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

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INTRODUCTION

Each year, 20,000 adolescents leave the foster care system and attempt to live independently (GAO, 1999). Studies of adolescent high-risk 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. Foster youth are multiply at risk because they spend some time growing up in families of origin that are typically "high risk" in terms of the criteria listed above. In addition, they suffer from the consequences of 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, thus leaving foster youth "on their own" at a relatively early stage in the transition to adulthood.

In light of the multiple challenges described above, 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. Keeping in mind the limited research in this area, reviews of the literature 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 for whom out-of-home care had become a permanent situation (i.e., they were very unlikely to return home or be adopted). 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 percent 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 of three waves of data collection from 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, Wisconsin, Chapin Hall Center for Children at the University of Chicago, and the University of Wisconsin Survey Center, to gather information about services provided to selected foster youth in participating states and to report on adult self-sufficiency outcomes they achieved.

The study, based on interviews with the youth themselves, follows the progress of a number of foster youth in the participating states through age 21. These youth had all reached the age of 17 years while placed in out-of-home care due to abuse or neglect, and had been in care for at least 1 year prior to their seventeenth birthday. This report presents data on 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. All data contained in this report came from the youth through in-person interviews. Future reports will focus on the functioning of the study population after they leave out-of-home care. The project will provide guidance to states in their efforts to meet the overall purpose of the John Chafee Foster Care Independence Act of 1999 and provide the first comprehensive look since the enactment of the Chafee Act at how former foster youth fare during the transition to adulthood.

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 dedicate part of their Chafee Program federal funding to collecting 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 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 sample and completed interviews with 63 youth in Iowa, 474 youth in Illinois, and 195 youth in Wisconsin. This report details the findings of the first wave of the study; 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, severe mental illness, 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 for the following reasons: care provider refusal to participate, youth refusal to participate, no contact with the youth, or 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, 732 consented to participate and completed an in-person or telephone interview, for an overall response rate of 95.4 percent.

Measures

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

- (1) demographic attributes of sample members before they entered out-of-home care

- (2) their experiences while in care
- (3) status at the time of the interview

The next section of this report focuses on the characteristics of the youth in the sample. We explore gender, race-ethnicity, characteristics of former primary caregivers, and the reasons that youth were placed in out-of-home care. The following section on youth experiences in care includes 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 is discussed next. Assessed shortly before youth exit from out-of-home care, this section 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.

DEMOGRAPHIC CHARACTERISTICS AND FAMILY OF ORIGIN

Table 1, which presents demographic characteristics of the youth respondents who completed surveys, shows that the study sample was almost evenly split between male and female youth, was majority African American, and that 59.3 percent were 17 years old. Just under seventy percent of the sample identified themselves as belonging to a racial minority group. Table 1a shows the self-reported racial background of the youths that identified themselves as Hispanic (n = 67; 8.7 percent of the overall sample).

Table 1: Demographic Profile of Study Sample

		Total (*N*=732)	
		Number	%
Age	17yrs	434	59.3
	18yrs	296	40.5
	Missing	2	.3
	Median Age	17.0	*
Sex	Male	358	48.9
	Female	374	51.1
Race	Caucasian	228	31.1
	African American	415	56.7
	Asian or Pacific Islander	4	.5
	American Indian or Native Alaskan	10	1.4
	Mixed Race	71	9.7

Table 1a: Hispanic Ethnicity

	Total (*N*=67)	
Race		
	#	%
Caucasian	16	25.0
African American	12	18.8
Asian or Pacific Islander	0	0
American Indian or Native Alaskan	0	0
Mixed Race	32	50.0
Missing	4	6.2
Total	64	100

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, just over one-fourth reported residing with their birth father and a slightly higher percentage reported

living with grandparents. Sixty-five percent 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*=732)	
	#	%
Either Birth Mother or Birth Father	595	81.3
Birth Mother	552	75.4
Birth Father	200	27.3
Adoptive Mother or Adoptive Father	12	1.6
Adoptive Mother	11	1.5
Adoptive Father	6	.8
Stepmother or Stepfather	41	5.6
Stepmother	15	2.0
Stepfather	69	9.4
Grandmother or Grandfather	229	31.2
Grandmother	215	29.4
Grandfather	73	10.0
Any Other Adult Relatives	195	26.6
Other Unrelated Adults	114	15.6
Biological Siblings (inc. half-sibs, exc. step-sibs)	474	64.8
Any Unrelated Kids (including step-siblings)	93	12.7

According to Table 3, when a biological parent is present in the home, that parent is usually the primary caregiver. For example, 93.6 percent of the 552 youth who report living with their birth mother also identified her as their primary caregiver. Similarly, 90.0 percent of those living with their birth fathers identified him as a primary caregiver. Those residing with a grandmother, grandfather, and stepparents before initial placement were also very likely to view these adults as primary caregivers. The presence and caregiver status of relatives in the home of foster youth is consistent with literature suggesting a higher number

of families composed of extended relatives and the active presence of extended relatives in the family lives of many minority youth.

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

Household member	Total (*N*=732)			
	Present		Missing*	
	#	%	#	%
Birth Mother	517	70.6	181	24.7
Birth Father	180	24.6	533	72.7
Adoptive Mother	11	1.5	722	98.5
Adoptive Father	2	.3	727	99.2
Stepmother	8	1.1	718	98.0
Stepfather	46	6.3	664	90.6
Grandmother	205	28.0	518	70.7
Grandfather	62	8.5	660	90.0
Any Other Adult Relatives	165	22.5	538	73.4
Other Unrelated Adults	63	8.6	619	84.4
Biological Siblings (incl. half-sibs, excl. step-sibs)	61	8.3	259	35.3
Any Unrelated Kids (including step-siblings)	6	.8	640	87.3

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

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

Table 4: Youth's Siblings / Siblings in Foster Care

Gender Categories	Total (*N*=732)			
	Siblings		Siblings In Care*	
	#	%	#	%
Brothers (incl. half-brothers and stepbrothers)				
0	80	10.9	157	26.1
1	171	23.4	197	32.7
2	186	25.4	129	21.4
3+	283	38.7	119	19.8
Missing	12	1.6	130	---
Sisters (incl. half-sisters and stepsisters)				
0	94	12.8	145	24.0
1	170	23.2	193	32.0
2	176	24.0	135	22.4
3+	277	37.8	130	21.6
Missing	15	2.0	129	---

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

Table 5 shows problems that youth report for their parents or others who cared for them before they entered foster care. The five most frequently identified types of caregiver problems are alcohol abuse, drug abuse, inadequate parenting skills, spousal abuse, and having a criminal record.

