ABSTRACT

SELF-CONCEPT OF FOSTER YOUTH IN TRANSITION TO INDEPENDENT LIVING: A DESCRIPTIVE STUDY
by Paula Ensele

The purpose of this study is to investigate if differences exist between the self-concept of adolescents in foster care and adolescents in the general population. This study explores the extent to which factors associated with life in foster care are related to the self-concept of late adolescents in foster care. Additionally, this study attempts to describe the experiences of late adolescents during care and their outcomes after emancipation from the foster care system. Surveys were sent to independent living programs and distributed to foster care youth 18 years and older. Forty-three foster care youth participated in this study. The results did not yield statistically significant support for the hypotheses. However, this study does add to our understanding of the experiences of foster youth and reveals that many foster youth experience better than expected outcomes.
The Self-Concept of Foster Youth in Transition to Independent Living: A Descriptive Study

A Thesis

Submitted to the
Faculty of Miami University
in partial fulfillment of
the requirements for the degree of
Master of Science
Department of Family Studies and Social Work

by
Paula Ensele
Miami University
Oxford, Ohio
2003

Advisor___________________________
(Dr. Elizabeth A. Thompson)

Reader____________________________
(Dr. Ellie Brubaker)

Reader____________________________
(Dr. Mary S. Link)
TABLE OF CONTENTS

Table of Contents ii
List of Figures iv
Acknowledgements v
Chapter One: Introduction 1
  Theoretical Perspective 2
  Statement of Research Problem 2
  Justification of Research Problem 3
Chapter Two: Literature Review 4
  Theoretical Perspective 4
  Overview of Foster Care Literature 4
  Placement in the Foster Care System 5
  Education in the Foster Care System 6
  Mental Health Status of Youth in the Foster Care System 7
  Behavioral Problems of Youth in the Foster Care System 8
  The Emergence of Independent Living Programs 9
  Independent Living Programs: Services and Outcomes 10
  Demographics of Emancipated Youth 11
  Educational Attainment of Emancipated Youth 12
  Employment Status of Emancipated Youth 12
  Mental Health Status of Emancipated Youth 13
  Homelessness and Emancipated Youth 13
  Criminal Activity and Emancipated Youth 13
  Definitions of Self-Concept and Self-Esteem 13
  Self-Esteem in Adolescence 14
  Self-Esteem and Foster Care 14
  Viewing the Literature from a Symbolic Interaction Perspective 15
  Conclusion 15
  Research Questions and Hypotheses 16
Chapter Three: Methodology 17
  Sample 17
  Limitations of the Sample 17
  Data Collection 18
  Measures 18
  Multidimensional Self Concept Scale 18
  Demographic Questionnaire 19
  Data Analysis Techniques 20
Chapter Four: Research Findings 21
  Sample Demographics 21
  Hypotheses and Research Findings 24
  Other Variables Explored 28
Chapter Five: Discussion

Discussion of Current Study Related to Existing Literature 29
Foster Care Home Placements 29
Length of Stay in Foster Care 30
Visitation 31
Education 32
Employment 32
Self-Concept 33
Resiliency 34
Limitations of the Study 35
Sample 35
Measures 35
Data Collection 35
Implications for Foster Care Agencies 36
Implications for Future Study 36
Conclusion 37

References 38
Appendix A: Letter of Informed Consent 44
Appendix B: Demographic Questionnaire and MSCS 46
List of Figures

Graph 1: Frequency Distribution of Age at Entrance to Foster Care 22
Table 1: Demographic Characteristics of Sample 22
Table 2: Variables Related to Foster Care Experiences 23
Table 3: Variables Related to Foster Care Home Placements 24
Table 4: Placement $t$-Test 25
Table 5: Length of Employment $t$-Test 26
Table 6: Visitation Correlations 27
Acknowledgements

I could not begin without first giving thanks to God for His grace and mercy. He orchestrated the circumstances that led me here and provided me with many blessings and an incredible support system to help me through. I have experienced His faithfulness time and time again through the people I have met along the way.

I would like to thank my thesis committee members, Dr. Elizabeth Thompson, Dr. Mary Link and Dr. Ellie Brubaker for their constant support, advice and encouragement. Thank you to all of the faculty and staff in the FSW department who have been so kind, helpful and fun to be around. To my fellow graduate students, and Robin, who have become good friends, thank you for making these last two years fun and helping to reduce the stress. A special thank you to Mark Kroner for all of his help in getting me in contact with independent living programs. I could not have begun this project without his help.

Thank you to my parents for their love and for supporting me in my decision to move to Ohio and attend Miami. This would not have been possible without their help. A special thank you to Lani, for supporting me from the very beginning by coming out here with me to visit and for making the drive with me when I moved. Thanks to Barb, Randy, Hannah, Eli and Alyssa who have been my family here. To my friends in California, thank you for your prayers, emails, phone calls, care packages and visits. I appreciate all of your support and I am so grateful that you have chosen to continue our friendships. I would like to mention all of you by name, but it would take too long since I am blessed with so many friends!

Beth, you were the one who inspired me to go to graduate school. Thank you for believing in my abilities and your encouragement. I appreciate the support you have given me both personally and academically.

Mary, thank you for your warmth and your wisdom. You made me feel welcome and helped me to feel at home here. Thank you for always having an open office door and never making me feel like I was bugging you with my million and one questions.

Ellie, thank you for always being so encouraging. You really made the difference when everything seemed so overwhelming. Thank you so much for your patience and always being willing to listen when I was discouraged.

A special thank you to Tim. I appreciate your willingness to share your time and wisdom to help me. Thanks so much for all of the help you gave with my thesis and application materials.
Chapter One
Introduction

There are over 568,000 children and adolescents being cared for by the government through the foster care system on a daily basis (Barbell & Freundlich, 2002). These children and adolescents are often removed from home environments that include drug and/or alcohol abuse, domestic violence, physical abuse or neglect. These factors put them at risk for problematic behaviors and poor adjustment not only in childhood, but also, into adulthood. Additional experiences related to foster care, such as multiple home placements, further compound the risk for these children (Courtney & Barth, 1996). It is well documented by researchers that children in foster care display more behavioral, academic and mental health problems than the general population of children (Browne, 1998; Barbell & Freundlich, 2002).

The modern intent of foster care is to provide children and adolescents with a temporary safe environment until reunification with their birth parents is achieved (Goerge et al., 2002). However, the length of time that children spend in foster care has increased. According to Barbell and Freundlich (2002), the median stay for children in foster care, in 2001, was 21 months with some states being as long as 3 years. However, many studies report much longer stays. Courtney and Barth (1996) reported an average stay of five and a half years for the 2,653 youth in their California sample. Shin and Poertner (2002) report the average length of time youth spent in foster care, in Illinois, was eight years. It is becoming more common for children to spend several years in foster care, often until they reach late adolescence and either age-out or emancipate from the system. The terms age-out and emancipate are often used interchangeably, but they have slightly different meanings. Age-out refers to a youth turning 18 or graduating from high school (whichever occurs last), making them no longer available for any services. However, independent living services are commonly available for youth until they are 21, but the age limits vary among states. Emancipation often refers to youth leaving the system when they age-out, but also can mean the youth is legally declared by a judge to be self-supportive, this can happen at age 17 (Courtney & Barth, 1996).

It is estimated that 20,000 late adolescents age-out or emancipate from the foster care system each year (Collins, 2001; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Goerge et al., 2002). The increasing numbers of children growing up in foster care and the large numbers exiting the system each year into independence, combined with studies reporting poor outcomes for foster youth living independently, have generated more social and public policy awareness regarding the outcomes of foster adolescents leaving care (Barth, 1990; Courtney & Barth, 1996; Courtney et al., 2001).

The majority of literature on foster care focuses on the problems children exhibit while in care. There is a smaller portion of literature that discusses the experiences of adolescents in foster care. Even less literature explores the needs of late adolescents preparing for independent living or the outcomes of late adolescents already living independently. Of the available literature on foster care, most research explores the problems of foster children as a response to environmental factors the children are exposed to in their birth homes and in the foster care system. The literature fails to address how these environmental factors influence the self-concept of children and adolescents in foster care nor does it consider the role of self-concept in the behavior of
foster care children and adolescents. The intent of this study is to address this missing component of self-concept in foster care adolescents by providing a description and better understanding of the experiences and the self-concept of late adolescents in foster care.

Theoretical Perspective

This study focuses on the self-concept/self-esteem of late adolescents emancipated from foster care and factors related to foster care that may influence self-concept. The theory that guides this study is symbolic interaction. One of the focuses of symbolic interaction is the development of self-concept. Symbolic interactionists assume that self-concept develops through an individual’s social interactions (LaRossa & Reitzes, 1993). Symbolic Interaction is particularly applicable to this study because it does not limit the development of self-concept to social interactions within the family, but acknowledges the importance of significant others as well as considering that behavior is constrained by societal norms and values (LaRossa & Reitzes, 1993). These concepts are relevant to this study because they correlate well with the experiences of foster adolescents. Late adolescents who have been in foster care have had to learn to negotiate their way through a system that often requires them to work with several different professionals at one time. Many of these youth have had to learn to adjust their behavior to fit into the rules and expectations that are often changing even between professionals within the same system.

Statement of Research Problem

In the general population behavioral, academic and mental health problems of children and adolescents are correlated with low self-esteem (Zimmerman, Copeland, Shope, & Dielman, 1998). Children and adolescents placed in foster care tend to display more behavioral, academic and mental health problems than the general population (Browne, 1998; Barbell & Freundlich, 2002). The problems that children and adolescents in foster care exhibit are considered to be troublesome to the stability of their foster home placements. Children and adolescents who display more behavioral problems tend to have more foster home placements. As the number of placements increase, the number of behavioral incidents for these children and adolescents also increases (Newton, Litrownik & Landsverk, 2000). This creates a cycle of instability in the adolescents’ life as well as setting them up for failure.

There are a variety of factors that influence the experiences adolescents have while in foster care, which may, in turn, effect the manner in which they exit the system. It is estimated that one in four adolescents in foster care will remain in care until they either emancipate from care, age-out or run away (Courtney & Barth, 1996). Research reveals that emancipated foster care adolescents have higher levels of unemployment, lower levels of educational attainment, experience more homelessness, lack social support and have more mental health problems than adolescents in the general population (Courtney & Barth 1996; Courtney et al., 2001; Shin & Poertner, 2002). The purpose of this study is to investigate the self-concept of late adolescents, at least 18 years of age, who are living or lived in a foster family home. This study attempts to answer the following research questions: Is the self-concept of foster care adolescents different from the general population? Are factors associated with life in foster care, such as home placement changes and visits with biological parents, influential to the self-concept of
late adolescents in foster care? Additionally, this study attempts to describe the experiences of late adolescents during care and their outcomes after emancipation from the foster care system. Although this study will be measuring self-concept, the terms self-concept and self-esteem will be used interchangeably. Research states these terms have been used interchangeably and there is no universally accepted definition for self-concept (Crain & Bracken, 1994).

Justification of Research Problem

Low self-esteem has been correlated with depression, low academic achievement and behavioral problems in children in the general population (Lyman & Bird, 1996; Zimmerman, Copeland, Shope & Dielman, 1997). Research on foster care children and adolescents suggests that they are at a higher risk of exhibiting depression, low academic achievement and behavioral problems (Lyman & Bird, 1996; Zima et al., 2000). Most research on foster care children and adolescents considers the factors that effect the problematic behaviors, but fails to consider the role of self-esteem or self-concept in the behaviors of the children and adolescents.

Researchers suggested that self-esteem is a strong protective factor against negative life events (Dumont & Provost, 1999; Werner & Smith, 1992). Foster care children and adolescents often experience many negative life events (abuse, separation from biological parents, foster home placement changes), which place them at greater risk for developing problems correlated with low self-esteem. If self-esteem is a protective factor against the negative life events foster adolescents are experiencing, then there is a definite need for further research on the self-esteem/self-concept of foster care adolescents. This study attempts to address that need by investigating differences between the self-concept of late adolescents in the general population and those in foster care and by exploring differences in self-concept among youth in foster care.
Chapter Two
Literature Review

Theoretical Perspective

This study investigates the self-concept of late adolescents who are emancipated from the foster care system. The guiding theory behind this study is symbolic interaction. Symbolic interaction is relevant to this study because the theory focuses on the influences of behavior and the development of self-concept. The main focus of symbolic interaction deals with the symbols that individuals acquire throughout their lifetimes and the meanings and values attached to those symbols (Burr, Leigh, Day & Constantine, 1979; LaRossa & Rietzes, 1993). These symbols are inclusive of all facets of human life. Symbols can be as basic as a red light meaning stop or more complex, as the interpretation of silence. Symbols include things such as: words, ideas, gestures, and signs. The meanings of symbols are learned through interactions with other people. The meanings and interpretations of symbols can differ among families and individuals. Symbolic interactionists believe that understanding the meanings that individuals have attached to symbols is vital to understanding individual behaviors. It is believed that "behavior is influenced by the meanings of ideas in the mind, not by instincts, forces, libidinal energy, needs, drives, or a built-in profit motive" (Burr et al., 1979, p. 47).

