Transition from care: Status and outcomes of youth who age out of foster care

Article *in* Child welfare · November 2003

Source: PubMed

1 author:

Thom Reilly
Arizona State University

31 PUBLICATIONS   **436** CITATIONS

Transition from Care: Status and Outcomes of Youth Who Age Out of Foster Care

Thom Reilly

This study shows that a significant portion of youth exiting the foster care system face serious difficulty transitioning to life on their own. Many live on the streets, lack the money to meet basic living expenses, fail to maintain regular employment, are involved with the criminal justice system, are unable to obtain health care, and experience early pregnancies. Although youth reported exposure to independent living training while in care, few reported concrete assistance. Multiple placements while in care and less education correlated with more difficult postdischarge functioning. Training, services, positive supportive networks, and job experience in care are associated with more positive adjustments. The article advances implications for program and policy interventions.

The U.S. Congress enacted the Independent Living Initiative in 1986 as the legislative framework for states to develop services that youth should receive before they exit out-of-home care (Stoner, 1999). Despite more than 15 years implementing various independent living programs nationwide, the effectiveness of these programs remains elusive (U.S. General Accounting Office [GAO], 1999). Studies have shown that after exiting the system at the age of majority (usually 18), many of these youth face serious problems, including homelessness, poverty, incarceration, early pregnancy, and unstable employment (Barth, 1990; Cook, 1991; Courtney & Barth, 1996; Courtney & Piliavin, 1995, 1998; McDonald, Allen, Westerfelt & Piliavin, 1996).

Each year, more than 20,000 youth exit the foster care system with the expectation that they will be able to live self-sufficiently (GAO, 1999), however, limited research is available about the postdischarge functioning of youth emancipated from foster care (Courtney & Barth, 1996). Mech (1994) identified five measures of postplacement functioning for youth formerly in foster care: employment, education, living arrangements, supportive networks, and costs to community. Courtney and Piliavin (1995, 1998) included other measures, such as health care and safety, legal involvement, and preparedness for life in the community.

Outcome studies of this population paint a disturbing picture. Between 10% and 40% of youth formerly in foster care were unemployed at the time of being contacted, and many had trouble keeping steady employment (Cook, 1991; Courtney & Piliavin, 1998; Festinger, 1983; Jones & Moses, 1984). Educational achievement escapes many of these youth, with completion rates of high school as low as 34% (Barth, 1990). Several studies have reported homelessness among youth formerly in foster care (Barth, 1990; Courtney & Piliavin, 1995, 1998). Health problems and lack of access to health care for this population are not uncommon. Barth (1990) found that 44% had serious health problems. Courtney and Piliavin (1995, 1998) found obtaining health coverage was difficult for more than 50% of the youth.

Youth formerly in foster care have considerable involvement with the law. Barth (1990) found that 25% of youth had been involved in criminal activities since leaving care. Courtney and Piliavin (1995, 1998) found that more than a third of youth formerly in care reported a perceived lack of preparedness in several skill areas. They also found that overall, 37% of youth interviewed experienced one or more unwanted outcomes such as being victimized, sexually assaulted, incarcerated, or homeless.

The author conducted this study to add to the literature on this important topic, to better understand the issues and challenges faced by youth formerly in foster care, and to assist in the development of more effective interventions. The study explored the postdischarge functioning of youth in the following areas: employment, education, living arrangements, health care and safety, legal involvement, preparation for life in the community, support systems, overall adjustment, and indicators of difficulties and successes. In addition, the study explored how these youth felt about their foster care experience.

Method

Inclusion Criteria and Recruitment Efforts

The researcher drew the data for analysis from the state's child welfare system, the Child Welfare Action Form. This database is derived from administrative data used by Nevada's Division of Child and Family Services (DCFS) to track children in the state's foster care system. The researcher conducted 60- to 90-minute interviews with 100 youth between September 2000 and January 2001 after receiving informed consent from each youth. The youth had been out of foster care for at least six months. DCFS produced a computerized list of youth who were discharged at age 18 (or later if they had not received their high school or general equivalency diploma) and had exited in the past three years.

Due to the difficulty of locating these youth, the researcher employed multiple strategies to find them, sending letters to all foster parents and group homes in southern Nevada, the youths' last known addresses, and former foster parents and caregivers, requesting the youths' voluntary participation in the study. The researcher posted flyers that advertised the study (and the $30.00 payment for being interviewed) in welfare offices, youth centers, health clinics, homeless centers, university and community colleges, and coffee shops; he also placed ads in local newspapers. The researcher cross-referenced the youths' Social Security numbers with the Division of Motor Vehicles and the state prison system.