Table 5: Primary Caregiver Characteristics

Characteristic	Total (*N*=732)			
	Present		Missing	
	#	%	#	%
Abused Alcohol	257	35.1	3	.4
Abused Drugs	312	42.6	3	.4
Had Mental Illness	140	19.1	3	.4
Was Mentally Retarded	19	2.6	3	.4
Showed Inadequate Parenting Skills	283	38.7	3	.4
Abused Their Spouse	171	23.4	3	.4
Had A Criminal Record	176	24.0	3	.4
Had Other Problems	90	12.3	3	.4
Had one or more of the above characteristics	519	70.9	3	.4

HISTORY OF MALTREATMENT

The Lifetime Experiences Questionnaire (Rose, Abramson, & Kaupie, 2000) assesses one's 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 about sexual abuse during this phase of the study. This information will be gathered in follow-up interviews. Data suggest that the distribution of abuse and neglect categories in the sample is generally consistent with prior studies in that a greater percentage of youth report a history of neglect than physical abuse.

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

Responses	Total (*N*=732) Present		Missing	
	#	%	#	%
Abuse	257	35.1	2	.3
Neglect	430	58.7	1	.1
Abuse and Neglect	213	29.1	2	.3

EXPERIENCES IN CARE

Questions regarding service factors (i.e., age at entry into foster care system, number of placements, 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 the questions). Tables 7 and 8 show responses to questions about the household in which youth currently live as well as questions about others who usually live in their current households. Over one-third of all youth report residing in traditional foster home placements without relatives. Relative foster care, representing just under one-third of responses, was the second most frequent answer given. Most of the rest of the youth indicated that they reside in group care/residential treatment centers and independent living arrangements. Approximately 5 percent of the youth had emancipated from the foster care system by the time they were interviewed.

Table 7: Youth's Current Living Situation

	Total (*N*=732)	
Placement		
	#	%
Foster Home w/o Relatives	261	35.7
Foster Home w/ Relatives	224	30.6
Group Care/Residential Treatment	132	18.0
Adoptive Home	5	.7
Independent Living Arrangement	63	8.6
Other settings	45	6.1
Emancipated	34	
Kinship Care	3	
Shelter	2	
Independent Living	4	
Missing	2	.3

Table 8 shows other people the youth reported to be living in their current abode. A larger number of youth reported the usual presence of their foster mother than foster father. Of youth with siblings in care, 23.6 percent reported living with at least one sibling, however only 5.1 percent reported living with *all* of their biological siblings in the current household. Two-fifths of responding youth report that one of more of their current caregiver's children live in the home, and a slightly higher number report the presence of other foster children that are not related to the respondent. Aunts, uncles, and other relatives were the other kin who were most likely to be present in the youth's current home.

Table 8: Others Usually Residing in Current Household

Responses	Total (*N*=732)	
	#	%
Lives Alone	24	3.3
Foster Mother	256	35.0
Foster Father	157	21.4
Any Biological Siblings	173	23.6
All of Your Biological Siblings	37	5.1
Grandmother	80	10.9
Grandfather	26	3.6
Aunt / Uncle	109	14.9
Other Relatives	110	15.0
Children of Current Caregivers	293	40.0
Other Unrelated Foster Children	309	42.2
Anyone Else	137	18.7

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, one-quarter of youth report only one placement whereas over two-fifths experienced four or more. Only 22 youth reported no foster home placements.

Table 9: Number of Foster Home Placements

	Total (*N*=732)	
Placements		
	#	%
0	22	3.0
1	184	25.1
2	133	18.2
3	110	15.0
4	70	9.6
5	56	7.7
6	32	4.4
7+	120	16.4
Missing	5	.7

About two-thirds of all respondents had lived in at least one group home, residential treatment center, or child caring institution. Fewer than one-quarter report only one placement and about 14 percent had four or more.

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

	Total (*N*=732)	
Responses		
	#	%
0	289	39.5
1	168	23.9
2	98	13.4
3	69	9.4
4	43	5.9
5+	60	8.2
Missing	5	.7

In some cases, youth experience 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 over one-fifth of

the youth surveyed reported reentry into care, and that one-third of those did so more than once.

Table 11: Reentry to Care

Responses	Total (*N*=732)	
	#	%
YES	161	22.0
NO	567	77.5
Missing	4	.5

Table 12: Multiple Reentries to Care

Responses	Total (*N*=161)	
	#	%
1	109	67.7
2	29	18.0
3+	23	14.3

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). Nearly one-half reported having run away from out-of-home care and nearly two-thirds of those who did run away did so on multiple occasions. In fact, over 17 percent of the entire group had run away five or more times.

Table 13. Youth Who Ran Away from Care

Responses	Total (*N*=732)	
	#	%
YES	337	46.0
NO	392	53.6
Missing	2	.3

Table 14. Multiple Runaway Episodes

Responses	Total (*N*=337)	
	#	%
1	119	35.3
2	43	12.8
3	29	8.6
4	18	5.3
5+	128	38.0

Youth were asked about their thoughts and experiences concerning adoption (see Table 15). Over one-quarter report having wanted, at some point, to be adopted, and the same number had previously been in a placement in which the plan was for their foster parent to adopt them. Less than one-tenth of the youth currently lived in a setting where adoption was planned and only 55 youth had previously been adopted.