Symbolic interaction maintains that self-concept is developed through social interactions, acknowledging that the family is not the only source of influence in an individual's life. Symbolic interaction is relevant to this study because it asserts that other people and groups can be influential in an individual’s life. Symbolic interaction also suggests that an individual's behavior is constrained by societal norms and values (Burr et al., 1979).

These concepts from symbolic interaction are important for understanding the population in this study. Since the late adolescents participating in this study have been in the foster care system, it is assumed they have experienced parental abuse, neglect, or other negative life events. The negative home environments these adolescents may have been exposed could potentially create an entirely different set of meanings and values for this population compared to the general population.

Overview of Foster Care Literature

Information about the experiences and outcomes of late adolescents who emancipate from the foster care system is scarce. The literature on foster care tends to focus on the failures within the system and the problems that youth experience while in foster care, but little research is available that focuses on the outcomes of late adolescents once they exit care (Courtney et al., 2001). The available research on foster care discusses troubling outcomes for these adolescents (Courtney & Barth, 1996). Research reveals that late adolescents emancipated from foster care are more likely to experience higher levels of unemployment, lower levels of educational attainment, more homelessness, less social support and more mental health problems (Shin & Poertner, 2002).
There are a variety of factors that influence the experiences that adolescents have while in foster care, which may, in turn, affect the manner in which late adolescents exit or emancipate from the system. Courtney and Barth (1996) identified three ways in which an adolescent will leave care: 1) “aging out” - leaving care by turning eighteen or legally emancipating to independent living; 2) achieving “permanency” - this could be reunification, adoption or placement with relatives or a guardian; or 3) an “unsuccessful” exit from care - such as running away or incarceration (p. 75).

Studies on the outcomes of foster care adolescents preparing to leave foster care or already emancipated, typically focus on the way in which the adolescents exit the system (Jonson-Reid & Barth, 2000). Courtney and Barth (1996) believe that the manner in which late adolescents exit care is influenced by factors related to their placement history such as; age when placed into care, length of stay in care, type and number of placements. The manner in which late adolescents exit the system is important because it affects their capacity to be successful at independent living. In addition to placement histories, other factors, such as; education, employment, mental health, housing and criminal activity are influential to the foster care experience and subsequently to their adjustment to independent living (Cook, 1994; Courtney et al., 2001; Mallon, 1998; McMillen & Tucker, 1999; Scannapieco, Schagrin & Scannapieco, 1995; Shin & Poertner, 2002). Jonson-Reid and Barth (2000) acknowledge the difficulties in attempting to correlate outcomes to foster care services because there is no way of knowing what the adolescent’s outcomes would have been had he/she not entered the foster care system.

The factors that influence the adjustment of late adolescents in foster care to independent living also are influential to their self-concept. Consequently, the influence of foster care on the self-concept of late adolescents may have an impact on their perceptions and adjustments to life situations they encounter as adults. The self-concept of late adolescents in foster care is the focus of this study. This chapter will review the literature regarding the following factors related to placement in foster care: placement history, education, mental health and behavioral problems; and the following factors once emancipated from care: educational attainment, employment, mental health, homelessness and criminal activity. Although the focus of this study is on late adolescents transitioning to independent living, this chapter will include a review of the literature related to children’s experiences during their stay in the foster care system. It is important to understand how early experiences within the foster care system may influence future outcomes at exit from care. This literature review will also discuss the emergence and the affects of independent living programs as well as the concepts of self-esteem and self-concept as they relate to this study.

Placement in the Foster Care System

In March 2000, there were approximately 588,000 children in the foster care system, more than double the number that were in the system in 1984 (Barbell & Freundlich, 2001, p. 4). Children and adolescents are most often placed into the foster care system because of parental abuse or neglect, but they can also enter the system through placements by criminal justice systems or for mental health treatment (Barbell & Freundlich, 2001). The intent of foster care is to provide temporary protection and services to children with a goal of reunifying children with their parents when appropriate.
(Goerge et al., 2002). However, children’s placements in foster care are becoming less temporary, and the numbers of children in care continue to grow. It is expected that the rates will continue to increase as more children enter foster care every year than exit care. This may, in part, be due to the increasing numbers of children who re-enter foster care after family reunification has failed (Barbell & Freundlich, 2001).

Placement within the system can result in different types of living experiences for children and adolescents, such as: a placement in a group care home, a foster family home, a residential treatment center, therapeutic or specialized foster care, or kinship care (placement with other relatives). Children are placed in different settings for various reasons. Mech, Ludy-Dobson and Hulesman (1994) discuss some correlation between type of placement and reason for placement. Children placed in care for sexual abuse were more likely to live in foster homes, whereas those placed in care because of their own behavior problems were more likely to live in group homes or institutions. There were no significant differences found between reason for placement and type of placement when children were placed for physical abuse or parental neglect (Mech, et al., 1994).

Once children and adolescents are placed in care, they typically experience multiple placements. Newton and colleagues (2000) followed the placements of 415 children and adolescents in San Diego and found them to experience an average of four placement changes during an eighteen month period. Poertner and Shin (2002) report that the adolescent in their study had been in foster care for an average of eight years. During that time, they experienced an average of five different placement changes and five different social workers.

Placement stability is a critical issue in the foster care system and has been correlated with negative affects on children’s emotional, behavioral and educational outcomes (Cook, 1994; Newton et al., 2000; Zima et al., 2000). Children who change placements frequently are likely to have difficulty trusting adults and forming attachments with others (Newton, et al., 2000). While there are no studies available that measure the effects of placement changes on self-concept, Newton and colleagues (2000) found an increase in internalizing behaviors with placement moves. Lyman and Bird (1996) found a significant correlation between fewer home placements and higher positive self-image in the domain of family relations.

Education in the Foster Care System

The turmoil that children in foster care face puts them at an even greater risk than the general population for academic failure. It is reasonable to assume that the trauma of abuse, stress of being separated from one’s parents, peers and living in unfamiliar circumstances would make it difficult for children to concentrate during school. Multiple home and school changes only compound an already troublesome situation. Changes in home placements often result in new schools as well. Shin and Poertner (2002) report that 41% of the foster care adolescents in their study changed schools at least three times during their stay in foster care. Courtney and colleagues (2001) state that nearly 50% of their sample reported having to change schools at least four times during their stay in care. Reunification with birth family could result in another school change. If reunification fails, which research suggests happens approximately 20% of the time, another school change may occur (Barth, 1997).
The educational difficulties of foster care children are well documented. Shin and Poertner (2002) found that 34% of the adolescent in their Illinois study had been in at least one special education class. These findings are consistent with Oregon’s Department of Human Resources report that 33% of foster children in Oregon have documented learning disabilities (Shin & Poertner, 2002). Similarly, Courtney and colleagues (2001) found that 37% of foster care adolescents from their Wisconsin sample had been in at least one special education class. The number of foster children and adolescents in special education classes is relatively high compared to the reported estimate of 20% of the general population as having learning disabilities (Shin & Poertner, 2002).

Even those foster care children and adolescents that are not in special education classes tend to have poor academic performance. English, Kouidou-Giles and Plocke (1994) found 24% of foster adolescents to be academically performing at least one year behind their grade level. Shin and Poertner (2002) report that 61% of adolescents in their sample failed at least one subject, 18% failed a grade, 37% had below a fifth grade reading level, with an additional 24% having a reading level between sixth and eighth grades. Courtney and colleagues (2001) found 32% of foster youth sampled to have at or below an eighth grade reading level. Additionally, children in foster care are also identified as being at risk for developmental problems including fine and gross motor delays and cognitive problems (Garwood & Close, 2001).

The documentation related to lower academic performance for foster care children is overwhelming. While there is literature connecting lower academic performance with lower self-esteem in the general population, this has not received much attention in the foster care literature (Browne, 1998). Lyman and Bird (1996) found that foster males who were behind in school had lower self-image scores in the domains of vocational and educational goals and emotional health.

Mental Health Status of Youth in the Foster Care System

The prevalence of mental health problems among children and adolescents in foster care is well documented. It is estimated that as many as two-thirds of the children entering foster care have pre-existing behavioral or emotional problems that warrant mental health treatment (Landsverk & Garland, 1999). In addition, adolescents in foster care are considered at a greater risk than the general population for developing mental health problems “because of a history of childhood abuse and neglect, family poverty, or parental mental health problems” (Orme & Buehler, 2001, p.3). Garwood and Close (2001) identify “environmental, social, biological and psychological risk factors as explanations for foster children’s vulnerability to psychological disturbance” (p.126).

Placement in foster care also presents an additional risk for children who must cope with the trauma of the situation that sent them into care, the loss of their parent(s) and adjust to a new living situation. Multiple placements may compound the psychological risk for foster children (Leslie et al., 2000). According to Farmer and colleagues, “Mental health problems identified among youth in foster care include conduct, anxiety, attention deficit, post-traumatic stress disorders… elevated rates of aggressive, delinquent and withdrawn behaviors are also observed” (p. 606).

Research shows that the numbers of children and adolescents receiving mental health services in foster care are high. Schneiderman, Conners, Fribourg, Gries and
Gonzales (1998) citing previous research state that “in California, where children in care make up less than 4% of the Medicaid eligible population, they accounted for 41% of all users of mental health services” (p. 29). Another study reveals:

California foster children are 20 times more likely to receive mental health services and 9 times more likely to be hospitalized for mental health conditions, than non-foster children also receiving Medicaid services…in Washington State, mental health services were used by 25% of children in foster care, compared with 3% of non-foster care children (Leslie et al., 2000, p.467).

Poertner and Shin (2002) found the adolescents in their study did not differ from the national norms on the Mental Health Inventory (MHI) in the category of general psychological well-being; however, foster adolescents scored significantly higher in the categories of depression, anxiety, general positive affect and loss of behavioral or emotional control. Courtney and colleagues (2001) also used the MHI to assess the psychological well-being of foster adolescents before emancipating from care and again one year later. These adolescents’ scores were below the national norm for levels of psychological distress at both measurement intervals.

Leslie and colleagues (2000) sampled 480 foster care children in California and found that nearly 50% met the clinical criteria on the Achenbach Child Behavior Check List (CBCL) as needing mental health services. During the eighteen month study, 41.5% of the children received some type of mental health service. The rates of mental health service use for this sample were ten times higher than estimated rates for children in the community samples (Leslie et al., 2000). Even though there is evidence of high proportions of mental health use among foster children and adolescents, it is also believed that many are not receiving the mental health services they need.

Mental health of foster youth has received attention in the literature. However, not all assessments of mental health include aspects of self-concept or self-esteem. It is important to separate out self-concept or self-esteem as a measure separate from mental health, particularly with the prevalence of foster children needing mental health services.

Behavioral Problems of Youth in the Foster Care System

Children and adolescents in foster care display higher incidences of behavioral problems than those in the general population (Browne, 1998). Many studies measure behavior using the CBCL (Browne, 1998; Newton et al., 2000; Zima et al., 2000). The identification of behavioral problems of youth in foster care is very ambiguous. Not only is the term behavioral problem very general, but particular behaviors are typically not identified and are often combined with emotional and developmental problems.

While there are no studies that look at specific behavior problems, some of the problematic behaviors that foster children display include: lying, aggression, inappropriate sexual behavior, stealing, running away and oppositional behaviors (Browne, 1998; Leathers, 2002). While these are behaviors that may be viewed as typical childhood behaviors, they are identified as problems because of the extent to which the foster children display these behaviors.

According to Leathers (2002), over 20% of the billed health services in the foster care population are for the treatment of behavioral problems. The estimates of behavioral and emotional problems in the general population are between seven and twenty percent.
For foster youth, studies estimate at least 33% of the population to as much as 85% have behavioral and emotional problems (Leathers, 2002, p. 239). Although the identification of behavioral and emotional problems as one category can be ambiguous, research indicates that reports of behavioral problems predict the use of mental health services (Leslie et al., 2000).

Foster children and adolescents display behavioral problems both in the home and at school. High incidences of behavioral problems can be factors in home placement termination. Multiple home placements are also correlated with increased behavior problems (Newton, et al., 2000). Studies reveal that foster care children and adolescents are more likely to be suspended or expelled from school than the general population (Brown, 1998). Poertner and Shin (2002) found that 46% of foster youth had been suspended and 11% had been expelled from school.