Professional and personal contacts of individuals who work with these youth, as well as personal contacts from youth formerly in care, helped locate this population of young adults. Finally, the researcher reviewed case files through DCFS and private group home providers to identify the youth.

The interviewers were graduate students from the University of Nevada, Las Vegas, School of Social Work ($N = 8$). Spanish-speaking interviewers were available, although only two youth actually requested these services. Interviewers received three hours of training. The study matched interviewers and interviewees by gender (and race, when possible). Interviewers gave youth a resource list after completing the interview.

Of the 239 names provided, the researcher located 105 youth (44%). Of those not interviewed, five were deceased (three from gang violence, one of a drug overdose, and one as a result of being discharged without health insurance and subsequently being unable to obtain needed medicine for his diabetes).

Measures

The researcher pretested the survey instrument with youth currently and formerly in foster care as well as social workers from the DCFS and private child welfare providers.

Demographic Information, Living Arrangements, Education, and Employment

Interviewers obtained standard demographic information (age, race or ethnicity, gender, income, education, and employment status) as well as information on sexual orientation and whether participants were currently living with a spouse.

Interviewers asked respondents 10 questions about their current living arrangements, the number of times they had moved, and whether they did not have a place to live at any time. Interviewers asked respondents 12 items about their current and past educational experiences. The researcher adapted these questions from Cook's (1991) study. The interviewers used 20 items to gain information on current and past job experience, job training/ preparation, and military experience. The researcher adapted these items from studies by Abatena (1996) and Cook (1991).

Health and Substance Use

The survey included 14 items adapted from Abatena's (1996) and Cook's (1991) studies to ascertain information on the young adult's current health, serious illnesses, and access to health care.

Using 17 items, participants estimated how often they used alcohol; ingested or inhaled recreational drugs, such as marijuana, ecstasy ("X"), ketamine ("special K"), crack cocaine, or amyl nitrite ("poppers"); or used intravenous drugs in the last 30 days and while in care. They also stated whether they had ever overdosed on drugs or ever sold drugs to support themselves. The researcher developed composite scores on problems with drinking and with ingested or inhaled drugs.

Support Systems

The researcher adapted questions from Courtney and Piliavin's (1998) study about current contacts; how close participants were to various individuals (using a response scale ranging from 1 [*very close*] to 4 [*not close at all*], which was averaged to form a compos-

ite score); dating relationships; children; sexual activity, violence in dating relationships; and perceived social support. This scale consisted of 12 positively worded statements. Except for closeness to individuals, the interviewers asked participants to indicate their level of agreement with each question on a six-point scale (1 = *strongly agree* to 6 = *strongly disagree*). The researcher then reverse coded the responses and summed them, so that larger scores reflected more perceived social support.

Foster Care Experiences and Legal Issues

The researcher adapted 40 items (including several open-ended questions) from Cook's (1991) and Courtney and Piliavin's (1998) studies regarding participants' foster care experiences, including preparation (formal and informal instruction) and concrete assistance to prepare for their transition from care. The researcher formed composite scores for participants' satisfaction with services to prepare them for living on their own and with the quality of their foster care experience. Interviewers asked respondents if they had ever experienced violence or been approached for sexual activity by any of their caregivers or from anyone since leaving care. Interviewers also asked respondents six questions about any involvement with the law since leaving care.

Positive Values and Thriving Indicators

Positive values and thriving indicators consisted of 13 positively worded statements (adapted from the Search Institute's [1996] Profiles of Student Life: Attitudes and Behaviors) rated on a five-point scale as to whether they were important to the participant (1 = *not important*, 5 = *extremely important*). The researcher summed the responses so that larger scores indicated more positive values and thriving. Sample items included rating the following statements: "Getting to know people who are of a different race than I am," and "Doing exciting things even if they are dangerous."

Personal Adjustment

The study used the 10-item Rosenberg Self-Esteem Scale (Rosenberg, 1965) to measure self-perceptions on a scale of 1 (*strongly agree*) to 5 (*strongly disagree*). After the researcher reverse coded the negatively phrased items, the self-esteem items demonstrated internal consistency ($\alpha = .88$), and the researcher averaged them into a composite measure.