Table 15: Adoption Plans*

Responses	Total (*N*=732) Present		Missing	
	#	%	#	%
Did you ever wish you were adopted?	197	26.9	3	.4
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?	70	9.6	3	.4
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?	197	26.9	3	.4
Have you ever been adopted?	55	7.5	3	.4

*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 22-25 years old who had been in the New York foster care system for at least 5 years and were discharged between 18-21 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 over one-half of our respondents agreed that they were "lucky" to be placed in out-of-home care. About three-fifths agreed that they were generally satisfied with their experiences in out-of-home care, and nearly four-fifths agreed with the statement that "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*=732)	
	#	%
All in all I was lucky to be placed in the foster care system		
Very Strongly Agree	141	19.3
Strongly Agree	70	9.6
Agree	184	25.1
Neither Agree Nor Disagree	108	14.8
Disagree	103	14.1
Strongly Disagree	35	4.8
Very Strongly Disagree	87	11.9
Generally I am satisfied with my experiences in the foster care system.		
Very Strongly Agree	113	15.4
Strongly Agree	97	13.3
Agree	238	32.5
Neither Agree Nor Disagree	84	11.5
Disagree	101	13.8
Strongly Disagree	32	4.4
Very Strongly Disagree	64	8.7
Overall, social workers have been a help to me while I was in the foster care system.		
Very Strongly Agree	88	12.0
Strongly Agree	89	12.1
Agree	244	33.3
Neither Agree Nor Disagree	92	12.6
Disagree	119	16.3
Strongly Disagree	39	5.3
Very Strongly Disagree	58	7.9
All in all foster parents have been a help to me. *		
Very Strongly Agree	76	29.1
Strongly Agree	44	16.9
Agree	85	32.6
Neither Agree Nor Disagree	22	8.4
Disagree	20	7.7
Strongly Disagree	6	2.3
Very Strongly Disagree	8	3.1

* 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 16 face-to-face visits with their social workers per year, with a median of 12 visits (i.e., about once per month). One-quarter of the youth saw their worker five or fewer times over the course of the year, whereas one-quarter saw their worker 20 or more times during the year. In addition, youth report an average of 15 phone conversations with their social worker during the past year, with a median of 6 calls. One-quarter of youth had talked with their worker two or fewer times during the past year, whereas one-quarter had talked with their worker at least 20 times during that period. Although on average the youth are in fairly regular contact with their social workers, a significant minority reports very limited contact.

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

Table 17: Future Likeliness to Use Foster Care Services

Future likeliness, after discharge from foster care, to turn to someone from your foster care agency for any of the following:	Total (*N*=732)			
	Present		Missing	
	#	%	#	%
Financial Help	339	46.3	3	.4
Help w/ Personal Problems	344	47.0	3	.4
Help w/ Employment Problems	366	50.0	3	.4
Help w/ Family Problems	297	40.6	3	.4
Help w/ Housing Problems	364	49.7	3	.4
Help w/ Health Problems	283	38.7	3	.4
Help w/ Any Other Problems	327	44.7	3	.4

CONTACT WITH FAMILY

Table 18 shows whether youth had visited with a relative 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 siblings. Youth were further asked about their level of satisfaction with family visits with birth parents and siblings (Table 19). Over one-third reported that they had too few visits with their birth parents, while two-fifths 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*=732)	
	Median	Visited in last year
	#	%
Birth Mother	15.0	51.6
Birth Father	10.0	25.8
Step-Mother	8.0	6.0
Step-Father	10.0	7.6
Grandparents	12.0	41.2
Siblings	24.0	65.5

Table 19: Satisfaction with Family Visits

Relative	Total (*N*=732)	
	#	%
Biological Parents		
Too little	252	34.4
Just about enough	275	37.6
Too much	34	4.6
Siblings		
Too little	299	40.8
Just about enough	238	32.5
Too much	43	5.9

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, three-fifths of youth report feeling very close to their current foster family and over two-thirds report feeling very close to relatives with whom they currently live. Almost two-thirds of responding youth reported feeling very close or somewhat close to their biological mothers, whereas a similar percentage report feeling not very close or not at all close to their biological fathers. Over two-fifths of youth reported feeling very close to grandparents and two-thirds reported feeling very close to their 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*=732) #	% *
Your Current Foster Family	(*N*=261)	
Very Close	161	61.7
Somewhat Close	73	28.0
Not Very Close	11	4.2
Not at All Close	16	6.1
Relatives You Currently Live With	(*N*=224)	
Very Close	153	68.3
Somewhat Close	58	25.9
Not Very Close	7	3.1
Not at All Close	5	2.2
Your Biological Mother	(*N*=530)	
Very Close	198	37.4
Somewhat Close	139	26.2
Not Very Close	77	14.5
Not at All Close	111	20.9
Your Biological Father	(*N*=521)	
Very Close	97	18.6
Somewhat Close	90	17.3
Not Very Close	69	13.2
Not at All Close	255	48.9
Your Step-Mother	(*N*=122)	
Very Close	18	14.8
Somewhat Close	31	25.4
Not Very Close	16	13.1
Not at All Close	53	43.4
Your Step-Father	(*N*=160)	
Very Close	27	16.8
Somewhat Close	43	26.9
Not Very Close	16	10.0
Not at All Close	69	43.1
Your Grandparents	(*N*=523)	
Very Close	260	49.7
Somewhat Close	116	22.2
Not Very Close	41	7.8
Not at All Close	98	18.7
Your Brothers and Sisters	(*N*=592)	
Very Close	399	66.4
Somewhat Close	115	19.4
Not Very Close	35	5.9
Not at All Close	32	5.4

* 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 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. Positive social interaction refers to the availability of other persons to do enjoyable things with youth. Affectionate support refers to expressions of love and affection. Youth were asked to indicate on a 5-point 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 suggest that foster youth overall, report they are receiving social support some or most of the time (mean score across all items of 3.93). The following tables describe social support for foster youth across the four domains of the MOS. The tables provide the mean item and scale scores and the standard deviation of each measure.