Behavioral problems for foster children put them at additional risk for further problems into adulthood. Research has shown that as adults, former foster children, continue to experience a variety of problems (Farmer et al., 2001). Correlation has been made, in the general population, between childhood behavioral problems and the “risk of developing adult antisocial behavior, depression and difficulties with interpersonal functioning” (Leathers, 2002, p. 240). Adults who were formerly foster children “are disproportionately more likely than other adults to be prosecuted for criminal acts as well as to experience homelessness and high unemployment rates” (Leathers, 2002, p. 240).

There is some discrepancy in research on the behavioral and emotional problems of foster care children. While there is plenty of documentation to the existence of problems, it is also suggested that there may be sample over-representation in the estimates of youth with behavioral and emotional problems (Zima et al., 2000).

The Emergence of Independent Living Programs

Late adolescence is a critical period when adolescents face the task of transitioning into early adulthood (Mech, 1994). During this process adolescents are not only acquiring skills to prepare them for living independent of their parents, but they are also experiencing changes in their relationships with their parents, peers, schools and community (Mech, 1994). These changes can be stressful and confusing for any adolescent in the general population, but combined with the additional stresses of living under the foster care system, the transition into adulthood can become overwhelming for late adolescents in foster care.

The transition to adulthood is a normative, developmental task (English et al., 1994). However, most adolescents face this task while living in a stable, supportive environment. Foster adolescents are expected to be self supporting upon emancipation from care; however they face this task while encountering many obstacles: lack of family support, emotional and psychological scars from abuse, social, academic and financial difficulties (English et al., 1994; Scannapieco, Schagrin & Scannapieco, 1995). Barth (1990) states that adolescents transitioning from the foster care system into independence have the odds stacked against them.

Early studies reveal that adolescents emancipated from foster care were having difficulties in living independently (Barth, 1990; Collins, 2001). Mech (1994) cited Wilste (1978) as the first to call attention to the need for foster adolescents to have Independent Living Services (ILS). Independent living refers to the ability to provide for
one’s self food, shelter and basic necessities without governmental assistance (Mech, 1988).

Practitioner, policymaker and congressional concern about the ability of foster care adolescents to live independently resulted in the passage of Public Law 99-272, The Independent Living Initiatives, in 1986. Under P.L. 99-272, funding was available for states to establish and carry out programs to assist foster adolescents, 16 years and older, to make the transition to independence (Cook, 1994; Scannapieco et al., 1995). Independent living programs (ILPs) began to emerge in the 1980s. “Programs typically offer services such as: educational, vocational, job search, money management, housing, social skills and decision making” (Mech, 1988, p.490).

Despite concern over the outcomes of foster adolescents on both societal and political levels, limited research has been conducted on the outcomes of foster adolescents who participate in ILPs, although these programs have been in existence for nearly two decades (Courtney & Barth, 1996; Mech, 1994; Scannapieco et al.; 1995; Shin & Poertner, 2002). The research that has been conducted on outcomes of foster youth has been criticized as suffering from methodological problems (Barth, 1996; Lindsey & Ahmed, 1999).

The results of the research on adolescents leaving the foster care system, reveal the transitional experience is difficult (Courtney et al., 2001). It is estimated that one of four adolescents will remain in foster care until they either age-out of care or exit care through a different path such as incarceration or running away (Courtney & Barth, 1996). It is likely that, with the current increase in the foster care population, the numbers of adolescents aging-out of care may increase as well.

Understanding the negative future outcomes that many youth in foster care may face, Courtney and Barth (1996) call for “a greater understanding of the factors associated with the various outcomes experienced by youth who age out of foster care” (p.77). Courtney and Barth (1996) explain that the number of children entering care at a young age combined with the probability that many will not reunify or be adopted suggests that a large majority of youth exiting care in the future will have spent the majority of their childhood in care (p.77).

Independent Living Programs: Services and Outcomes

While there are few studies on the effects of independent living programs for adolescents in foster care, the findings of these studies have been relatively similar. Most of the studies are based on small samples or populations from a particular program or state. The majority of the studies are the result of interviews or reviews of case files. Findings on the actual effects of specific programs are limited and have been inconclusive. Studies using comparison groups of adolescents participating in an ILP and those not receiving ILP services have not found statistically significant differences in the two groups, but have found the ILP to have positive affects (Cook, 1994; Scannapieco et al., 1995). The majority of the studies on independent living and adolescents in foster care focus primarily on outcomes in the following areas: education, employment, housing, mental health, social support and criminal activity. Most studies also investigate if the outcomes of the late adolescents have any correlation to their placement history (age entered the system, number and length of placements, contact with birth family).
It is estimated that nearly one-third of the foster care population are adolescents (Department of Health and Human Services, 1999). Studies estimate that 20,000 youth leave the foster care system every year (Collins, 2001; Courtney et al., 2001; Goerge et al., 2002). In 1996, there were approximately 67,600 adolescents served by independent living services (Department of Health and Human Services, 1999). In order to prepare adolescents for living independently they need to understand and develop skills in the following areas: education/vocational training, seeking and maintaining employment, locating and maintaining housing, managing a household budget, cooking and housekeeping skills, ability to access health care and community services (Department of Health and Human Services, 1999).

One problem with the results of studies on independent living outcomes is that they are not nationally representative. Even though studies have similar results, these results cannot be generalized. The Department of Health and Human Services (1999) reviewed reports from all states on the outcomes of each state’s independent living programs from 1987 to 1996. While this report is based on national data, the outcomes from this report should also be viewed with caution because of the variance between and within states in reporting measures and number of adolescents served. Some states only served ten adolescents in one year, while other states served more than 9,000 per year. Fifty percent of the youth served were located in ten states (Department of Health and Human Services, 1999).

While the reason for the variance in services between states is not explained, it likely has to do with the number of adolescents each state has in foster care. No comparison was made between the services each state offered. However, it would also seem reasonable to assume that states with large numbers of adolescents aging out of care would have more readily available and more developed services for those adolescents than states serving only a few adolescents each year. In contrast, states serving only a few adolescents each year may be able to offer those adolescents more individualized services.

While there has been interest in the well-being of adolescents who leave the system by practitioners and policymakers, there is limited research about the outcomes of adolescents after they leave care (Courtney et al., 2001). The research that is available “generally suffers from significant limitations” (Courtney et al., p. 685). As stated earlier, the effectiveness of ILPs is not conclusive, but there are a few studies that show the programs to have positive affects. It is also difficult to determine if the better outcomes for adolescents in ILPs is a direct outcome of being in the program or if those adolescents would have had better outcomes anyway because of other intrinsic factors.

**Demographics of Emancipated Youth**

Of the youth served nationally by independent living programs, the Department of Health and Human Services (1999) reports that approximately two-thirds were between 16 and 17 years of age, 22% were 18 and 13% were between 19 and 21 years of age. Fifty-three percent were female and 47% were male. The ethnic backgrounds of the youth were 50% Caucasian, 38% African American, nine percent Hispanic, one percent Asian, one percent Native American and two percent “other.” The youth primarily lived in foster homes (38%) and group homes (22%). Ten percent of the youth were institutionalized with another eleven percent identified as living under “other” conditions.
Only 9% were in kinship care and an additional 9% already lived independently. One percent of the youth lived with their biological families (Department of Health and Human Services, 1999); this is a drastically different number than Barth (1990) and Mallon’s (1998) estimates that 20% of emancipated adolescents return to live with their birth families. The drastic difference in the two estimates may be a result of the differences in programs and services offered by different states.

Educational Attainment of Emancipated Youth

As discussed earlier, children and adolescents in foster care tend to do poorly in school. There is little improvement in school performance by the time late adolescents leave foster care. Graduation rates for late adolescents in foster care are well below the national average. Barth (1990) found that only 45% of late adolescents had left the foster care system with a High School diploma or GED. Barth (1990) attributed the “high” graduation rate to the fact that 15% of the sample had participated in Foster Youth Services. Scannapieco and colleagues (1995) reported 50% of adolescents who had received Independent Living Services had graduated compared to 13% of adolescents who had received no services. Courtney and colleagues (2000) found that after being out of care for at least one year, only 55% of late adolescents graduated or received a GED. Mallon’s (1999) study looked at foster adolescents within a specific ILP and found those youth had a 74% graduation rate. While this particular group seemed to fare better than most, the 74% graduation rate still falls short of the 1999 national average 88% (Children’s Defense Fund, 2001). Despite the educational difficulties that some foster youth face, some do graduate from high school and attend college. Courtney and colleagues (2001) report that nine percent (9%) of their sample entered college.

Employment Status of Emancipated Youth

Goerge and colleagues (2002) reviewing the employment status of emancipated foster youth in Illinois, California and South Carolina over a 13 quarter period, found the rates to vary by state. Illinois had the highest unemployment rate of foster youth at 30% and South Carolina was the lowest 14%. However, during the 13 quarters, across all three states, there was never a time in any of the quarters where more than forty-five percent 45% of the sample had earnings. These findings were similar to those of Poertner and Shin’s (2002) sample of foster adolescents who had an employment level of 42% prior to emancipation.

For those emancipated adolescents who were employed, it was not indicative of stable earnings. Goerge and colleagues (2002) reveals that these youth have a tendency to have income earnings below the poverty level, with males less likely to work than females, African Americans earning less than Whites in all three states, Hispanics in California and Illinois earning more than Whites, and males earning more than females in all three states. Barth (1990) found three-quarters of his sample to be employed. However, 53% reported having serious money problems. In a sample of foster males participating in an ILP, 72% were employed at emancipation, but 90% of the sample report to having difficulty with budgeting (Mallon, 1998).
Mental Health Status of Emancipated Youth

As mentioned earlier, adolescents in foster care are more likely to use mental health services than those in the general population. However, once adolescents are emancipated from care their use of mental health services decreases dramatically. Courtney and colleagues (2001) found that more than half of the adolescents who had been using mental services prior to leaving care were no longer receiving mental health services. However, these late adolescents’ scores on the Mental Health Inventory were relatively similar to their scores prior to leaving care, suggesting that their need for services remained the same.

Homelessness and Emancipated Youth

Correlations have been made between a history of foster care placement and homelessness. Adults who were formerly in foster care are over-represented among samples of homeless men and women. It is estimated that between 15% and 39% of homeless adults have had foster care placement histories (Stoner, 1999). Courtney and colleagues (2001) reported that 14% of males and 10% of females were homeless after discharge from foster care. Twenty-nine percent of emancipated adolescents either had no place to live or moved on a weekly basis (Barth, 1990). Courtney and colleagues (2001) found that one year after emancipation 37% of late adolescents were living on their own, 31% were living with a relative, 12% were homeless and the remainder were living in "other" situations.

Barth (1990) estimates that 20% of late adolescents who age out of care make an "unplanned" return to live with their biological parent(s). Similarly, Mallon (1998) found that 20% of late adolescents were discharged from foster care returned to live with their biological parents. It is uncertain whether or not the environment that these late adolescents return to has improved since they were first removed.

Criminal Activity and Emancipated Youth

Barth (1990) reports that 31% of emancipated foster youth had been arrested. Courtney and colleagues (2001) reported that one year after emancipation 27% of males and 10% of females had been incarcerated at least once. In relation to committing crimes, 14% reported breaking and entering and 14% reported stealing something worth more than one hundred dollars. Eighteen percent had attacked someone they live with intending to do serious harm and 18% had attacked someone they did not live with intending to do serious harm. Fourteen percent had sold marijuana and eight percent reported selling hard drugs (Courtney et al., 2001). A Nevada study of adolescents in foster care after emancipation from care reported that 41% had spent some time in jail (Reilly, 2001).

Definitions of Self-Concept and Self-Esteem

Bracken (1992) defines self-concept as "a pattern of behavior that is sufficiently unique to an individual to be identified with that individual" (p. 3). Self-concept is believed to a “multidimensional and dynamic system of beliefs” (Cole et al., 2001). Crain and Bracken (1994) state that within the research literature on self-concept there is no universally accepted definition of the term and it is frequently used interchangeably with other terms such as self-regard, self-worth and self-esteem. The line between the
definitions of self-concept and self-esteem is murky. Self-concept has also been
explained as the foundational components of self-esteem. For the purpose of this study,
the terms are used interchangeably. The literature review is primarily based on research
in relation to self-esteem although; the instrument used in this study will measure self-
concept. The researcher believes that because of the interconnectedness of the two terms
using these terms interchangeably does not pose a problem.