The analysis measured general mental health with a short, five-item version of the Mental Health Inventory (MHI-5). MHI-5 is a screening test to detect a number of disorders, including general depression, affective disorders, and anxiety disorders. Researchers have deemed its performance highly acceptable (Berwick et al, 1991). The items had a rating scale ranging from 0 (*none of the time*) to 5 (*all of the time*), and higher scores reflected more anxiety or depression. The items were internally consistent ($\alpha = .81$), and the researcher averaged them to form a composite score.

The study used Diener's (1980) seven-item Satisfaction with Life Scale to rate respondents' satisfaction with life. With a response scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*), the items were internally consistent ($\alpha = .87$), and the researcher averaged them to form a composite score.

Results

Demographic Information

Characteristics of the respondents were as follows: female 55%, white 46%, never married 84%. Participants' ages ranged from 18 through 25, with an average of 20.2 years. Their ages at the time of entry into foster care ranged from 6 months to 17 years, with an average of 9.3 years. Half of the young adults resided in apartments (50%), and almost a third had not finished high school (31%). Table 1 describes participants' demographic characteristics.

TABLE 1
Sample Demographics (*N* = 100)

Characteristic	Percentage
Gender	
Female	55
Male	45
Race/Ethnicity	
White	46
African American	30
Other	11
Latino	10
Native American	1
Asian	1
Marital Status	
Never married	79
Married	13
Live-in relationship	5
Divorced	2
Separated	1
Education	
Some high school	31
Completed high school	31
Some college	30
Other	8
Employment	
Employed	63
Unemployed	37
Annual Income Before Taxes (in 1999)	
No income	10
Less than $5,000	24
$5,001–$10,000	26
$10,001–$15,000	10
$15,001–$20,000	9
$20,001–$30,000	5
$30,001–$40,000	2
More than $40,000	2

Characteristic	Percentage
Money at the End of the Month	
Not close to enough	29
Just about enough	24
Less than enough	19
A little more than enough	12
More than enough	13
Type of Residence	
Single family home	32
Apartment building	50
Other	13
Mobile home	2
Rooming (boarding) house	1

Note: Mean age at entry into foster care was 9.3 years (SD = 4.3). Mean age at the time of the survey was 20.16 years (SD = 1.3).

Employment/Current Income

Respondents experienced extreme financial hardships. Most were employed (63%), but 26% had not had steady employment since leaving care. Of respondents, 60% had an annual household income of $10,000 or less, 34% made less than $5,000 in 1999, and 41% indicated that they did not have enough money to cover basic living expenses. Doing something illegal to get money was not uncommon: 24% had supported themselves by dealing drugs at some time since leaving care; 11% had sexual intercourse in exchange for money. Of participants, 55% had been terminated at least once since leaving care. The average hourly wage of the youth was $7.25.

Education

Of youth, 50% left foster care without a high school degree. At the time of the interview, the number of young adults obtaining a high school degree rose to 69%, with 30% indicating they were attending or had attended college. Respondents had high aspirations when it came to higher education: 75% indicated that they wanted to obtain a college degree.

Living Arrangements

Of youth, 29% indicated that they were living with a spouse, part-ner, boyfriend, or girlfriend. Another 24% lived with friends, 11% lived alone, 7% lived with their birthparents, and 8% lived with other relatives. Seven percent were incarcerated in a state prison, 7% lived with siblings, 3% lived with former foster parents, 2% were in the military, and 2% reported being homeless.

Since leaving foster care, a startling 36% indicated that there had been times when they did not have a place to live (19% re-ported living on the streets and 18% lived in a homeless shelter). The stability of living arrangements for many youth was question-able; 35% had moved five or more times since leaving foster care.

Health Care

Youth formerly in foster care reported serious health care prob-lems—30% had had a serious health problem since leaving care, 32% needed health care and could not obtain it, and 55% had no type of health insurance (25% were on Medicaid, 11% were on other public assistance programs, and 9% had private insurance). Only 54% of the youth rated their health as very good or excel-lent. A sizeable number (38%) had children. Of the 100 youth in-terviewed in this project, more than 70 pregnancies occurred (of these, 18 were aborted, and 15 were miscarried).

Legal Issues

The youth had considerable involvement in the criminal justice sys-tem: 45% had trouble with the law since they left care, 41% had spent time in jail, 26% had formal charges filed against them, and 7% (not including three youth in out-of-state prisons who were not inter-viewed) were presently incarcerated in a state prison.