Table 21: Emotional/Informational Support*

	Total (*N*=732)		
	Mean	SD	Missing
Someone to listen to you	3.95	1.17	5
Someone to confide in	4.01	1.17	6
Someone to share your worries with	3.57	1.44	6
Someone to understand your problems	3.83	1.24	6
Someone to give you good advice	3.98	1.15	8
Someone to give you information	4.05	1.06	5
Someone to give you advice you really want	3.79	1.25	7
Someone to turn to for suggestions	3.92	1.22	5
Emotional/Informational Overall Scale Score	**3.89**	**.99**	**11**

Table 22: Tangible Support*

	Total (*N*=732)		
	Mean	SD	Missing
Someone to help you if you were confined to a bed	3.61	1.33	8
Someone to get together with for relaxation	4.15	1.16	5
Someone to do something enjoyable with	4.03	1.22	6
Someone to help with daily chores if you were sick	3.66	1.34	8
Tangible Support Overall Scale Score	**3.87**	**.99**	**11**

Table 23: Positive Social Interaction*

	Total (*N*=732)		
	Mean	SD	Missing
Someone to have a good time with	4.22	1.03	5
Someone to relax with	3.72	1.34	6
Someone to distract them from their problems	3.95	1.44	5
Positive Social Interaction Overall Scale Score	**3.97**	**1.00**	**6**

Table 24: Affectionate*

	Total (*N*=732)		
	Mean	SD	Missing
Someone who shows you love and affection	4.13	1.20	8
Someone who hugs you	3.81	1.41	5
Someone to love and make you feel wanted	4.10	1.20	8
Affectionate Overall Scale Score	**4.01**	**1.13**	**11**

* Coefficient alpha is .80 or higher for the overall scale and all subscales.

INDEPENDENT LIVING SERVICES

During the interview, youth were asked whether they had received educational support services or training in such topics 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. Even when assessed at this very general level of specificity, between one-third and one-half of youth had not received any service in a given service domain. 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 study population, 85 youth (11.6%) reported having ever received an independent living subsidy while 47 youth (6.4%) indicated that they were currently receiving a subsidy.

Table 25: Receipt of Independent Living Services

Category	Total (*N*=732) Present	
	#	%
Educational Support	436	59.6
Employment/Vocational Support	495	67.5
Budget and Financial Management Services	412	56.2
Housing Services	379	51.7
Health Education Services	505	68.9
Youth Development Services	338	46.1

Table 26: Specific Independent Living Skills Training Received

Services youth received in preparation for independent living:	Total (*N*=732) Present	
	#	%
Educational Support		
Career Counseling	185	25.3
Study Skills Training	193	26.4
School To Work Support	142	19.4
GED Preparation	68	9.3
SAT Preparation	125	17.1
College Application Assistance	215	29.4
Financial Aid/Loan Application Assistance	163	22.3
Attend University/College Fairs	137	18.7
Employment/Vocational Support		
Resume Writing Workshop	163	22.3
Assistance Identifying Employers	149	20.4
Help with Completing Job Applications	338	46.2
Help with Developing Interviewing Skills	325	44.4
Help with Job Referral/Placement	184	25.1
Help with Use of Career Resources Library	151	20.6
Explanation of Benefits Coverage	140	19.1
Help Securing Work Permits / Social Security Cards	287	39.2
Given an Explanation of Workplace Values	261	35.7
Received an Internship	75	10.2
Summer Employment Programs	229	31.3
Budget and Financial Management Services		
Money Management Courses	261	35.7
Assistance With Completing Tax Returns	161	22.0
Training on Use of a Budget	259	35.4
Training on Opening a Checking and Savings Account	322	44.0
Training on Balancing a Checkbook	299	40.8
Developing Consumer Awareness	189	25.8
Accessing Information on Credit	136	18.6

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

Services youth received in preparation for independent living:	Total (*N*=732) Present	
	#	%
Housing Services		
Assistance with Finding an Apartment	183	25.0
Help with Completing Apartment Application	112	15.3
Learning About Security Deposits and Utilities	180	24.6
Handling Landlord Complaints	140	19.1
Training on Health and Safety Standards	207	28.3
Training on Tenants' Rights and Responsibilities	182	24.9
Training on Meal Planning and Preparation	260	35.5
Cleaning Classes	194	26.5
Courses on Home Maintenance and Repairs	148	20.2
Health Education Services		
Training on Personal Care Needs (Basic Hygiene)	344	47.0
Training on Nutritional Needs	331	45.2
Training on Health/Fitness	331	45.2
Training on Preventive and Routine Healthcare	254	34.7
Accessing Information About Health/Dental Insurance	192	26.2
Courses on First Aid	248	33.9
Maintaining Personal Health Records	200	27.3
Information on Birth Control and Family Planning	330	45.1
Education on Substance Abuse	362	49.5
Youth Development Services		
Youth Conferences	155	21.2
Youth Leadership Activities	188	25.7
Mentoring Services	217	29.6
Other Services		
Training/Assistance Youth Wanted But Didn't Receive	267	36.5

MENTAL HEALTH AND MENTAL HEALTH CARE SERICES

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 of stressors.

Mental health diagnostic information was gathered using the Composite International Diagnostic Interview (CIDI; World Health Organization, 1998). Designed for use by nonclinicians, 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 subscales used for this 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 were gathered using the lifetime version of the CIDI. Table 27 shows CIDI results across all diagnostic categories we assessed. Altogether, 230 (31.4 percent) of our respondents suffer from one or more mental or behavioral health disorders. Table 28 provides details regarding depression.

Table 27: CIDI Diagnostic Results

	Total (*N*=732)	
Diagnosis		
	#	%
Post Traumatic Stress Disorder (PTSD)	118	16.1
Depression (any type)	21	2.9
Generalized Anxiety Disorder (GAD)	*	*
Social Phobia	3	.4
Alcohol Abuse	83	11.3
Alcohol Dependence	20	2.7
Substance Abuse	37	5.0
Substance Dependence	17	2.3

Table 28: CIDI Diagnostic Results (Depression)

	Total (*N*=732)	
Diagnosis		
	#	%
Single Episode, mild	10	1.4
Single Episode, moderate	5	.7
Single Episode, severe	6	.8
Recurrent, mild	9	1.2
Recurrent, moderate	5	.7
Recurrent, severe	4	.5

Table 29 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. Over one-third received

some kind of counseling, nearly one-quarter used prescribed drugs for a psychological or psychiatric condition and 7 percent had spent at least one night in a psychiatric hospital in the past year.