Zimmerman and colleagues (1997) define self-esteem as the “evaluation that
persons make about themselves that expresses a self-judgment of approval, disapproval,
and personal worth” (p.117). They note that low self-esteem has been associated with
suicide, delinquency, substance abuse and poor academic outcomes. They suggest that
higher levels of self-esteem would promote better outcomes for adolescents and protect
them from engaging in problematic behaviors (Zimmerman, et al., 1997).

**Self-Esteem in Adolescents**

Dumont and Provost (1999) describe adolescence as a transitional period in which
negative life events can affect the adolescents’ well-being. For many adolescents, self-
estime is primarily derived from positive experiences at school and with their families.
Possessing a foundation of positive self-esteem facilitates successful adjustment (Dubois,
Bull, Sherman & Roberts, 1998). Many adolescents adjust to negative life events
successfully, while others experience adjustment problems. Dumont and Provost (1999)
report that adolescents with high self-esteem were well adjusted, while those with lower
self-esteem use avoidance methods in coping with stress. It is also thought that self-
estime is a major factor in buffering the effects of stress on an adolescent’s psychological
health. Dumont and Provost (1999) found high self-esteem to be a “protective resource
that adolescents can use against daily negative life events” (p.352).

Baldwin and Hoffman (2002) studied the individual change in the self-esteem of
861 adolescents over a seven year period. The results of Baldwin and Hoffman’s (2002)
study reveals that self-esteem is dynamic, it changes significantly throughout
adolescence. The changes in self-esteem were found to be individualistic, not related to a
developmental pattern. Further results from the Baldwin and Hoffman (2002) study
found that stressful events had a greater impact on the self-esteem changes in females.
Also, adolescents from more cohesive families were found to have higher self-esteem.

**Self-esteem and Foster Care**

Studies on independent living report the outcomes of foster adolescents in several
areas, as previously discussed in this chapter. While mental health is mentioned, in a
general aspect, one missing area of research on foster youth is a focus on self-esteem
and/or self-concept. The few studies that discuss self-esteem will be discussed. The
Department of Health and Human Services (1999), in a nationwide review of
independent living programs acknowledges the importance of building self-esteem in
foster youth in addition to their development of independent living.

Salahu-Din and Bollman’s (1994) study of 116 foster care adolescents found that
their self-esteem varied based upon the identification the adolescents had with their
biological families. Adolescents who had a high level of identification with their birth
families had higher levels of self-esteem than the adolescents who had low levels of
identification with their birth families. This study also suggests that remaining connected
with their biological families helps to assist the adolescent in developing a positive self identity and having a good relationship with their foster families. Salahu-Din and Bollman (1994) suggest that identity development is an important developmental task for foster adolescents to accomplish in order to be successful when leaving foster care. They define identity development for adolescents as their “attempt to negotiate systems and determine how he/she best fits into society” (Salahu-Din & Bollman, 1994. p124). They suggest that this is a difficult task for foster care children because of the loss of contact with their family, ambivalent loyalty issues between birth families and foster families or a feeling of responsibility for the separation (Salahu-Din & Bollman, 1994).

Lyman and Bird (1996) propose that the loss of family and peers experienced by foster care children is influential on the way they perceive themselves. This study looked at the self image of 58 male adolescents in a residential group home. These youth had experienced between two and ten different placement settings. All of the youth had contact with at least one parent. The results of this study found that the global self image of adolescent males in foster care was not significantly different from those in the general population. However, foster care adolescents did have significantly different scores in the domains of family relations and emotional health. The foster care adolescents were slightly higher than other adolescents in social relationships suggesting that the social relationships gained importance to compensate for the lack of family support. Lyman and Bird (1996) also found that adolescents who were behind academically had lower self image scores. This study also found that multiple placements were related to lower self-esteem in adolescents.

**Viewing the Literature from a Symbolic Interaction Perspective**

The research reveals that foster children and adolescents have more behavior problems than general population. According to symbolic interaction theory, an individual's behavior is influenced by meanings (Burr et al., 1979; LaRossa & Rietzes, 1993). Children and adolescents who have suffered abuse, trauma and neglect have experienced completely different lifestyles than other children and adolescents and have constructed a completely different meaning of what a family is and what it is like to be in a family. Their inappropriate behavior in their new foster home can be a result of many different factors such as fear or insecurity. Symbolic interaction offers a way to interpret behavior from the point of view of the adolescents and their understanding or meanings, not from the view of what society constructs as normal.

**Conclusion**

The literature reviewed clearly indicates that adolescents in foster care are at high risk for numerous problems including depression, poor academic achievement and behavior problems (Zima et al., 2000). Self-esteem research correlates low self-esteem with mental health effects, low academic achievement, and behavior problems (Lyman & Bird, 1996; Zimmerman et al., 1997). With the high rates of foster care adolescents experiencing such difficulties and the correlation of these same problems with low self-esteem, attention must be paid to the self-esteem of foster care children.

Research on foster care adolescents acknowledges the presence of low self-esteem within this population, but does not empirically study it. The research considers various factors that affect their problematic behaviors, with particular attention paid to the
number of foster home placements, but fails to consider the effect of those factors on the children’s self-esteem or the role of self-esteem as a contributing factor in the adolescents’ behavior. It seems logical to conclude that the self-esteem of adolescents in foster care will greatly affect their behavior and academic performance. Consequently, their behavior affects their placement stability creating an even further compounding negative effect on their self-esteem.

Unfortunately, there is little research that focuses on the self-esteem of foster care children. The research that is available looks only at the factors that may contribute to their low self-esteem, not at the effect that their low self-esteem has on their behavior. With the large numbers of adolescents in foster care, it is imperative that more research be focused on addressing the self-esteem issues of foster care adolescents. Efforts must be made to promote a more positive self image in these adolescents to help enable them not only to adjust to their circumstances, but also to be successful at living independently.

There is much research on the problems of the foster care system and how the system has failed the children. Research implicates numerous problems within the system that cause these adolescents to fail upon entering society. If self-esteem is a protective factor against failure (Zimmerman et al., 1997), it seems the most effective way to improve the chances for these adolescents to succeed upon leaving the foster care system would be to start implementing strategies for increasing the self-esteem of adolescents in foster care. Based on the literature the following research questions and hypothesis have been developed:

**Research Question #1**: Do late adolescents, who have been in the foster care system, have self-concept levels that are different than the norms of the general population?

**Hypothesis #1**: The self-concept levels of late adolescents in foster care will be lower than the norms for the general population.

**Research Question #2**: Are there factors associated with life in foster care that influence the self-concept of late adolescents in foster care?

**Hypothesis #2**: Late adolescents who have had less than four home placements will have higher self-concept than those who have had four or more home placements.

**Hypothesis #3**: Late adolescents who graduated from high school or received their GED will have higher self-concept than those who did not graduate from high school or did not receive their GED.

**Hypothesis #4**: Late adolescents who have had consistent employment (same job for at least seven months) will have higher self-concept than those who have not maintained consistent employment.

**Hypothesis #5**: Late adolescents who had visitation with family members once a month or more frequently will have higher self-concept than those who had less frequent visitation with family.

**Hypothesis #6**: Late adolescents who perceived their scheduled visitation as consistent (meeting as scheduled) will have higher self-concept than those who perceived visitation as inconsistent.
In this study, a descriptive design with quantitative data was used to assess the outcomes of late adolescents leaving the foster care system. While there is extensive literature on children and adolescents in foster care, this study is unique from other studies in that it focuses on the self-concept of late adolescents leaving the foster care system. The intent of this study is to describe the experiences of late adolescents in foster care transitioning to independent living and the impact of previous foster care experiences on their self-concept. The Multidimensional Self Concept Scale developed by Bracken (1992) was used to measure the self-concept of the late adolescents. A questionnaire was also used to gain general background information on the sample, as well as information related to their experiences in foster care. This section will describe the sample, how the sample was obtained, the limitations of the sample, the data collection procedures, the instruments used for data collection and the methods used for data analysis.

**Sample**

A non-random convenience sample was used for this study. The sample was recruited from agencies offering independent living services to current and emancipated foster youth in Northern California, Ohio, Washington State and Wisconsin. There were 43 participants in this study, all between 18 to 21 years of age. The mean age of the sample is 19 years of age, \( M = 19.00 \). The sample is 26% male and 74% female. The ethnic background of the sample is 65% African American, 16% Caucasian, 12% "Other" and seven percent Hispanic.

**Limitations of the Sample**

There are limitations in regard to the sample. The use of a convenience, non-random sample recruited only from agencies providing independent living services limits the generalization of the findings. Research has shown that independent living programs have positive effects on foster youth (Lindsay & Ahmed, 1999; Mallon, 1998; Scannapieco et al., 1995). Also, independent living services are voluntary. Therefore, the results of this study cannot be applied to youth who have not received or have refused such services.

The sample consists of individuals 18 - 21 years of age. The age criteria limited not only the recruitment for the sample, but also the ability to generalize the findings to foster youth who are younger. The small size of the sample (n = 43) also limits generalizability. It is also likely that those who were willing to take the time to participate in the study did so because they had either positive experiences with the agencies with whom they were connected or their experiences with the system were very negative.

The major limitation of the sample was in gaining access to the late adolescents and getting them to participate in the study. Due to the necessity of confidentiality of the sample, surveys were distributed by agency staff. This presented two problems: ensuring that all surveys were distributed and an inability to follow up directly with the late adolescents who received the surveys, resulting in a very low response rate. Although
this sample has limitations, it was necessary to use a non-random convenience sample because of the difficulty in gaining access to those who were formerly or currently in foster care. Several studies have noted the difficulty in obtaining samples with foster youth (Barth, 1990; Lindsey & Ahmed, 1999).

Data Collection

After receiving human subjects approval from Miami University, agencies providing independent living services to foster youth were contacted. After the agencies agreed to inform their clients about the study, the researcher gave the agencies packets containing all of the information about the study and the measures. Each packet included the foster care questionnaire, the self-concept survey, the letter of informed consent, a stamped return envelope, and a stamped postcard for entry into the drawing for the prize (see Appendix A). Agency personnel distributed the packets to their clients. Agency personnel were directed to tell their clients that participation in the study was voluntary and would have no effect on the services he/she receives. If the client decided to participate in the study, he/she completed the instruments and returned them to the researcher. This procedure was chosen for data collection to ensure the anonymity of the participants.

A total of 325 surveys were sent to agencies in California, Ohio, Washington and Wisconsin. The response was very low. A total of 58 surveys were returned, yielding an initial response rate of 18%. However, 15 surveys were completed by youth under the age of 18 and could not be included in the study. Therefore, only 43 surveys met the criteria needed for the purpose of this study, resulting in a 12% response rate for this study.

The low response was likely due to two reasons. First, there was no way of ensuring all surveys were distributed by agency personnel to clients. Second, participation was voluntary. It is likely that given the age of the targeted sample and their previous experiences with the system they may have had reservations or an unwillingness to participate in a study.

Measures

Multidimensional Self Concept Scale

The Multidimensional Self Concept Scale (MSCS) developed by Bracken (1992) was used to measure self-concept (See Appendix A). The MSCS is comprised of six scales: social, academic, family, physical, competence and affect. Each scale contains 25 statements the subject responds to on a 4-point likert scale ranging from strongly agree to strongly disagree. The combination of scales represent a global self-concept. Although the domains are interrelated, the MSCS is designed so that each scale can independently be used as a unique measure of self-concept (Bracken, 1992).

For the purpose of this study, the social, competence and affect scales were used. The social scale was developed with the understanding that individuals interact with a variety of different people. The social scale includes statements such as “I am usually a lot of fun to be with,” “Most people like me,” and ”People avoid me.” Bracken (1992) states that the manner in which others approach and react to an individual, whether negative or positive, influences the individual's social self-concept and his/her ability to have successful social interactions.
The competence scale was developed based on the idea that competence behaviors are performed in all environments. Competence behaviors refer to the ability of an individual to be able to function effectively within their environments. The competence scale includes statements such as "I feel that most people respect me," "I don't seem to have control over my life" and "I can do most things pretty well." Bracken (1992) states "as individual's succeed or fail in endeavors...they evaluate their actions and make generalizations about their competence in various settings" (p. 4).

The affect scale was developed with the consideration that an individual's "affective reactions differ as their previous behaviors are differently reinforced, extinguished and punished..." (Bracken, 1992. p. 4). The affect scale includes statements such as "I enjoy life," "I am afraid of many things," and "I feel loved." Bracken puts forth the idea that affective behavior patterns become more consistent with age and that affective behaviors occur before, during and after all situations in which an individual is involved.

