

Web of Failure: The Relationship Between Foster Care and Homelessness

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Introduction

I never felt like I was loved -- that anybody really cared. I felt like the black sheep of the family.

Latasha

In the late 1980s, the National Alliance to End Homelessness (the Alliance) began to hear from service providers around the country that a seemingly disproportionate number of homeless people had a foster care history. Although based largely on anecdotal information, providers reported that many of the people who were becoming homeless as adults had been in foster care when they were children, often spending years in a mixture of official foster care placements and other, less formal "placements" with relatives and friends. At this time, the Alliance was involved in a national project on the prevention of homelessness. We were motivated to pursue the foster care issue because we believed that if foster care and homelessness were somehow connected, interventions in the foster care system might help to prevent homelessness.

As we began to investigate, we discovered that during the 1980s, both foster care placements and homelessness increased in our nation. We also found some research on individual homeless programs, and among specific sub-populations of the homeless population, which did indeed indicate that people with a foster care history were over-represented among those homeless people surveyed. Moreover, there was evidence of an intergenerational aspect to the issue. That is, homeless people with a foster care history were more likely than other homeless people to have their own children in foster care.

With over 730,000 people homeless on any given night, the Alliance felt it was imperative to step-up our investigation of the relationship between foster care and homelessness to aid in the development of homelessness prevention strategies. So, in 1994 we initiated a research project to assess whether, across the nation and among all sub-populations of homeless people, there was a relationship between foster care and homelessness. Our findings are contained in this report.

A few parameters need to be established before examining the findings. First, because of limited resources, this is a fairly modest study. We have only tested the water on the issue, although we have looked at a broad spectrum, both geographically and in terms of the demographic characteristics of the individuals surveyed. Second, we have defined foster care in a fairly strict sense as publicly supported out-of-home placements, including those in group homes. However, our survey did ask some questions about less

official placements, and the interaction between foster care placements and other out-of-home placements is important and deserves further study.

The National Alliance to End Homelessness was encouraged and supported in this project by the Freddie Mac Foundation, and personally by Terri Freeman, its Executive Director, and Kathy Whelpley, its Associate Director. These two committed individuals quickly realized the important implications inherent in the connection between foster care and homelessness, and have worked with us throughout to develop a strong project. We also owe a great debt of thanks to Dr. Elizabeth Robertson, a member of the project's Advisory Committee, who helped us to design and implement a statistically strong research methodology, and then to accurately assess the findings. Dr. Ralph Nunez (and his colleague Aurora Zepeda), Judy Meltzer and Dr. Marsha Martin, all members of the Advisory Committee, gave generously of their time by guiding both the project's development and its conclusions. Notwithstanding the important contributions of all of these individuals, the contents of this report are the responsibility solely of the National Alliance to End Homelessness.

Alliance Project Team

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NOTE: An Appendix to this report has been published as a separate volume. It gives further detail on methodology and on research findings, and contains the full text of ten case studies. It also contains an Annotated Bibliography.

Executive Summary

The purpose of this project is to examine the connection between foster care and homelessness and to determine whether or not there is an over-representation of people with a foster care history in the homeless population.

In order to examine this issue, the project used four sources of information: (1) existing research on the connection between foster care and homelessness; (2) data collected from organizations which serve homeless people and which gather information on their clients' foster care history; (3) data obtained directly from a sample of homeless people; and (4) case studies of people who are or were homeless and who have a foster care history.

The principle findings of this study are as follows.

- There is an over-representation of people with a foster care history in the homeless population.
- Homeless people with a foster care history are more likely than other people to have their own children in foster care.

- Very frequently, people who are homeless had multiple placements as children: some were in foster care, but others were "unofficial" placements in the homes of family or friends.

In addition, there were certain demographic factors which were revealed by the research.

- Those people with a foster care history tend to become homeless at an earlier age than those who do not have a foster care history.
- Homeless people who are white are somewhat more likely to have a foster care history than people who are Hispanic or African American.
- Childhood placement in foster care can correlate with a substantial increase in the length of a person's homeless experience.

The research did not find (nor did it examine) that foster care directly caused homelessness. To the contrary, most children who experience foster care do not become homeless as adults. Rather, the indication was that foster care has an impact on personal risk factors that may eventually result in homelessness. Among the findings were the following.