Preparedness for Independent Living

Most youth had exposure to independent living training during their time in care (see Table 2). Although most youth received

TABLE 2
Independent Living Services

Service	Percentage Receiving Service
Job seeking	73
Housekeeping	72
Educational planning	71
Money management	67
Interpersonal skills	66
Food management	65
Community resources	61
Transportation	61
Job maintenance	59
Housing	51
Parenting skills	47
Legal skills	37

training, few reported receiving concrete assistance for independence (see Table 3) or actual services on discharge (see Table 4). Almost a third reported not having a place to live after discharge, and 50% did not have at least $250 when they exited. Most youth reported infrequent contact with their caseworkers during the last year in care: 14% said they never saw their worker, whereas 51% said they were only visited between one and five times. Almost 20% indicated they saw their worker more than 10 times. Most (53%) said they were not satisfied with the services they received to prepare them to live on their own.

Current Contact

Most respondents reported contact with siblings (74%), relatives (63%), former foster parents (54%), grandparents (45%), their birthmothers (37%), group home staff (35%), their birthfathers (30%), or previous caseworkers (29%). Youth indicated they had close or very close relationships with siblings (64%) and former foster parents (54%). Most youth reported having family (52%) or friends (58%) to rely on when they encountered problems.

TABLE 3

Assistance Issues

Type of Assistance	Percentage Receiving Assistance
Giving a name in case of emergency	39
Having a meeting to see if help is needed	38
Providing health insurance	36
Getting a job or interview	25
Giving money to assist with housing	16
Supplying health records	15
Holding a support group	6

Overall Adjustment and Indicators of Difficulties and Successes

The analysis used correlations to identify the magnitude and direction of relationships among factors associated with positive and negative experiences respondents may have had since leaving foster care. Factors thought to influence experiences included:

- participants' highest level of education (some high school, high school, college, other),
- number of foster care placements (grouped in quartiles; 1–3, 4–5, 6–10, 11 or more),
- number of services received before leaving foster care (no services, one service, two or three services, four or more services),
- areas of training before leaving foster care (grouped in quartiles; up to 4, 5–10, 11–14, more than 14),
- and the extent of participants' social support networks (range = 0–12).

Positive experiences included participants' satisfaction with services provided to them in preparation for living on their own (1 = *definitely not satisfied* to 5 = *very satisfied*), satisfaction with the quality of their foster care experience (1 = *definitely not satisfied* to 5 = *very satisfied*), satisfaction with their current living arrangements (1 = *very dissatisfied* to 5 = *very much satisfied*), and their

TABLE 4
Services at Discharge

Service at Discharge	Percentage Receiving Service
Having a place to live	69
Having at least $250	50
Having a portfolio of important papers	38
Having pots and pans to set up household	28
Having a valid drivers license	27

overall satisfaction with their lives (range = 7–35, higher scores reflect more satisfaction).

Negative experiences included whether participants had experienced violence in their dating relationships, whether they had trouble with the law after leaving foster care, whether they had spent time in jail after leaving foster care, whether they had been homeless at any time after leaving foster care, and the number of times they had been or caused someone to become pregnant (range = 0–5). Analyses involving continuous variables used Pearson's product moment correlations (r). Analyses involving ordinal variables used Spearman's rho correlations (rho). Analyses involving nominal variables used Cramer's V correlations.

Positive Experiences

- Participants receiving more areas of training were more satisfied with the services they received in preparation for being on their own (rho = .468, $p < .001$).
- Participants receiving more areas of training were more satisfied with the quality of foster care they received (r = .468, $p < .001$).
- Participants receiving more areas of training were more satisfied with their current living arrangements (rho = .242, $p < .02$).
- Participants receiving more services in preparation for being on their own were more satisfied with their current living arrangements (rho = .277, $p < .01$).

- Participants receiving more services in preparation for being on their own had less trouble with the law (rho = -.273, $p < .01$).
- Participants with larger social support networks had more overall satisfaction with their lives ($r = .20$, $p < .05$).
- Participants employed while in foster care were more likely to have regular employment after care (rho = .203, $p < .05$).

Negative Experiences

- Participants with more foster care placements were more likely to have encountered violence in their dating relationships (rho = .287, $p < .01$).
- Participants with more foster care placements had more trouble with the law (rho = .318, $p < .01$).
- Participants with more foster care placements were more likely to have spent time in jail (rho = .288, $p < .02$).
- Higher numbers of foster care placements were associated with higher rates of pregnancy (rho = .261, $p < .01$).
- Participants with more foster care placements were more likely to have been homeless at some time after leaving foster care ($V = .328$, $p < .02$).
- Participants with smaller social support networks were more likely to have been homeless at some time after leaving foster care ($r = -.233$, $p < .02$).
- Less education was associated with a higher rate of incarceration at the time of the interview ($V = .329$, $p < .01$).