The family, academic and physical scales were not included in this study. The reasons for not including these scales were two-fold. First, it was important to keep the length of the instrument manageable for the participants. In attempting to do this, the family, academic and physical scales were not included because those scales did not seem appropriate for individuals who have been in the foster care system.

Second, the experience of the late adolescents who have been in foster care were not accurately represented in the statements included in the family or academic scales. The family scale may have been confusing as to whether they should respond to the statements in relation to their biological parents or their foster parents. This would have resulted in an inability to get an accurate view of self-concept in this domain. In addition, it seems reasonable to assume that individuals who have been separated from their birth families would have lower scores than the norms on a family-related scale. Additionally, all of the participants were in ILPs, and potentially had transitioned to independent living. It is possible that independent living experiences may have altered their perceptions of family-related issues. In regard to the academic scale, since all participants were over 18 years of age, the subscale did not seem applicable if they were no longer attending high school. Additionally, research has shown that foster youth tend to have difficult school experiences and lower school performances than the norm (Barth, 1990; Brown 1998; Courtney et al., 2001).

Three scales were purposefully omitted from the self-concept measures. The three scales of the MSCS that were included in this study were considered to be appropriate for this population. The primary reason for choosing the MSCS was that it has a 3rd grade reading level, which is appropriate for this sample. It has been well documented in research that foster youth tend to be academically behind in school. It was necessary to use a measure that was easy to read, not only because the reading ability of the sample was unknown, but also to allow for the entire measure to be completed in a timely manner. The MSCS was also chosen because it has ample number of questions (25 in each scale) to gain an accurate perception of self-concept, unlike shorter measures.

Reliability of the MSCS is assessed in two ways: internal consistency and stability. The internal consistency of the MSCS overall for 18-19 year olds is .98. The internal consistency estimates for the subscales being used in this study for the same age groups are social scale .90; competence scale .88 and affect scale .94. The overall
stability of the MSCS is .90. Stability for the social scale is .79, the competence scale is.76 and the affect scale is .73. Bracken (1992) states, "stability at this level allows examiners sufficient confidence in the test scores to evaluate the construct both in clinical and research settings" (p. 45).

Demographic questionnaire

A demographic questionnaire designed by the researcher was used to obtain general information about each subject as well as information regarding his/her foster care experience (see Appendix A). The general information questions addressed age, gender, ethnicity, educational level and employment. The questions regarding the subject's foster care experience relate to number of years in the system, number of home placements and visitation experiences with biological family members. Face validity was established for the questionnaire by having professionals in the field of foster care review the questionnaire.

Data Analysis Techniques

Once the data was collected, The MSCS sub scales were scored for each participant. Scores ranged from 1-4 for each item. The possible scores for each of the subscales ranged from 25-100. Higher scores correlated to higher self-concept.

The scores were entered into the Statistical Program for the Social Sciences (SPSS). Responses to the demographic questionnaire were coded and entered into SPSS. Means and frequency distributions were obtained for all of the demographic variables, the self-concept scales and the responses to each self-concept item.

One-sample *t*-tests were used to assess differences between the self-concept means of the sample and the norms for each MSCS subscale. Bivariate Correlations were used to determine if any significant relationship existed between self-concept scores and the hypothesized variables of number of foster home placements, visitation experiences, educational level attained and employment. Independent-sample *t*-tests were used to determine any relationship between the below norm scores and the hypothesized variables.
The results presented in this chapter are based on data analysis of 43 late adolescents who receive services from agencies offering independent living programs. This study attempts to describe the self-concept of late adolescents transitioning from foster care to independent living. In this chapter, a description of the sample will be presented along with a brief discussion of their previous foster care and current experiences. Each of the hypotheses of this study will be presented along with the statistical analysis and the findings.

Sample Demographics

The sample for this study consists of 43 late adolescents between the ages of 18-21 with a mean age of 19 years (M = 19.00). The sample is 74.4% female and 25.6% male. The ethnic background of the sample is 65.1% African American, 16.3% Caucasian, 11.6% “other” and seven percent Hispanic. In this sample, 73.9% had at least graduated from high school or received their GED. Fifty-three percent are employed with 19% having full-time employment (see Table 1).

The over-representation of African Americans in this sample (65.1%) is of concern. This is likely due to the fact that many of the respondents were from larger urban cities. The large percentage of African Americans in this study does correspond with literature stating that there is an over-representation of African Americans in the foster care population. Shin and Poertner (2002) in their sample of 74 foster care youth also had an African American representation of 65%. However, it is estimated that in the entire foster care population, 42% is African American, even though African American children represent 15% of the child population in the United States (Barbell & Fruendlich, 2001).

In regard to experiences during foster care, approximately half of the sample (46.6%) entered care at age 13 or older and the rest entered between the ages of birth and 12 years (46.6%) (see Graph 1). The mean age at entrance to care was ten (M = 10.02). The mean stay in foster care was just over seven years (M = 7.33). Nearly half of the sample (44.2%) spent less than five years in foster care. However, 32.7% of the sample spent at least ten years in foster care. Visitation with family members occurred for 50.2% of the sample when they first entered foster care, but only 30.2% of the sample had visitation during their most recent stay in foster care (see Table 2). The sample experienced an average of three and a half placements with 23.3% reporting only one placement and 30.2% reporting six or more placements (see Table 3).
Graph 1: Frequency Distribution of Age at Entrance to Foster Care

Table 1: Demographic Characteristics of Sample

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>32</td>
<td>74.4</td>
</tr>
<tr>
<td>Male</td>
<td>11</td>
<td>25.6</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>28</td>
<td>65.1</td>
</tr>
<tr>
<td>Hispanic</td>
<td>3</td>
<td>7.0</td>
</tr>
<tr>
<td>Caucasian</td>
<td>7</td>
<td>16.3</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>11.6</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>18</td>
<td>41.9</td>
</tr>
<tr>
<td>19</td>
<td>12</td>
<td>27.9</td>
</tr>
<tr>
<td>20</td>
<td>8</td>
<td>18.6</td>
</tr>
<tr>
<td>21</td>
<td>5</td>
<td>11.6</td>
</tr>
<tr>
<td><strong>Level of school completed</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9th grade</td>
<td>1</td>
<td>2.3</td>
</tr>
<tr>
<td>10th grade</td>
<td>4</td>
<td>9.3</td>
</tr>
<tr>
<td>11th grade</td>
<td>4</td>
<td>9.3</td>
</tr>
<tr>
<td>12th grade</td>
<td>21</td>
<td>48.3</td>
</tr>
<tr>
<td>GED</td>
<td>4</td>
<td>9.3</td>
</tr>
<tr>
<td>Some vocational</td>
<td>1</td>
<td>2.3</td>
</tr>
<tr>
<td>Some college</td>
<td>7</td>
<td>16.3</td>
</tr>
<tr>
<td><strong>Employment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>23</td>
<td>53.5</td>
</tr>
<tr>
<td>No</td>
<td>20</td>
<td>46.5</td>
</tr>
<tr>
<td>Full-time</td>
<td>8</td>
<td>18.6</td>
</tr>
<tr>
<td>Part-time</td>
<td>15</td>
<td>34.9</td>
</tr>
</tbody>
</table>
Table 2: Variables Related to Foster Care Experiences

<table>
<thead>
<tr>
<th>Variables</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total number of years in foster care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One year or less</td>
<td>6</td>
<td>14.0</td>
</tr>
<tr>
<td>Two - three years</td>
<td>8</td>
<td>18.6</td>
</tr>
<tr>
<td>Four - six years</td>
<td>8</td>
<td>18.6</td>
</tr>
<tr>
<td>Seven - nine years</td>
<td>3</td>
<td>7.0</td>
</tr>
<tr>
<td>Ten - twelve years</td>
<td>3</td>
<td>7.0</td>
</tr>
<tr>
<td>Thirteen - fifteen years</td>
<td>7</td>
<td>16.4</td>
</tr>
<tr>
<td>Sixteen - eighteen years</td>
<td>4</td>
<td>9.3</td>
</tr>
<tr>
<td><strong>Visitation with family when first entered care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>22</td>
<td>51.2</td>
</tr>
<tr>
<td>No</td>
<td>14</td>
<td>32.6</td>
</tr>
<tr>
<td><strong>Visitation with family during recent stay in care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>13</td>
<td>30.2</td>
</tr>
<tr>
<td>No</td>
<td>27</td>
<td>62.8</td>
</tr>
<tr>
<td><strong>Reunification with biological parent(s)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>9</td>
<td>20.9</td>
</tr>
<tr>
<td>No</td>
<td>27</td>
<td>62.8</td>
</tr>
<tr>
<td><strong>Re-entry to foster care after reunification</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>6</td>
<td>66.6</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>33.3</td>
</tr>
<tr>
<td><strong>Number of times re-entered foster care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two</td>
<td>4</td>
<td>66.6</td>
</tr>
<tr>
<td>Three or more</td>
<td>2</td>
<td>33.6</td>
</tr>
</tbody>
</table>
### Table 3: Variables Related to Foster Care Home Placements

<table>
<thead>
<tr>
<th>Variables</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of home placements</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One</td>
<td>10</td>
<td>23.3</td>
</tr>
<tr>
<td>Two</td>
<td>5</td>
<td>11.6</td>
</tr>
<tr>
<td>Three</td>
<td>2</td>
<td>4.7</td>
</tr>
<tr>
<td>Four</td>
<td>4</td>
<td>9.3</td>
</tr>
<tr>
<td>Five</td>
<td>7</td>
<td>16.3</td>
</tr>
<tr>
<td>Six or more</td>
<td>13</td>
<td>30.2</td>
</tr>
<tr>
<td><strong>Length of longest home placement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than a year</td>
<td>14</td>
<td>32.6</td>
</tr>
<tr>
<td>One year</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>Two years</td>
<td>4</td>
<td>9.3</td>
</tr>
<tr>
<td>Three - four years</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>Five - six years</td>
<td>7</td>
<td>16.3</td>
</tr>
<tr>
<td>Seven years or longer</td>
<td>5</td>
<td>11.6</td>
</tr>
<tr>
<td><strong>Type of longest home placement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-relative foster home</td>
<td>22</td>
<td>51.2</td>
</tr>
<tr>
<td>Relative home</td>
<td>8</td>
<td>18.6</td>
</tr>
<tr>
<td>Group home</td>
<td>7</td>
<td>16.3</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>9.3</td>
</tr>
</tbody>
</table>

### Hypothesis and Research Findings

**Hypothesis #1:** The self-concept of late adolescents in foster care will be lower than the self-concept norms for the general population.

There were no findings to support this hypothesis. A one-sample *t*-test was conducted on each of the self-concept subscales (social, competence, affect) to determine if the means were significantly different from the normative scores as reported by Bracken (1992). Although the mean of this sample was higher than the norms, the differences were not significant. The sample mean of 80 (SD = 9.56) for the social scale was not significantly different from the norm score of 75 (*t* (42) = 3.43, *p* = .001). The sample mean of 80.56 (SD = 10.06) for the competence scale was not significantly different from the norm score of 75 (*t* (42) = 3.62, *p* = .001). The sample mean of 77.29 (SD = 13.81) for the affect scale was not significantly different from the norm score of 71 (*t* (41) = 2.95, *p* = .005).

**Hypothesis #2:** Late adolescents who have had less than four home placements will have higher self-concept than those who have had four or more home placements.

Bivariate correlations did not reveal any significant relationship between self-concept and number of placements. A *p*-value of less than .05 is required for significance. Computed *p*-values were social scale (*p* = .600), competence scale (*p* = .931), and affect scale (*p* = .704).
An independent-sample $t$-test showed nearly equal means on self-concept scores for those who had less than four placement and those who had four or more placements (see Table 4).

Table 4: Placements $t$-Test

<table>
<thead>
<tr>
<th>number of placements</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>social scale raw score</td>
<td>&gt;= 4</td>
<td>24</td>
<td>79.67</td>
<td>9.93</td>
</tr>
<tr>
<td></td>
<td>&lt; 4</td>
<td>17</td>
<td>80.65</td>
<td>9.27</td>
</tr>
<tr>
<td>competence scale raw score</td>
<td>&gt;= 4</td>
<td>24</td>
<td>80.83</td>
<td>10.69</td>
</tr>
<tr>
<td></td>
<td>&lt; 4</td>
<td>17</td>
<td>80.12</td>
<td>9.90</td>
</tr>
<tr>
<td>affect scale raw score</td>
<td>&gt;= 4</td>
<td>24</td>
<td>77.25</td>
<td>14.08</td>
</tr>
<tr>
<td></td>
<td>&lt; 4</td>
<td>16</td>
<td>77.38</td>
<td>14.54</td>
</tr>
</tbody>
</table>

**Hypothesis #3:** Late adolescents who graduated from high school or received their GED will have higher self-concept than those who did not graduate from high school or did not receive their GED.