- The foster care system often fails to help children deal with the problems that result from circumstances which caused them to be removed from their homes (these circumstances include physical or sexual abuse; parents with alcohol or substance abuse illness; family dissolution; etc.). Foster care can also fail to help children deal with problems that arise from foster care placements in abusive homes or facilities.
- Alcohol and other substance abuse illnesses and mental illness play a significant role in the relationship between foster care and homelessness.
- Youngsters emancipated from foster care often lack the independent living skills that would allow them to establish a household.
- People who have experienced extensive foster care, particularly multiple placements, extended group home placements, or foster care in combination with multiple unofficial placements, may become better acculturated to institutionalized living than to living on their own.
- Young people who are emancipated from foster care and become homeless tend to lack the support networks that other people can rely upon in times of crisis.
- Children who are moved from home to home over an extended period of time (foster care and/or unofficial placements) learn to deal with problems by leaving them behind.

It is clear from this study that what happens to children has a lifelong impact on them. When you see a homeless adult, it is quite possible that they are homeless because of people and systems that failed them as children. In order to eliminate any contribution foster care may make to homelessness, the National Alliance to End Homelessness makes the following recommendations.

- A better job must be done of supporting and strengthening families (particularly those in crisis) in order to keep children out of the foster care system.
- Once children are in the foster care system, extraordinary measures should be taken to move them quickly into a permanent living situation (family reunification or adoption), taking all necessary steps to avoid multiple placements.
- If children have experienced multiple placements, a much more directed effort should be made to help them gain the skills and other resources necessary to move to successful independence.
- The service and housing needs of homeless parents with a foster care history should be met so that their stability is promoted and their own children are not placed in foster care.
- Extraordinary steps should be taken to avoid placing children in foster care solely because of their parents' homelessness. Other measures (such as housing, employment and/or training, and services) should be taken, first.

Foster Care and Homelessness

This report examines the inter-relationship between foster care^[1] and homelessness. Its purpose is to establish whether or not people with a foster care history are over-represented in the homeless population.

The Complex Nature of Homelessness

In order to properly understand any relationship between homelessness and foster care, we must first understand the complex nature of homelessness. Homeless people are the poorest of our nation's poor, and as such they reflect the face of poverty in America. They are families, primarily with one parent, but often with two. They are people who work but who do not earn enough to pay for housing. They are the unemployed -- those looking for work and those, young and old, who have never worked. And, they are women and children escaping from domestic violence.

The National Alliance to End Homelessness estimates that on any given night over 730,000 Americans are homeless. Over the course of a year, between 1.3 and 2 million Americans are homeless. This is the number of people who live on the streets, in emergency or transitional shelters, in cars or in abandoned buildings. It does not include the millions of people who are doubled up with family or friends; nor does it include people housed in institutions, or the millions more who are precariously housed -- paying such a large percentage of their incomes for rent that any unforeseen medical expense or temporary job loss could dislodge them. However, all of these individuals make up the pool from which people cycle in and out of homelessness.

The homeless population exhibits a wide variety of characteristics -- some homeless people have mental illness or substance abuse illness -- others are handicapped; some have a criminal justice history -- others are escaping from violent domestic situations;

most are men, and minorities tend to be over-represented in the population. These are some of the characteristics of homeless people, but they are not the causes of their homelessness. The causes can be found in an inter-related set of socioeconomic factors that have become prominent over the past two decades.