Discussion

The data clearly suggest that a significant proportion of youth exiting the foster care system face serious difficulty in transitioning to life on their own. Although most of the youth in this study are surviving (and some are doing exceedingly well), an unacceptable number ended up living on the streets, lacked a

place to live, were incarcerated, lacked enough money to meet their basic living expenses, failed to maintain steady employment, or were physically or sexually victimized. The data also indicate that a sizable number were ill prepared to live on their own.

Multiple placements while in foster care were linked to several negative circumstances, including an increased likelihood of having trouble with the law, being incarcerated, living on the streets or being homeless, having higher rates of pregnancy, and experiencing violence in a dating relationship. Multiple moves for youth in foster care can have devastating consequences (Courtney & Barth, 1996). Minimizing the number of movements for older youth necessitates making out-of-home care more acceptable to older youth in care by giving them more control over their living arrangements.

Although it was not possible to control for preplacement behaviors or mental health problems in this study, it may be that youth with these problems had the worst outcomes (McMillen & Tucker, 1999). In any case, mental health services are critical for this population, both while in care and when youth transition into the community.

It was not surprising to find that education related to a difficult adjustment for these youth. Numerous studies have found that out-of-home placement poses serious challenges to educational achievement (Barth, 1990; Blome, 1997; Mech & Che-Man Fung, 1999). A need remains to forge closer connections between schools and child welfare agencies to monitor the educational progress of this population.

On a positive note, this research appears to support the notion that receiving training and services increases the likelihood of successful outcomes. Youth receiving more training and services were less likely to have trouble with the law, were more satisfied with their overall foster care experience, felt better prepared to live on their own, and were more satisfied with their current living arrangements. Actual work experience while in

foster care led to more regular employment after discharge from care. In addition, this research supports the notion that positive support systems are critical to the successful transition of youth into the community. These supports can provide needed resources for these youth as they experience unexpected circumstances and obstacles to life on their own.

In light of this discussion, it is important to consider the limitations of this study. First, data collection methods in this study relied on self-reports of behavior, which are susceptible to response bias. Second, one large, state-operated child welfare agency in the West was handling the transitions of youth. The extent to which youth in other states have similar or different experiences during their discharges from foster care is not clear.

Third, the data do not capture the duration and severity of unmet needs. Fourth, the current sample of 100 youth may not be representative of nonrespondents. It is possible that the fates of many youth who were not located were not as positive, or that the respondents were more verbal, more comfortable expressing their opinions, or more open to the benefits of research than were nonrespondents.

Finally, although some of the correlational analyses were low (i.e., below .4), the variables were observed in the data at a statistically significant rate regardless of the strength of the observation. Although this may result in limited predictive value, the findings reinforce other research as to the types of services that may be needed to avoid negative outcomes. Additional constructs are needed to offer more confident conclusions. Despite its limitations, this research offers important insight for intervention efforts in behalf of youth exiting the foster care system.

Several program and policy recommendations are advanced. Many of these are contained in the recently enacted John H. Chafee Foster Care Independence Program (the Foster Care Independence Act of 1999, P.L. 106-169, 42 U.S.C. 677).

- The government should raise the age of majority for youth in foster care to 21. It is unrealistic to expect youth to be completely ready to live on their own at age 18. Youth engaged in high school or any type of postsecondary education (including college, vocational training, trade or technical school, etc.) should be allowed to voluntarily stay in care.
- Medicaid coverage should be extended to young people ages 18 to 21 who were in foster care on their 18th birthday. The Chaffee legislation allows for this coverage and federal reimbursement.
- Transitional programming for these youth must extend beyond the age at which they are discharged from out-of-home care. The government should set aside funds for room and board for youth ages 18 to 21 who have left foster care and are having difficulty obtaining a place to live. Title I of the Chaffee legislation allows states to use 30% of newly allocated federal funds for this function.

  Although high, the incidence of homelessness among youth formerly in foster care is high appears to be preventable (Stoner, 1999). Developing transitional housing programs for this population can reduce the unacceptable number of youth who experience this unnecessary outcome. Specialized case management services are needed for all older youth in care to ensure they have a realistic plan for living on their own. Social workers should assess young adults' readiness for life in the community. Employment preparation should go beyond training to include actual work experience. Youth in this study were more likely to have regular employment when they worked while in care.
- Workers must develop ongoing relationships with effective supports with these youth. Mentoring programs need not always identify new individuals to serve in this role.