Bivariate correlations did not reveal any relationship between level of education attained and self-concept scores. A $p$-value of less than .05 is required for significance. Computed $p$-values were social scale ($p = .645$), competence scale ($p = .706$), and affect scale ($p = .472$). This hypothesis was difficult to support because the majority of the sample either graduated from high school or earned their GED. Only 20.9% of the sample ($n = 9$) had less than a high school education.

Independent-sample $t$-test showed those who completed high school had slightly higher means on the social subscale, $M = 80.24$ (SD = 9.58) compared to those who had received their GED, $M = 74.75$ (SD = 13.23). This finding was not statistically significant, ($t (23) = .993$, $p = .331$).

**Hypothesis #4:** Late adolescents who have had consistent employment (same job for at least seven months) will have higher self-concept than those who have not maintained consistent employment.

There was no support for this hypothesis. Bivariate correlations did not reveal any significant differences between length of employment and self-concept. A $p$-value of less than .05 is required for significance. Computed $p$-values were social scale ($p = .059$), competence scale ($p = .255$), and affect scale ($p = .393$). The $p$-value for correlation between length of employment and the social subscale ($p = .059$) approached significance.

There were no significant differences found for those who were employed versus those who were not employed. A $p$-value of less than .05 is required for significance. Computed $p$-values were social scale ($p = .282$), competence scale ($p = .996$), and affect scale ($p = .393$).

An independent-samples $t$-test revealed that those who had been employed seven months or longer did have slightly higher self-concept than those who had less employment. However, these differences were not statistically significant (see Table 5).
Hypothesis #5: Late adolescents who had visitation with family members once a month or more frequently will have higher self-concept than those who had less frequent visitation with family.

Bivariate correlations did not reveal any significant relationship between frequency of visitation and self-concept (see Table 6). A p-value of less than .05 is required for significance. There was a significant correlation found between visitation with fathers and the social subscale (p = .040). The significance for visitation with fathers did not hold for all self-concept subscales measured. The number of youth who had visitation with fathers was small (n = 13), limiting the ability to make accurate conclusions about this finding. Additionally, in this category, the majority of the youth responded that they never had visitation with their fathers, further confounding the accuracy of this result.

Hypothesis #6: Late adolescents who perceived their scheduled visitation as consistent (meeting as scheduled) will have higher self-concept than those who perceived visitation as inconsistent.

There were no findings to support this hypothesis. Bivariate correlations did not reveal any significant relationship between the consistency of visitations and self-concept scores (see Table 6). However, the self-concept scores on all subscales were slightly higher for those who strongly disagreed (n = 6) versus those strongly agreed (n = 3) that their visitation schedules with their mothers and siblings were consistent. Of particular interest is the difference between the means on the affect subscale: M = 64 (SD = 23.43) for those who strongly agreed visitation was consistent with their mother and M = 76.67 (SD = 13.31) for those who strongly disagreed visitation was consistent with their mother. However, the number of respondents is too low to make any judgment regarding the effects of visitation consistency, and this difference did not reach the level of statistical significance.

The hypotheses related to visitation were difficult to analyze accurately because 51.2% of the youth (n = 22) had visitation during their first stay in foster care and only 30.2% (n = 13) had visitation during their most recent stay in foster care. Due to the small number of respondents having visitation during their most recent stay in care, the effects of visitation could not be measured over time, but were only measured in regard to visitation during respondents first stay in foster care.
Table 6: Visitation Correlations

<table>
<thead>
<tr>
<th>Frequency of Visits</th>
<th>Social Scale</th>
<th>Competence Scale</th>
<th>Affect Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>with mother</td>
<td>Pearson Correlation: .010</td>
<td>Sig. (2-tailed): .966</td>
<td>N: 22</td>
</tr>
<tr>
<td></td>
<td>Pearson Correlation: .994</td>
<td>Sig. (2-tailed): .994</td>
<td>N: 22</td>
</tr>
<tr>
<td>with father</td>
<td>Pearson Correlation: .574*</td>
<td>Sig. (2-tailed): .343</td>
<td>N: 13</td>
</tr>
<tr>
<td></td>
<td>Pearson Correlation: .983</td>
<td>Sig. (2-tailed): .983</td>
<td>N: 13</td>
</tr>
<tr>
<td>with siblings</td>
<td>Pearson Correlation: .051</td>
<td>Sig. (2-tailed): .051</td>
<td>N: 20</td>
</tr>
<tr>
<td></td>
<td>Pearson Correlation: -.383</td>
<td>Sig. (2-tailed): -.383</td>
<td>N: 16</td>
</tr>
<tr>
<td>with grandparents</td>
<td>Pearson Correlation: -.299</td>
<td>Sig. (2-tailed): -.299</td>
<td>N: 15</td>
</tr>
<tr>
<td></td>
<td>Pearson Correlation: -.383</td>
<td>Sig. (2-tailed): -.383</td>
<td>N: 20</td>
</tr>
<tr>
<td>with others</td>
<td>Pearson Correlation: .278</td>
<td>Sig. (2-tailed): .278</td>
<td>N: 15</td>
</tr>
<tr>
<td></td>
<td>Pearson Correlation: .290</td>
<td>Sig. (2-tailed): .290</td>
<td>N: 16</td>
</tr>
<tr>
<td></td>
<td>Pearson Correlation: .290</td>
<td>Sig. (2-tailed): .290</td>
<td>N: 10</td>
</tr>
<tr>
<td></td>
<td>Pearson Correlation: .569</td>
<td>Sig. (2-tailed): .569</td>
<td>N: 13</td>
</tr>
<tr>
<td></td>
<td>Pearson Correlation: .533</td>
<td>Sig. (2-tailed): .533</td>
<td>N: 10</td>
</tr>
<tr>
<td></td>
<td>Pearson Correlation: .025</td>
<td>Sig. (2-tailed): .025</td>
<td>N: 10</td>
</tr>
</tbody>
</table>

* Correlation is significant at the 0.05 level (2-tailed).
Other Variables Explored

Information was obtained from the sample related to age at entrance into care, total number of years in care and length and type of longest foster placement. No hypotheses were formulated regarding the effects of these variables on self-concept, but these variables were explored to gain a better picture of the experiences of foster youth.

As noted earlier, 23.3% (n = 10) of the sample experienced only one foster home placement. It is interesting to note that 23.3% of the sample was in care for two years or less. Of those who were in foster care one year or less in care (n = 6), 100% had only one home placement. Of the remaining portion who lived in one placement (n = 4), there was a vast difference in total length of time spent in care, between 4 and 17 years. In contrast to the 23.3% of the youth who lived in only one home placement, 30.2% (n = 13) of the youth lived in six or more home placements.

Although many youth experienced multiple home placements, this does not necessarily mean placement changes are occurring on a frequent basis. Nearly one-third of the sample (27.9%) spent five years or longer in their longest home placement. An additional 14.0% spent three to four years in their longest home placement. This reveals that for some foster youth, the system can offer some sense of stability. Another 32.6% of the sample spent less than a year in their longest home placement. However, this is likely a reflection of the fact that 14.0% of the sample spent a total time of one year or less in care, all of whom experienced only one home placement.

The majority of the present sample (51.2%) had their longest home placement in a non-relative foster home. Approximately one-fifth of the sample (18.6%) spent their longest placement with relatives, while an additional 25.6% spent their longest stay in care in a group home or “other” type of placement. Although “other” was not defined, this could typically mean placement in juvenile detention or mental health facilities, but the meaning of “other” for this sample is unknown.

The age each youth entered foster care was also interesting to consider. Data was available of 40 of the participants on the age at entrance to care. Of the 40 youth, 22 entered care between 12 to 17 years of age. The older age at entrance to care is a reflection of the larger portion of the sample, 44.2%, who spent four years or less in care. Within the entire sample, 46.5% (n = 20) experienced five or more placements. Of the 20 who experienced five or more placements, seven entered during their teen-age years. The range of stay in foster care for the teens that experienced five or more placements was between two and six years. This indicates that the foster experience for teenagers can be somewhat unstable. The teenagers who did experience only one foster home placement were typically in care for only one year or less, primarily entering care at 16 years of age.
The main purpose of this study was to investigate the self-concept of late adolescents transitioning from foster care to independent living. It was hypothesized that late adolescents who had been in foster care would have lower self-concept than the general population. Certain experiences related to foster care were also hypothesized to have effects on the self-concept of foster care adolescents. This study produced no significant findings among any of the hypothesized variables, but did provide a description and better understanding of the experiences of foster care adolescents. This chapter will discuss the experiences of the foster care adolescents in this study in relation to the existing literature and explore the factors related to their ability to adjust under adverse experiences. Limitations of this study, implications for agencies and recommendations for future studies will also be discussed.

Discussion of Current Study Related to Existing Literature

Foster youth are widely portrayed as experiencing negative life outcomes upon their exit from care. Homelessness, incarceration, addiction and lower educational attainment are examples of the negative outcomes that are generally expected of foster youth. While these portrayals are accurate of some former foster youth, there is evidence to suggest that this is not representative of the entire population of former foster youth. In fact, many former foster youth do quite well and become successful, well-functioning adults. Since both extremes exist, the focus in the foster care literature tends to be more representative of the negative outcomes of former foster youth.

While similarities exist between some of the descriptions of foster youth in this study and in the literature, there is some disparity between the experiences of foster youth as described in this study compared to the literature. Although there were no significant findings in relation to self-concept and foster care experiences, this study does reveal the extreme differences in experiences that youth encounter while in foster care. The vastly different experiences youth encounter while in care are not surprising, considering the varying reports of foster youth experiences and outcomes found in the literature.

Many studies report foster youth experience multiple home placements, academic difficulty, behavioral and emotional problems and difficulty in maintaining employment (Barbell & Fruendlich, 2001; Courtney & Barth, 1996). However, there are contrasting studies that describe trends toward more stable and positive outcomes for foster youth. This study corroborates that foster youth experience both extremes during their stays in care. The following section will discuss the extremes of foster youth experiences found within this sample in relation to the differential accounts of foster youth reported in the literature.

Foster Care Home Placements

Newton and colleagues (2000) state "placement stability is critical for the success of foster care placement" (p. 1364). Barth (1997) adds that "child development experts…agree that multiple placements are a developmental hazard; children benefit from consistent and uninterrupted parenting and suffer from the reverse" (p. 616). It is a common belief that children in foster care constantly shift from placement to placement.
There is literature to support this belief. Newton and colleagues found that youth in San Diego had an average of four placement changes during an eighteen-month period. Mech and Che-Man Fung (1999) found foster adolescents in Illinois experienced an average of 9.5 placement changes during an average stay of seven years. In contrast, Usher, Randolph and Gogan (1999) suggest the idea of "foster care drift," long stays in care combined with multiple placement changes, has no empirical basis and is an inappropriate description of most experiences in foster care. Instead, Usher and colleagues propose that many children can find stability in the foster care system, particularly those whose placements are with relatives.

Additional research supports the idea that placement stability can be experienced for foster youth. Dworskey and Courtney (2001) found 44% of the youth in their Wisconsin sample had only one placement. However, 39% of their sample spent less than one year in foster care. In the current study the average number of placements children experienced was just over three. However, the extremes in placement changes were evident in this sample with 22.7% having only one placement, and 30.2% having six or more placements.

In this study, even though the average number of placements was three ($M = 3.78$), only 4.7% of the sample had three placements, and 9.3% had four placements. While the literature suggests that foster care youth experience an average of three to five placements, the mean may not reflect the median experience. The reality may be that many are experiencing only one placement or more than six different placements. This was found to be true in the current sample, 34.9% had only one or two placements, in contrast, 46.5% had five or more placements with relatively few falling in between the two extremes.

The issue of placement stability receives a lot of attention in the literature. Although this study found no correlation between number of placements and self-concept, there is reason to be concerned about multiple placements. In this study, 30.2% experienced six or more home placements. This number likely does not include stays in emergency shelters or transition homes when youth move from one placement to another. It is reasonable to assume that multiple placement changes will have negative effects on children, particularly when experienced over a short period of time. While the idea of foster care drift may not accurately represent the foster care population as a whole, it does in fact, represent a portion of the population, particularly those who spend the majority of their childhood in care. For example, in this study, 25.7% of the youth were in foster care for at least 13 years. This percentage is largely representative of the youth who experienced multiple placements. Although, looking at the extremes, there was one youth who spent 17 years in one placement and another youth who experienced at least six placements within two years. This example reveals how vastly different experiences within the system can be for foster youth. These differences need to be acknowledged and addressed by future researchers.