Table 29: Mental Health Care Services Received in the Past Year

	Total (*N*=732)	
Services		
	#	%
Psychological or Emotional Counseling		
Yes	267	36.5
No	459	62.7
Missing	6	.8
Substance Abuse Treatment Program		
Yes	99	13.5
No	629	85.9
Missing	4	.5
Medication For Emotional Problems		
Yes	165	22.5
No	561	76.6
Missing	6	.8
Psychiatric Hospitalization		
Yes	52	7.1
No	674	92.1
Missing	6	.8

Another indicator of their mental health status is optimism of the youth regarding their future, which is shown in Table 30. Approximately 90 percent of the sample reported they were “fairly” or “very” optimistic about the future.

Table 30. Optimism About the Future

Responses	Total (*N*=732)	
	#	%
Very Optimistic	426	58.2
Fairly Optimistic	241	32.9
Not Too Optimistic	29	4.0
Not At All Optimistic	28	3.8
Missing	8	1.1

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 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 90,000 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 foster care youth with Wave I Add Health findings.

Findings on General Health and Symptoms

Table 31 shows the health status of the foster youth in our sample compared with the Add Health sample. Foster youth and Add Health youth give similar reports of general health and the frequency that health problems interrupted their daily routines. However, findings related to recent injury show foster youth reporting more serious injuries than their peers.

Table 31: Comparative Health Status of Adolescents, 3-State Sample vs. Add Health Sample

Response	3 States (*N*=732)		Add Health
	#	%	%
Report of general health			
Excellent	200	27.3	27.4
Very good	216	29.5	29.9
Good	213	29.1	28.7
Fair	94	12.8	12.5
Missing	9	1.2	.6
Worst injury in past year			
Very minor	237	32.4	43.8
Minor	322	44.0	42.0
Serious	110	15.0	9.8
Very serious	25	3.4	2.5
Extremely serious	28	3.8	1.9
In the last month, how often did a health or emotional problem cause you to miss school?			
Never	461	63.0	65.9
A Few Times	225	30.7	29.5
Weekly or more	36	4.9	4.5
In the last month, how often did a health or emotional problem cause you to miss social or recreational activities?			
Never	537	73.3	75.9
A Few Times	153	20.9	22.2
Weekly or more	32	4.4	1.9

Findings on Access to Health Services

Table 32 presents a comparison of foster youths' reported receipt of health care services in comparison with the Add Health national norm. Over 80 percent of adolescent foster youth surveyed report that they have had a routine physical exam in the last 12 months, and 36.5 percent reported receiving emotional or psychological counseling. Almost one-quarter of the sample received testing or treatment for STDs/AIDS, and a smaller proportion reported a history of foregoing necessary medical care. Differences related to the use of counseling services and testing/treatment of STDs are most compelling. Foster youth were much more likely than the national sample to received psychological or emotional counseling, family planning services, and substance abuse counseling. Similarly, almost one-quarter of the foster youth report having been tested or treated for STDs, more than four times the proportion reported by the national sample.

Table 32: Comparison of Health Care Utilization, 3-State Sample vs. Add Health Sample

	Total (*N*=732)		
	3 States		Add Health
Responses	#	%	%
Routine physical examination in the last year	612	83.6	80.0
Received psychological or emotional counseling	267	36.5	13.0
Routine dental examination in the last year	516	70.5	66.7
Did not get medical care they thought they should have	154	21.0	18.7
No transportation	30	4.1	8.7
No one available to go along	25	3.4	3.2
Parent or guardian would not go	31	4.2	11.1
Didn't want parents to know	9	1.2	N/A
Difficult to make an appointment	23	3.1	7.7
Thought the problem would go away	51	7.0	63.1
Couldn't pay	16	2.2	14.1

Table 32 (cont.): Comparison of Health Care Utilization, 3-State Sample vs. Add Health Sample

	Total (*N*=732)		
	3 States		Add Health
Responses	#	%	%
Tested or treated for sexually transmitted disease	175	23.9	6.0
Received family planning and counseling services	109	14.9	6.0
Received medication for emotional problems	165	22.5	N/A
Received Substance abuse counseling in the last year	99	13.5	2.5
Was in a psychiatric hospital in the last year	52	7.1	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 had been pregnant at least once (Henshaw, 1998). Females in the foster youth sample were asked about their pregnancy history, and their responses compared with the Add Health national sample (see Table 33). Approximately one-third of female respondents endorsed a history of pregnancy, with over two-thirds of these reporting pregnancies that were unwanted. Foster youth were much more likely than the national sample to have been pregnant and to have carried a pregnancy to term, but less likely to have had an abortion. Altogether, 100 of the youth (13.7 percent) reported having at least one child, but this varied considerably by gender. One-fifth (n = 75) of the females reported having at least one child whereas this was the case for only seven percent of the males (n = 25).

Table 33: Pregnancy History, 3-State Sample vs. Add Health Sample*

	(*N*=122)		
	3 States		Add Health
	#	%	%
Have you ever been pregnant?	122	32.6	18.9
How many times have you been pregnant?			
Once	94	77.0	82.0
Two or more times	28	23.0	18.0
Before you got pregnant, did you want to get pregnant by your partner at that time?	(N = 122)		
Definitely or probably no	83	68.0	56.0*
Neither wanted nor didn't want	12	9.8	24.0*
Yes	27	22.1	20.0*
Did you want to marry him?			
No	70	57.4	54.2*
Neither wanted nor didn't want	9	7.4	4.2*
Yes	43	35.2	41.7*
How did this pregnancy end?			
It has not ended; you are still pregnant	1	.8	12.0
A live birth	63	51.7	20.0
Still birth or miscarriage	32	26.2	32.0
An abortion	11	9.0	36.0
Missing	15	12.3	
Respondent reports having children	100	13.7	N/A
Respondent received prenatal/postpartum health care	62	16.6	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 34 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 34: Educational Aspirations

