might use it.	26	5.5	28	5.9
Did any of your caretakers ever tie you up, or hold you down, or blindfold you so that you could not protect yourself from harm? For example, one or more people held you while someone else hit you, or someone tied you up and left you alone in a remote place, such as out in the woods.	27	5.7	29	6.1

APPENDIX C: Report of Delinquent Behaviors: Comparison Between Illinois Foster Youth and Add Health Findings

In the past 12 months, how often did you...	Total (N=474)		
	Illinois		Add Health
		%	%
Paint graffiti or signs on someone else's property or in a public place?			
Never	434	91.6	91.6
A Few Times	32	6.8	7.3
5 or more times	5	1.1	1.1
Deliberately damage property that didn't belong to you?			
Never	379	80.0	82.3
A Few Times	83	17.5	16.1
5 or more times	9	1.9	1.6
Lie to your parents or guardians about where you had been or whom you were with?			
Never	182	38.4	47.9
A Few Times	220	46.4	39.2
5 or more times	69	14.6	12.8
Take something from the store without paying for it?			
Never	285	60.1	77.4
A Few Times	158	33.3	17.6
5 or more times	28	5.9	5.0
Get into a serious physical fight?			
Never	140	29.5	68.0
A Few Times	252	53.2	27.9
5 or more times	79	16.7	4.1
Hurt someone badly enough to need bandages or care from a doctor or nurse?			
Never	287	60.5	81.9
A Few Times	158	33.3	16.1
5 or more times	26	5.5	1.9
Run away from home			
Never	263	55.5	91.6
A Few Times	123	25.9	7.6
5 or more times	85	17.9	.8

APPENDIX C (cont.): Report of Delinquent Behaviors: Comparison Between Illinois Foster Youth and Add Health Findings

Drive a car without its owner's permission?			
Never	404	85.2	90.1
A Few Times	59	12.4	8.6
5 or more times	8	1.7	1.3
Steal something worth more than $50?			
Never	427	90.1	95.0
A Few Times	39	8.2	4.1
5 or more times	5	1.1	.9
Go into a house or building to steal something?			
Never	422	89.0	95.2
A Few Times	44	9.3	4.1
5 or more times	5	1.1	.7
Use or threaten to use a weapon to get something from someone?			
Never	421	88.8	95.9
A Few Times	43	9.1	3.6
5 or more times	7	1.5	.4
Sell marijuana or other drugs?			
Never	377	79.5	92.9
A Few Times	51	10.8	4.7
5 or more times	43	9.1	2.4
Steal something worse less than $50?			
Never	312	65.8	81.6
A Few Times	126	26.6	14.0
5 or more times	33	7.0	4.4
Take part in a fight where a group of your friends was against another group?			
Never	307	64.8	80.9
A Few Times	138	29.1	17.1
5 or more times	26	5.5	2.0
Loud, rowdy, or unruly in a public place?			
Never	262	55.3	53.3
A Few Times	166	35.0	39.6
5 or more times	43	9.1	7.1

* 1 case systematically missing from these findings