**Length of Stay in Foster Care**

When assessing the effects of placement stability on foster youth, it is imperative to consider the length of stay in foster care in conjunction with the number of placements. This study did not make any hypotheses regarding the late adolescents' length of stay in foster care. However, this is important to mention because of its relation to placement
stability. Research reveals that “length of time in care is positively correlated with the number of placements” (Usher et al., 1999, p. 24).

As previously mentioned, in this study 32.7% of the sample was in foster care for ten years or longer, and 30.2% of the sample had six or more placements. Of those who experienced six or more placements (n = 13), their average length of stay in foster care was 10.5 years, ranging from 2 to 16 years. Statistics on placement experiences are not always presented in the context of the length of stay in foster care. This is necessary since the effects of five placements in one year would likely be different than five placements in fifteen years.

In this study, 23.3% of the sample was in care for two years or less, while another 32.7% stayed in care for ten years or longer. Typically, shorter lengths of stay in foster care are representative of those with fewer placements, while those who experience more placements usually remain in care for several more years. However, difficulties exist in comparing studies on foster care placement stability (Newton et al., 2000). Studies on placement stability have been criticized as being methodologically flawed (Courtney & Barth, 1996; Newton et al., 2000; Usher et al., 1999). Usher and colleagues (1999) state that most studies on placement stability "are based on samples that significantly limit their generalizability" (p. 26).

**Visitation**

It was hypothesized that the frequency and consistency of visitation would have an effect on the self-concept of the foster youth in this sample. There was limited support for this finding. Visitation with fathers was found as having positive effects on the social self-concept scale, but not in the subscales of affect and competence. The visitation category was difficult to analyze with such a small number of respondents (n = 22) having any visitation with birth family members. The fact that any significance was found offers reason for further investigation. It is likely that a larger sample may have produced more significant findings regarding the effects of visitation on foster youth outcomes.

There are many issues involved with visitation that were beyond the scope of this study, but warrant further investigation. For example, many youth experienced changes in their visitation schedules. These changes varied. Some youth did not have visitation with family when they first entered care, but did have visitation at the end of their stay in care. Other youth had the opposite experience. Some youth experienced an end in visitation schedules with one parent, but not the other. For some, frequency of visitation decreased throughout their stay in care, while for others, the frequency of visitation increased. In this study, 22 youth had visitation when they first entered care and 14 youth did not have visitation. During their most recent stay in care only 13 still had visitation with birth family. A larger portion of the sample (n = 27) did not have visitation during their most recent stay in care. The larger number of youth not experiencing visits during their most recent stay in care is a reflection of visitation schedule changes and the fact that some youth entered care at such an early age that they may not know if they had visitation at that time.

The complexity of the visitation variables warrants further investigation. A larger sample may be able to offer more insight into how the different factors involved with visitation interact with each other and affect the foster adolescent. Even with the
small number of youth in this sample who had visitation, this study reveals the complexity involved in measuring visitation experiences. Self-concept scores were higher for those who felt strongly that visitation was inconsistent compared to those who felt strongly that visitation was consistent. These findings are difficult to interpret, but raise questions to the effects of visitation on foster youth. Even though these results were based on a small portion of the sample, and not significant, they highlight the need for more attention to be focused on issues regarding visitation. There also is a need for the development of more complex measures of visitation to provide a better understanding of the effects of visitation on foster youth.

**Education**

There are inconsistencies found in the literature regarding educational outcomes for foster youth. There is general consensus that graduation or GED rates are lower for foster youth than the general population, however the reported rates of graduation vary from as low as 45% to as high as 74% (Barth, 1990; Mallon, 1998). The inconsistencies are likely due to the extreme variances found in the experiences of foster care youth and the influence of independent living programs. The current study reported a 73.9% rate for graduation or earning a GED. All respondents in this study were participating in ILPs. This is consistent with Mallon’s (1998) finding of a 74% graduation rate for foster youth participating in an ILP. These graduation rates are much higher than the rates of 45% as previously reported by Barth (1990). In Barth’s (1990) the “higher” rates of graduation were believed to be a reflection of the 15% who were participating in ILPs. Scannapieco and colleagues (1995) reported drastic differences in graduation rates for those who participated in ILPs (50%) compared to those who did not participate in ILPS (13%). The positive effect of ILPs is evident in the literature and this study’s graduation rates of 73.9% add further support. The effects of ILPs are beginning to extend throughout high school as well. This study found that 16.3% of foster adolescents had attended some college. This is higher than the nine percent of foster youth that Courtney and colleagues (2001) reported as having entered college. Although educational rates for foster youth vary, there appears to be a trend of more foster youth completing high school and entering college. The findings from this study support those trends. Further research is needed to understand the factors which influence decisions of adolescents to attend college.

**Employment**

Employment experience is an area that seems to be similar across all studies regarding foster youth. While actual rates of employment vary for former foster youth, some as high as 75%, there is overwhelming concern for the ability of foster youth to support themselves. Most youth are expected to be self-supporting between 18 to 21 years of age; however, their limited education or job training/experience (primarily due to their age) does not allow them to attain jobs in which they can adequately support themselves. Twenty-three of the youth in this sample were employed, while only 8 were employed full-time. In this study, 60.8% of the employed youth (n = 23) did not believe they were earning enough money to support themselves. Additionally, 11 of the 23 employed youth were also attending school, which limits the number of hours they are available to work.
Self-sufficiency upon high school graduation is not the normative experience of 18 year olds living with their families of origin, yet it is expected of foster youth. Even at age 21, an individual’s ability to fully support themselves without occasional assistance from others is questionable. The unrealistic expectation of foster youth being able to support themselves upon emancipation from care is being questioned by researchers. Mech and Che-Man Fung (1999) state:

> Although society expects young people to take on many adult responsibilities as soon as possible after reaching the age of majority, developmental evidence suggests that in terms of attaining economic self-sufficiency, the transition to adulthood is uneven and continues well into the mid and late twenties (p. 218).

The amount of governmental attention currently focused on the outcomes youth in foster care as they transition to independent living, has helped to extend the time youth can receive assistance while in the process of becoming self-sufficient. The Foster Care Independence Act of 1999 allows states to provide continual assistance to youth through the age of 21. Funding allotted to the States for independent living services can be used for college tuition reimbursement or vocational training. States also have the discretion to continue supporting youth enrolled in college or vocational schools for an additional two years beyond 21 years of age. With new services available for foster youth, there will be an increase in studies measuring the effectiveness of these services. Future studies will need to include measures of the youths’ perceptions of ability to support themselves. One interesting question for future research is whether or not outcomes for youth are better in States that provide college assistance compared to States that do not provide such assistance.

**Self-Concept**

Some of the findings in this study corroborate the findings in previous studies on self-esteem and foster care. Only three studies were available that discussed self-concept and foster care adolescents. Two of those studies were in relation to identity development. None of these studies had samples that allowed for generalizability of findings. The largest sample consisted of 116 youth (ages 11-15) from one Midwestern social services agency (Salahu-Din & Bollman, 1994). The smallest sample consisted of 17 adolescents (ages 15-19) from a group home and was a qualitative study (Kools, 1997). The third study consisted of an all male sample from a group home (Lyman & Bird, 1996). This study attempts to add to the paucity of literature regarding self-concept and foster youth.

The present study found foster adolescents to score higher than the norms on all three self-concept subscales: social, competence and affect. Lyman and Bird (1996) investigated differences in self-image among male foster adolescents. They found the self-image of foster youth was not significantly different than the general population of adolescents. However, Lyman and Bird did find a significantly higher score than the norms on the social relationships subscale. Although the higher self-concept scores for this study were not significantly different from the norms, the findings support the previous research by Lyman and Bird.

This study found a significant relationship between visitation with fathers and higher scores on the social subscale, although the small sample in this study made it
difficult to further analyze other visitation factors. This study supports the findings of Salahu-Din and Bollman’s (1994) study which found a correlation between identification with birth family and higher self-esteem. Literature does acknowledge the importance of foster youth maintaining relationships with family members when possible. The findings of this study, and Salahu-Din and Bollman’s study, reveal that further research is needed in exploring the effects of visitation on foster care youth.

Resiliency

While there is disparity in the literature regarding the outcomes of foster youth once they leave the system, there is an overwhelming focus on the negative outcomes that befall some foster youth. As previously discussed, there are extremes that exist within the experiences and the outcomes of foster youth. Although some do experience negative outcomes, many foster youth adjust well and are considered resilient.

It is necessary and important to recognize the negative outcomes that exist for foster youth as well as to identify the factors that contribute to negative outcomes. The Foster Care Independence Act of 1999 attempts to curb negative outcomes by instituting programs to further assist foster youth transitioning to independent living. While these programs are important and certainly will be beneficial for many foster youth, the fact that many foster care youth are already resilient within the system and upon emancipation should be acknowledged. It would be equally beneficial for characteristics that contribute to their resiliency to be identified and incorporated into service planning.

Werner and Smith’s (2001) 30-year longitudinal study of at-risk children, in Hawaii, offers insight into identifying the possible factors related to the successful outcomes that many foster youth experience. In Werner and Smith’s study, approximately one-third of the sample, as late adolescents, were identified as resilient. The resilient adolescents were found to have high expectations for themselves, an internal locus of control and a self-motivated, inner desire to achieve. Personality traits such as agreeable, cheerful, social and sense of humor were also present in some of the resilient adolescents. Additionally, Werner and Smith found “teenagers who had attained a high degree of social maturity, were resourceful and put their intellect and talents to good use by the time they graduated high school had a better chance of managing a successful transition into adulthood” (p. 151).

The late adolescents in this study were all participating in independent living programs. These services are available for all foster youth, but participation is voluntary. Individuals choosing to take advantage of independent living services are more likely than their counterparts to be self-motivated, resourceful and have a desire to achieve, as described by Werner and Smith (2001).

The motivation and desire to achieve is evident in the ability of these youth to achieve academically. The academic achievement of foster youth is of great concern to researchers, social workers and policy makers. As such, this topic receives significant attention in the literature. Several studies identify that foster youth have lower graduation rates than the general population (Barth, 1990; Lindsey & Ahmed, 1999). In this study only 20.6% of the sample \((n = 9)\) did not graduate or earn a GED. Additionally, 100% of the sample expressed a desire to further their education, which may speak to the resilient characteristics of self-motivation and desire to achieve as described by Werner and Smith (2001).
One protective factor that has been identified throughout resiliency literature as affecting an adolescent’s ability to be resilient is the presence of one caring adult in the child’s life (Rak & Patterson, 1996; Wang, Haertel, & Walberg, 1994; Werner & Smith, 2001). The effects of having a caring adult in the lives of the foster youth was evident in this sample through responses to one of the items on the competence subscale of the MSCS. Twenty-nine of the 43 respondents strongly agreed to the statement “Others believe that I will make something of myself.” This statement received the most strongly agree responses than any of the other 74 items on the subscales used in this study. It was unfortunate that no information was gathered from this study regarding who the adolescents identified as significant people in their lives or people they can count on. Future research should include ways of identifying people that the youths perceive as influential in their lives.

Limitations of the Study

Sample

Even though the sample was obtained from four different states: California, Ohio, Wisconsin and Washington; the size of the sample was relatively small (n = 43). The size of the sample limited the ability to find significance among the hypothesized variables and self-concept scores. All participants in the study were involved with independent living programs, which in addition to the sample size, does not allow for much generalizability to the entire foster care population. Researchers acknowledge both the difficulty in recruiting former foster youth for participation in studies and that significant differences may exist between foster youth who are and are not accessible (Barth, 1990; Lindsey & Ahmed, 1999). A comparison group of non-foster care late adolescents would have provided a stronger basis for outcome comparison. While this sample does have limitations related to generalizability, it does add to our understanding of the experiences of foster youth in independent living programs.

Measures

While the MSCS was chosen as appropriate for the design of this study, it does pose limitations as well. The norms for the MSCS are based on samples of 5th – 12th grade students. The number of students between the ages of 18 and 19 in the original sample was small, limiting the actual effectiveness of the scale to accurately measure the self-concept of sample in this present study (Bracken, 1992). However, despite limitations, this scale was felt to be the most appropriate, available measure for the population targeted in this sample.