	Total (*N*=732)	
	#	%
School Aspiration		
9-11th grade	2	.3
Graduate from high school	85	11.6
Some College	93	12.7
Graduate from college	359	49.0
More than college	163	22.3
Other	20	2.7
Missing	10	1.4
School Expectation		
9-11th grade	3	.4
Graduate from high school	99	13.5
Some College	105	14.3
Graduate from college	332	45.4
More than college	108	14.8
Other	37	5.1
Missing	48	6.6

At the time of our first interview, 86.6 percent of the total sample report 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 35 and 36). Table 37 shows that nearly half of the respondents report 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 35: Type of School Enrollment

Education Level	Total (*N*=732)	
	#	%
High School	588	80.3
College	46	6.3
Vocational School	14	1.9
Other	47	6.4
Missing	37	5.1

Table 36: Level of Schooling

Highest Grade Level Completed	Total (*N*=732)	
	#	%
8th Grade	12	1.6
9th Grade	43	5.9
10th Grade	199	27.2
11th Grade	381	52.0
12th Grade	77	10.5
First year college	4	.5
Second year college	4	.5
Fourth year college	1	.1
Missing	11	1.5

Table 37: Special Education Status

Were you ever placed in a special education classroom?	Total (*N*=732)	
	#	%
Yes	347	47.3
No	381	52.0
Missing	4	.5

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 and particularly relevant to adolescents in foster care include frequent change of schools and history of aggression or behavior problems. 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 our sample, youth were asked about the number of school changes they have experienced as a result of their foster care situation (Table 38). Although 20 percent reported no school changes, over one-third report experiencing five or more school changes.

Table 38: Impact of Foster Care On School Mobility

Responses	Total (*N*=732)	
	#	%
Missed at least one month of school due to foster care change	131	17.9
Number of school changes due to foster care situation		
0	149	20.4
1	102	13.9
2	87	11.9
3	92	12.6
4	51	7.0
5+	250	34.2

Table 39 compares our group of foster youth to their age peers in the Add Health national sample on experiences in school.

Table 39: Comparative Indicators of School Performance, 3-State Sample vs. Add Health Sample

	Total (*N*=732)		
	3 States		Add Health
	#	%	%
Skipped a grade	62	8.5	2.6
Repeated a grade	272	37.2	21.5
Received out-of-school suspension	489	66.8	27.8
Expelled from school	121	16.5	4.6

As is evident from the findings displayed in Table 39, adolescents in our study are at higher risk to experience grade retention, more than twice as likely to be suspended, and nearly four times as likely to be expelled from school as the national sample. In our sample, grade retention occurred most frequently during first (6.4%), sixth (4.3%), and ninth (4.9%) grades.

Grades in academic classes offer additional information regarding the school experience of foster youth. We asked questions about academic grades of all respondents that were currently enrolled or had recently been enrolled in high school or college. As indicated in Table 40, the prevalence of academic difficulty as evidenced by course failure ranges from 10 to 17 percent of foster youth, depending on academic content. At the other extreme, adolescents surveyed nationally report approximately 2 times more instances of "As" in their academic classes than foster youth.

Table 40: Academic Grades, 3-State Sample vs. Add Health Sample

Subject Grades	Total (*N*=694)		
	3 States*		Add Health
	#	%	%
English			
A	111	16.0	27.1
B	253	36.5	37.8
C	187	26.9	22.7
D or lower	72	10.4	10.2
Math			
A	115	16.6	24.5
B	182	26.2	29.9
C	166	23.9	24.0
D or lower	123	17.7	15.0
History			
A	112	16.1	30.5
B	175	25.2	29.3
C	170	24.5	18.7
D or lower	109	15.7	10.5
Science			
A	98	14.1	27.7
B	148	21.3	29.3
C	157	22.6	20.2
D or lower	125	18.0	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 41). These findings may be a result of self-report bias and an attempt by youth to present themselves in a favorable light.

Table 41: Indicators of Difficulty Interacting in School

Response	3 States (*N*=732)		Add Health
	#	%	%
How often did you have trouble getting along with your teachers?			
Never	396	54.1	39.4
Just a few times	173	23.6	43.0
Weekly or more	124	16.9	17.7
Missing	39	5.3	
How often did you have trouble paying attention in school?			
Never	291	39.8	24.4
Just a few times	241	32.9	45.6
Weekly or more	159	21.7	30.1
Missing	41	5.6	
How often did you have trouble getting your homework done?			
Never	341	46.6	29.7
Just a few times	205	28.0	41.4
Weekly or more	146	19.9	29.0
	40	5.5	
How often did you have trouble with other students?			
Never	440	60.1	39.2
Just a few times	155	21.2	44.8
Weekly or more	97	13.3	16.0
	40	5.5	

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. 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 to dictation; and arithmetic, involving 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 foster youth were tested using the 1993 edition of the WRAT. With an average score of 39.5, youth in our sample exhibit reading skills that correspond with a seventh-grade reading level, although 44 percent of the foster youth sample is reading at high school level or higher.

EMPLOYMENT

Another area of focus has been the effect of employment on adolescent development. 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 post secondary 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 42). At the time of the survey, over one-third were employed, and almost one-half had ever worked for pay. In contrast, slightly more than one-third of adolescents from the Add Health survey ever worked for pay.