Often, these youth have had numerous people introduced to them and are resistant to additional people getting involved in their lives. Instead, case managers need to assess young adults' support systems to determine who is important (and appropriate) in the youth's life (i.e., former foster parents or caregivers, friends' parents and family members, coaches, teachers, etc.). Social workers are in a unique position to develop effective strategies for nurturing positive support networks for this population.

- Specialized mental health services are needed for youth while in care and afterward. These young adults need to accept their pasts. Interviewers in this study commented several times on how many of the young adults appeared to be victimized by roommates, boyfriends or girlfriends, acquaintances, and others. Unless these youth can deal with the circumstances that brought them into care in the first place, they will continue to face difficult hurdles in dealing with life in the community.

- Agencies should make specific aftercare services, including case management and crisis intervention, available for youth formerly in foster care.

- It is important for DCFS, as well as other child welfare agencies, to engage in additional research to test whether the newly enacted Chafee legislation is making a difference in preparing foster youth for the future. This will require moving from retrospective research designs to more prospective ones, by including youth currently in foster care in research prior to discharge and tracking the outcomes of youth who have received services under this legislation.

- More research is needed on the resilience of these youth. Despite the challenges, these young adults are surviving. The factors that assist them in achieving positive outcomes may provide more important clues for intervention and prevention efforts.◆
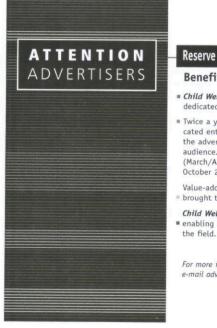
References

Abatena, H. (1996). *Independent living imitative program: A follow-up survey report of the youth released from foster care*. Unpublished manuscript.

Barth, R. (1990). On their own: The experiences of youth after foster care. *Child and Adolescent Social Work, 7*(5), 219–240.

Berwick, D., Murphy, J., Goldman, P., Ware, J., Barsky, A., & Weinstein, M. (1991). Performance of a five-item mental health screening test. *Medical Care, 29,* 169–176.

Blome, W. (1997). What happens to foster kids: Educational experiences of a random sample of foster care youth and a matched group of non-foster care youth. *Child and Adolescent Social Work, 14*(3), 41–53.

Cook, R. (1991). *A national evaluation of Title IV-E foster care independent living programs for youth*. Rockville, MD: Westat, Inc.

Courtney, M., & Barth, R. (1996). Pathways of older adolescents out of foster care: Implications for independent living services. *Social Work, 41*(1), 75–83.

Courtney, M., & Piliavin, I. (1995). *The Wisconsin study of youth aging out of home care*. Madison, WI: University of Wisconsin, School of Social Work and Institute for Research and Poverty.

Courtney, M., & Piliavin, I. (1998). *Foster youth transitions to adulthood: Outcomes 12 to 18 months after leaving out of home care*. Madison, WI: University of Wisconsin, School of Social Work and Institute for Research and Poverty.

Diener, J. (1980). Satisfaction with Life Scale. *Journal of Personality Assessment, 49*(1), 71–75.

Festinger, T. (1983). *No one ever asked us: A postscript to foster care*. New York: Columbia University Press.

Jones, M., & Moses, B. (1984). *West Virginia's former foster children: Their experiences in care and their lives as young adults*. New York: Child Welfare League of America.

McDonald, T., Allen, R., Westerfelt, A., & Piliavin, I. (1996). *Assessing the long-term effects of foster care: A research synthesis*. Washington, DC: CWLA Press.

McMillen, J., & Tucker, J. (1999). The status of older adolescents at exit from out-of-home care. *Child and Youth Services Review, 16*(4), 141–145.

Mech, E., & Che-Man Fung, C. (1999). Placement restrictiveness and educational achieve-ment among emancipated foster youth. *Research on Social Work Practice, 9*, 213–228.

Mech, E. V. (1994). Foster youths in transition: Research perspectives on preparation for independent living. *Child Welfare, 73*, 603–623.

Rosenburg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton Uni-versity Press.

Search Institute. (1996). *Search Institute profiles of student life: Attitudes and behaviors*. Min-neapolis, MN: Author.

Stoner, M. (1999). Life after foster care: Services and policies for former foster youth. *Journal of Sociology and Social Welfare, 26*(4), 159–175.

U.S. General Accounting Office. (1999). *Effectiveness of independent living services unknown*. Washington, DC: Author.

(Address requests for a reprint to Thom Reilly, 3215 El Camino Rd., Las Vegas, NV 89146.)