Data Collection

Data was gathered through the use of a cross-sectional survey, meaning data was collected from each subject at one point in time. This is a limitation because the extent to which the hypothesized variables affected self-concept across the participant’s foster care experience is unknown. Demographic information was gathered through self-reporting from the foster youth. Considering that 32.7% of the sample spent between ten and eighteen years in foster care, there is a possibility that some of their reported information related to number of placements and visitation may be inaccurate because they may not accurately remember those experiences. A longitudinal study would be better designed to address these limitations.
Implications for Foster Care Agencies

Agencies need to be aware of the effects of foster care experiences on self-concept issues. Even though the self-concept scores in this sample were generally higher than the norms, there are still specific items on the scales that indicate the need for further exploration of the self-concept of foster youth. Additionally, independent living programs have positive effects on foster youth. It is likely that some of the skills that foster youth gained from participation in those programs had positive effects on their self-concept. Agencies should include self-concept building strategies for children as a part of foster parent training.

A strengths-based perspective should definitely be incorporated into policies of working with foster youth. While many agencies operate under a strengths-based perspective, this philosophy should also be presented to the foster parents and the strengths of the foster youth should be emphasized and utilized. Since many foster youth are able adjust well within the system, one way to build upon the strengths of foster youth would be to create mentoring programs. Developing a big brother/big sister type program within the foster care system would be beneficial for both older and younger foster children. Providing younger foster children with older resilient foster youth to mentor them may provide them with a role model to encourage them and help them to navigate through the system. A mentoring program would also benefit older foster youth by further developing responsibility, skills and self-worth. Mentoring programs could be implemented with relatively minimal cost to agencies. The benefits of mentoring programs have already been well-established.

Recommendations for Future Study

This study indicates that many foster youth can be resilient. There is a need for further research to be conducted on foster youth that attempts to identify the protective factors that contribute to resiliency among foster youth. There should be further studies that identify and focus on the strengths of foster youth, foster parents and agencies. Once these strengths are identified, they can be incorporated into effective guidelines for agency policies.

A better understanding of the experiences of foster youth can be more effectively addressed through the use of longitudinal and qualitative studies. Studies have been criticized for being cross-sectional and therefore only providing a snapshot picture of the well-being of foster youth. A longitudinal design that follows children from their entrance to care throughout their entire stay in care may provide a better understanding of what factors contribute to personal resiliency. This researcher believes that a longitudinal design, similar to that of Werner and Smith’s (1992), would provide valuable insight into the effects of the foster care experiences on foster children and adolescents. This type of design would track the experiences of the foster youth beginning with initial entrance to care until a few years upon their exit from care. This would allow for the variables to be assessed at more than one point in time and provide a better picture of the foster youths’ experiences over the course of their stay in care, as well as how their experiences relate to their outcomes after care.

As suggested by Courtney and Barth (1996), attention needs to be given to recruiting representative samples of foster youth. It is difficult to obtain samples that accurately represent the foster youth leaving care. This is a population that is very
difficult to access. Lindsey and Ahmed (1999) state “given the highly mobile nature of this population, researchers may never be able to secure a sample that fully represents all youth that have left care” (p. 405). The age of participants and their previous experiences in the system may cause them to be hesitant to participate in research studies. Courtney and Barth (1996) also suggest that in obtaining representative samples, consideration should be paid to the way the adolescent leaves care, such as, emancipation, aging out or running away, as these different paths are likely the result of differences among the youths’ experiences in care.

**Conclusion**

The fact that this study did not yield any significant findings, is not completely unexpected considering the differing outcomes for foster youth found in the existing literature. This study does highlight the fact that the experiences of foster care youth can be vastly different. One valuable aspect of this study is that it offers a picture of more positive outcomes for foster youth than are typically presented. A majority of the youth in this study had better than average self-concept, had higher than expected educational attainment and higher than expected levels of employment. The results of this study indicate the need for future research in the areas of self-concept and outcomes for foster youth. This study also indicates that many foster youth possess resilient characteristics. Identifying and understanding factors that contribute to the resiliency of foster youth should be addressed in future studies. Resiliency characteristics could serve as a basis for future programs to better serve youth in foster care.
REFERENCE


Mech, E.V., & Che-Man Fung, C. (1999). Placement restrictiveness and educational...


APPENDIX A: LETTER OF INFORMED CONSENT
Letter of Informed Consent

Hello,

My name is Paula Ensele and I am a graduate student at Miami University in Oxford, Ohio. I am doing a study on the outcomes of young people who have been in the foster care system. I am asking you to help me by participating in my study. **Your participation is voluntary and will not affect any of the services you are currently receiving or may receive in the future.** This study is important because it may influence programs available to those in foster care, and it may be beneficial to others who become involved in the foster care system in the future.

If you choose to participate in this study you will be asked to fill out 2 surveys, which should take about 45 minutes. Your participation in this study should not put you at any personal risk. However, some people may experience emotional discomfort because of the topic. You may skip any questions that you find uncomfortable or end your participation in the study at any time. All survey responses will be kept confidential and will be used for the purpose of this study. General results of this study (not individual responses) may be published or reviewed by foster care agencies. Responses from this study cannot be linked specifically to anyone in the study.

Any questions about this study can be directed to Paula Ensele (513-529-2151 or enselepl@muohio.edu) or Dr. Elizabeth Thompson (513-529-2339 or thompsea@muohio.edu). If you have any questions regarding the rights as a subject in this study, please contact the Office for Advancement of Scholarship and Teaching (513-529-3734 or humansubjects@muohio.edu). Please keep this letter in case you have questions regarding this study.

**By completing and returning the included surveys, you have given your consent to participate in this study.** All individuals who choose to participate in this study will be entered in a drawing for a $30 Wal Mart gift card. To be entered in the drawing, be sure to send back the postcard and the completed surveys.

Thank you. Your participation in this study is greatly appreciated!

Paula Ensele
Graduate Student
Miami University
APPENDIX B: DEMOGRAPHIC QUESTIONNAIRE AND MSCS
DO NOT PUT YOUR NAME ON THE SURVEY.
Please answer the following questions to help provide background information on the people who participated in this study. All information will be kept confidential. If you are uncomfortable answering any of the questions you may end your participation at any time.

**General Information**

1. What is your gender? □ Male   □ Female

2. What is your ethnicity?
   □ African American   □ Hispanic   □ White   □ Asian   □ Other

3. What is your age?__________

4. Are you currently in school? □ Yes   □ No

5. What was the last level of schooling you successfully finished?
   □ 8th grade or less   □ 12th grade
   □ 9th grade          □ GED
   □ 10th grade         □ some vocational school
   □ 11th grade         □ some college

6. Are you planning to further your education? □ Yes   □ No

7. Are you employed? □ Yes   □ No   If No, go to # 10

8. **If employed**, is your job: □ Full time   □ Part-time
9. **If employed**, how long have you had your current job?

   - [ ] 1-3 months
   - [ ] 4-6 months
   - [ ] 7-9 months
   - [ ] 10-12 months
   - [ ] 13 months or longer

10. **If employed**, do you feel that you make enough money to support yourself, without help from anyone else?

   - [ ] Strongly agree
   - [ ] Agree
   - [ ] Disagree
   - [ ] Strongly Disagree

**Foster Care Placement**

11. At what age did you enter into your first foster care placement? _______

12. Before entering your first foster care placement, who did you live with? (check all that apply)

   - [ ] Birth Mother
   - [ ] Birth Father
   - [ ] Grandparent
   - [ ] Other relative
   - [ ] Other non-relative

13. Have you ever had a successful return to live with your birth parent(s)?

   - [ ] Yes
   - [ ] No (skip to #16)
   - [ ] Do not know (skip to #16)

14. **If yes**, did you ever re-enter foster care placement after returning home?

   - [ ] Yes
   - [ ] No (skip to #16)
   - [ ] Do not know (skip to #16)
15. **If yes**, how many times did you re-enter foster care?

- □ 1
- □ 3 or more
- □ 2
- □ Do not know

16. How many years (total) have you been in the foster care system? _____ years

17. Since your first placement into foster care, **how many** foster home placements have you had?

- □ 1
- □ 4
- □ 2
- □ 5
- □ 3
- □ 6 or more

18. How much time did you spend in your **longest** placement?

- □ Less than a year
- □ 3 -4 years
- □ 1 year
- □ 5-6 years
- □ 2 years
- □ 7 years or longer

19. Thinking about your **longest** placement, what type of placement was it?

- □ Non-relative foster home
- □ Relative home
- □ Group home
- □ Other

20. Have you ever received independent living services?

- □ Yes
- □ No
Visitation

21. When you **first entered** foster care placement, did you have any scheduled visitation?

- Yes
- No (skip to #24)
- Do not know (skip to #24)

22. When you **first entered** foster care placement, how often did you have **scheduled visits** with the following people:

<table>
<thead>
<tr>
<th></th>
<th>Once a week</th>
<th>twice a month</th>
<th>once a month</th>
<th>once a year</th>
<th>never</th>
<th>do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sibling(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandparent(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other relative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23. Thinking about your **first** visitation schedule, were your scheduled visits with the following people usually kept on a regular basis?

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sibling(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandparent(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other relative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

24. Did your visitation schedule changed since you first entered foster care?

- Yes
- No
- Do not know

25. During your **most recent** stay in foster care placements, did you have any scheduled visitation?
26. Thinking about your **last** visitation schedule while in foster care placement, how often did you have scheduled visits with the following people:

<table>
<thead>
<tr>
<th></th>
<th>Once a week</th>
<th>twice a month</th>
<th>once a month</th>
<th>once a year</th>
<th>never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sibling(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandparent(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other relative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

27. Thinking about your **last** visitation schedule, were your scheduled visits with the following people usually kept on a regular basis?

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sibling(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandparent(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other relative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please rate the following statements according to how well the statement applies to you. There are no right or wrong answers, but it is important that you rate each statement according to how you honestly feel. To mark your answer, circle the letters that correspond with your feelings toward the statement. Each statement should be rated as:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SA</strong></td>
<td><strong>A</strong></td>
<td><strong>D</strong></td>
<td><strong>SD</strong></td>
</tr>
</tbody>
</table>

1. I am usually a lot of fun to be with  
2. People do not seem interested in talking with me  
3. I am too shy  
4. Most people like me  
5. People avoid me  
6. A lot of people make fun of me  
7. I am not accepted by people who know me  
8. Most people think I am interesting  
9. People enjoy being with me  
10. Most of the time I feel ignored  
11. I feel desired by members of the opposite sex  
12. No one seems to laugh at my jokes  
13. Most people appreciate me just the way that I am  
14. I often feel like I am left out of things  
15. People tell lies about me  
16. I have a lot of friends  
17. I spend a lot of time feeling lonely  
18. I am never sure how to act when I am with people I don’t know well  
19. People tell me their secrets  
20. People pick on me  
21. People do not seem to notice me  
22. I get a lot of phone calls from friends  
23. Many people have a low opinion of me  
24. I let people bully me too much  
25. People have to get to know me before they like me
Please rate the following statements according to how well the statement applies to you. There are no right or wrong answers, but it is important that you rate each statement according to how you honestly feel. To mark your answer, circle the letters that correspond with your feelings toward the statement. Each statement should be rated as:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
</tbody>
</table>

26. I am honest
27. Too often I say the wrong thing
28. I am too lazy
29. I have a good sense of humor
30. I am basically a weak person
31. I feel that most people respect me
32. I am not very good at speaking my mind
33. I am assertive when I need to be
34. I am unlucky
35. I am very self confident
36. I don’t seem to have control over my life
37. I frequently put off doing important things until it is too late
38. I give people good reason to trust me
39. I am not as good as I should be
40. I don’t keep quiet when I should
41. I am successful at most things
42. I handle my personal business responsibly
43. I lack common sense
44. I always seem to be in trouble
45. I can do most things pretty well
46. I am not very smart
47. I am a coward in many ways
48. Others believe that I will make something of myself
49. Too often I do dumb things without thinking
50. I waste money foolishly
Please rate the following statements according to how well the statement applies to you. There are no right or wrong answers, but it is important that you rate each statement according to how you honestly feel. To mark your answer, circle the letters that correspond with your feelings toward the statement. Each statement should be rated as:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>SA</td>
<td>A</td>
<td>SD</td>
<td>D</td>
</tr>
</tbody>
</table>

51. I enjoy life
52. I am afraid of many things
53. There are many things I would like to change about myself
54. I am not able to laugh at myself very easily
55. I am not a happy person
56. I am proud of myself
57. I feel like a failure
58. My life is discouraging
59. I am happy with myself just the way I am
60. I am too emotional
61. I have good self control
62. I often disappoint myself
63. My life is unstable
64. I have a positive outlook on life
65. I am frequently confused about my feelings
66. Sometimes I feel worthless
67. I often feel ashamed of things I have done
68. I frequently feel helpless
69. I feel loved
70. I wish I could be someone else
71. I feel insecure
72. I am a good person
73. I am not as happy as I appear
74. I am usually very relaxed
75. There are times when I don’t like myself