Table 42: Employment Status

Response	Total (*N*=732)	
	#	%
Has ever been employed	349	47.7
Youth is currently employed	257	35.1
Hours worked per week in current or most recent job		
10 or less	39	11.3
11-20 hours	95	27.6
21-30 hours	104	30.2
31-40 hours	82	23.8
More than 40 hours	24	6.9
Current job is from job corps	7	2.7
Current job gained through other job training	71	27.6
Overall job satisfaction in current or most recent job		
Satisfied	282	81.0
Dissatisfied	66	18.9

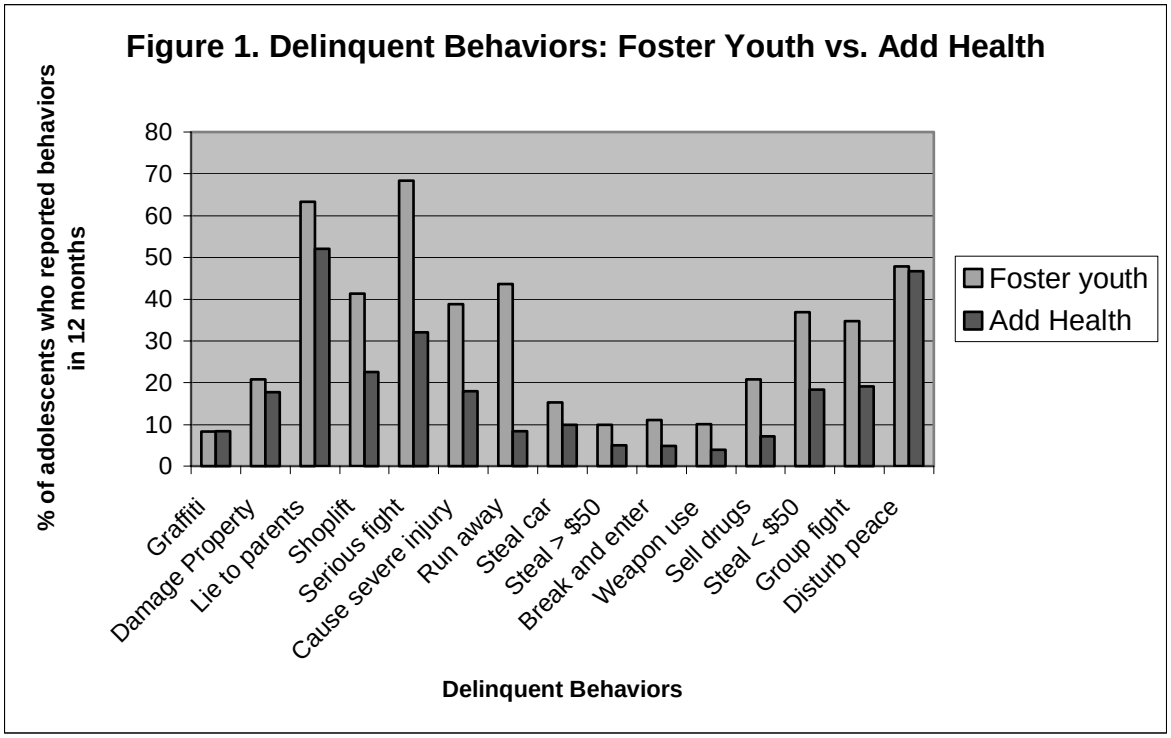
In terms of employment, it is notable that the average number of hours worked, considering those with current jobs as well as those with a history of employment, is about 25 hours per week. The median number of weekly work hours reported was 27, indicating that the majority of the youths who were currently employed worked at least half-time. Job training

programs appear to have played an important role in these youths' employment, with over one-quarter reporting that they obtained their current job through some kind of training program.

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, fifteen 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 the national norms in terms of frequency of delinquency. The differences are particularly marked on items regarding theft, serious fighting and causing injury, and running away. Appendix C provides detailed findings for these items.

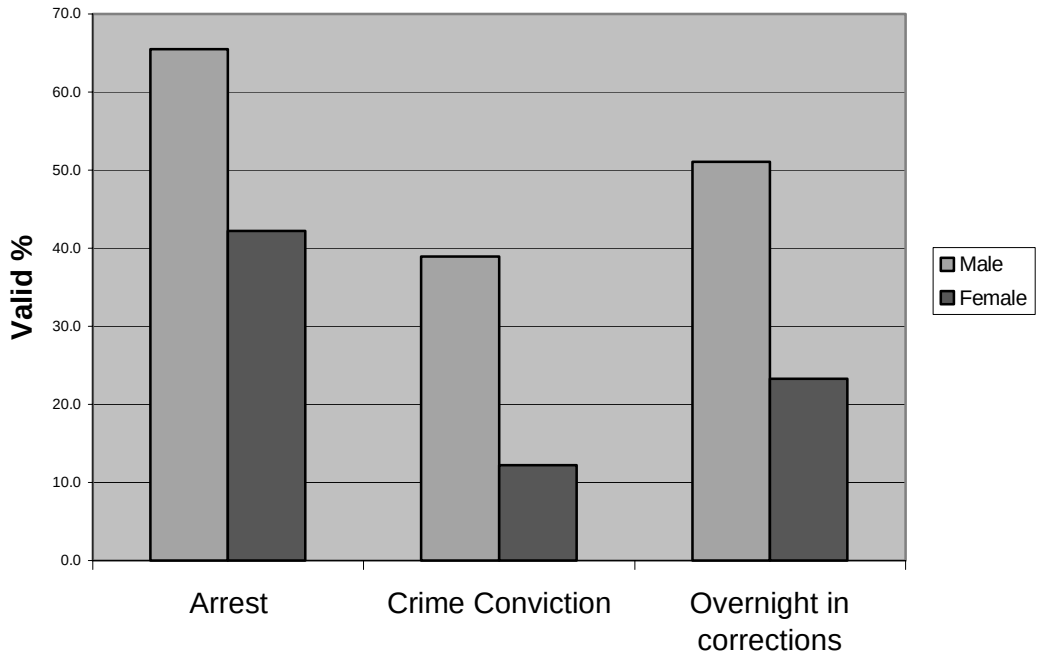


In addition to questions regarding delinquency, which were derived from the Add Health survey, our instrument included questions that seek to measure involvement with the juvenile justice system. These questions ask respondents about their history of arrest, conviction for committing a crime, and overnight stay in a correctional facility. Over one-half of our sample experienced one or more of these outcomes, with over half having a history of arrest, over one-third having spent the night in a correctional facility, and one-fifth reporting being convicted of a crime. Table 43 and Figure 2 below illustrate these findings by gender, and indicate that in all categories, males are much more likely than females to experience these kinds of direct involvement with the juvenile justice system.

Table 43: Legal System Involvement, by Gender

Response	Total (*N*=732)					
	Male		Female		Total	
	#	%	#	%	#	%
Have you ever been arrested?	217	60.6	155	41.4	372	50.8
Have you ever been convicted of a crime?	99	27.7	57	15.2	156	21.3
Have you ever spent one night or more in jail, prison, juvenile hall, or other correctional facility?	154	43.0	91	24.3	245	33.5
Has youth had any legal involvement? (one or more of the above)	235	65.6	169	45.2	404	55.2

Figure 2. Involvement with Juvenile Justice System



It is evident that the likelihood of involvement in violent activity is high for this population. Tables 44 through 46 illustrate this through the use of interview items that focus on perpetration and victimization. In this analysis, gender continues to be an important factor

(not shown in tables). Over two-fifths of the males studied report a history of perpetrating violence, and over one-half of males endorse a history of victimization. Similarly, over two-fifths of females studied report a history of perpetrating violence, and nearly one-third endorse a history of victimization.

Table 44: Victimization in the Past 12 Months

Category	Total (*N*=732)			
	Present		Missing	
	#	%	#	%
Someone pulled a knife or gun on you	198	27.0	5	.7
Someone shot you	23	3.1	5	.7
Someone cut or stabbed you	109	14.9	5	.7
You were jumped	234	32.0	5	.7

Table 45. Perpetrator Status in the Past 12 Months

Category	Total (*N*=732)			
	Present		Missing	
	#	%	#	%
You got into a physical fight	497	67.9	5	.7
You pulled a knife or gun on someone	92	12.6	5	.7
You shot or stabbed someone	40	5.5	5	.7
You carried a knife, gun, or club to school	40	5.5	5	.7

Table 46: Crime Victimization and Perpetration, by Gender

Response	Total (N=732)					
	Male		Female		Total	
	#	%	#	%	#	%
Youth has been a crime victim	182	50.8	119	31.8	301	41.1
Youth has been the perpetrator of a crime	157	43.9	167	44.7	324	44.3

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Appendix A: Selected Standardized Instruments Used in the Midwest Study

Domain	Measure			
	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.	

Appendix A (cont.): Selected Standardized Instruments Used in the Midwest Study

Domain	Measure			
	Instrument	Sample Questions	Author	Date
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

Appendix A (cont.): Selected Standardized Instruments Used in the Midwest Study

	Measure			
Domain	Instrument	Sample Questions	Author	Date
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*=732)	
	Affirmative Response	
	#	%
Did you ever have a serious illness or injury or physical disability, but your caretaker ignored it or failed to obtain necessary medical or remedial treatment for it?	74	10.1
Did your caretaker fail to help you with washing and grooming so that you were often dirty, had uncombed hair, or wore dirty clothes?	114	15.6
Did your caretaker often fail to provide regular meals for you so that you had to go hungry or ask other people for food?	141	19.3
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.	197	26.9
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?	64	8.7
Were you ever actually abandoned by a caretaker?	140	19.1
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.	151	20.6
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?	162	22.1
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	141	19.3
Did any of your caretakers ever throw or push you? For example, push you down a staircase or push you into a wall?	176	24.0
Did any of your caretakers ever lock you in a room or closet for several hours or longer?	71	9.7
Did any of your caretakers ever hit you hard with a fist, or kick you or slap you really hard?	213	29.1
Did any of your caretakers ever beat you up (hitting or kicking you repeatedly)?	111	15.2

APPENDIX B: Lifetime Experiences Questionnaire

Type of maltreatment	Total (*N*=732)	
	Affirmative Response	
	#	%
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.	42	5.7
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.	52	7.1

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

	Total (*N*=732)		
In the past 12 months, how often did you…	3 States		Add Health
	#	%	%
Paint graffiti or signs on someone else's property or in a public place?			
Never	667	91.6	91.6
A Few Times	52	7.1	7.3
5 or more times	9	1.2	1.1
Deliberately damage property that didn't belong to you?			
Never	576	79.1	82.3
A Few Times	139	19.1	16.1
5 or more times	13	1.8	1.6
Lie to your parents or guardians about where you had been or whom you were with?			
Never	264	36.3	47.9
A Few Times	340	46.7	39.2
5 or more times	124	17.0	12.8
Take something from the store without paying for it?			
Never	425	58.4	77.4
A Few Times	247	33.9	17.6
5 or more times	56	7.7	5.0
Get into a serious physical fight?			
Never	227	31.2	68.0
A Few Times	386	53.0	27.9
5 or more times	115	15.8	4.1
Hurt someone badly enough to need bandages or care from a doctor or nurse?			
Never	451	62.0	81.9
A Few Times	236	32.4	16.1
5 or more times	41	5.6	1.9
Run away from home			
Never	408	56.0	91.6
A Few Times	302	41.5	7.6
5 or more times	118	16.2	.8

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

In the past 12 months, how often did you…	Total (*N*=732) 3 States		Add Health
	#	%	%
Drive a car without its owner's permission?			
Never	615	84.5	90.1
A Few Times	98	13.5	8.6
5 or more times	15	2.1	1.3
Steal something worth more than $50?			
Never	655	90.0	95.0
A Few Times	65	8.9	4.1
5 or more times	8	1.1	.9
Go into a house or building to steal something?			
Never	646	88.7	95.2
A Few Times	73	10.0	4.1
5 or more times	9	1.2	.7
Use or threaten to use a weapon to get something from someone?			
Never	654	89.9	95.9
A Few Times	62	8.5	3.6
5 or more times	12	1.6	.4
Sell marijuana or other drugs?			
Never	576	79.1	92.9
A Few Times	83	11.4	4.7
5 or more times	69	9.5	2.4
Steal something worse less than $50?			
Never	457	62.8	81.6
A Few Times	211	29.0	14.0
5 or more times	60	8.2	4.4
Take part in a fight where a group of your friends was against another group?			
Never	474	65.1	80.9
A Few Times	215	29.5	17.1
5 or more times	39	5.3	2.0
Loud, rowdy, or unruly in a public place?			
Never	377	51.8	53.3
A Few Times	272	37.4	39.6
5 or more times	79	10.9	7.1