- **Lack of affordable housing.** Over the past twenty years the supply of housing available to low income people has declined. In 1970 there were twice as many low cost units available as there were low income households. By 1983 this number had been reversed -- there were two households competing for every available unit. Currently, some four million households receive federal housing assistance because they cannot afford housing without it; almost ten million households are eligible for such assistance but do not receive it because of lack of funding availability.
- **Decreasing incomes.** Over the past twenty years, neither wages nor benefits have kept pace with increases in the cost of living. In 1992, nearly 37 million Americans were poor, up five million since 1989. One in five Americans who works full-time earns a wage below the poverty level for a family of four: up 50% since 1979. For those who rely upon public benefits for income, the picture is no better. In 1992 the average combined value of AFDC and food stamps for a family of four was approximately 66% of the official poverty level. Between 1970 and 1992, AFDC benefits dropped in value by approximately 46%.
- **Health Issues.** The failure to address the increasingly important role drugs, disabilities and chronic health problems play in the lives of poor people has contributed to their vulnerability to homelessness. While alcohol and other substance abuse illnesses and other illnesses such as HIV/AIDS, tuberculosis, etc. are on the increase, the availability of treatment has, in many cases, decreased or become prohibitively expensive. Similarly, the increase in poor pre-natal care related to poverty and the increase in teen-age mothers leads to economic and other pressures on families and individuals.
- **Family Instability.** In 1970 single parent families accounted for 14% of all families; by 1992 this had risen to 22%. In 1991, female headed households accounted for 39% of the poor population of the nation. Nearly half of all African-American children and over two-fifths of Hispanic-American children live in such households.
- **Families in Crisis.** One result of the economic and social changes described above is severe stress upon poor and very poor families. Parental stress is often manifested in the form of family violence. One example is child abuse and neglect, the reports of which have almost tripled since 1980. Other reactions to family stress are spousal abuse and divorce. Children who are abused or neglected, whose parents become homeless, or whose families otherwise dissolve often become involved in the foster care system.

The factors mentioned above, along with others, have contributed to the instability of individuals and households and eventually to their homelessness. Foster care, and the circumstances that lead up to it are part of this complex web of structural factors that result in homelessness. This report further examines one result of these structural social and economic changes in our society -- the relationship between foster care and homelessness.

Methodology

This study relied upon four sources of data: (1) existing research and reports investigating the foster care history of homeless people; (2) data on foster care history gleaned from the intake or case management forms of organizations that ascertain clients' foster care histories; (3) a survey questionnaire administered, via homeless service and housing organizations, to a sample of homeless individuals; and (4) a series of case studies of homeless and formerly homeless people who have a foster care history. We chose to diversify our sources of information in order to avoid missing any critical point and to avoid over-emphasizing any finding.

Existing Research: Studies and reports chronicling the relationship between homelessness and foster care were examined. None of the existing research examined was comprehensive in that none was both national in scope and examined a broad spectrum of the homeless population. However, existing research did point out several important findings.

Collection of Data from Service/Housing Providers: The Alliance collected data from 21 homeless service organizations in every region of the country. Each organization provided client data for one winter week and one summer week. Requested information included total number of homeless people served, how many people had a foster care history, and how many of both groups had children in foster care. Data were received on 1,134 individuals.

Data from Sample Survey of Homeless Individuals: The Alliance worked with 40 homeless service and housing providers to distribute survey questionnaires to their clients and tenants. The questionnaires were to be self-administered. The surveys were designed to ascertain the individual's foster care history, their children's foster care history, and demographic information. 1,209 completed survey questionnaires were received by the Alliance.

Case Studies: Ten case studies were conducted in order to discover the process by which someone becomes homeless; the length of time between foster care emancipation and homelessness; any relationship between mental illness, alcohol and other substance abuse illness and foster care placement and homelessness; and other issues.

Results of the Research

As discussed above, four different sources of information were tapped in this research. The Executive Summary contains a compilation of the major findings from all sources. Following is more specific information obtained from each source. Results are organized according to the source of information. The Appendix (published separately) contains actual data.

Search of Existing Data

In our search of the literature we found no research on the connection between foster care and homelessness which examined a full spectrum of the homeless populations (veterans, families, singles, racial groups, etc.) and was national in scope. However, there were many more restricted studies, using non-representative samples, that examined the convergence of foster care and homelessness.

Several of these studies support the finding that there is an over-representation of people with a foster care history in the homeless population. For example, Piliavin et al[2] found that of 331 homeless adults in Minnesota, 38.6% reported childhood placement in foster care, as opposed to 2% of the general population. Susser et al[3] found that of 223 men entering the New York City shelter system for the first time, 23% reported being placed in, "foster care, group homes, other special residences...." In a study of 1,228 New York City families, 10% of heads of households had been placed in foster care homes as children, and 10% reported having lived in a group home or institution.[4]

A key New York City study found that there may be an intergenerational cycle of foster care among homeless families.[5] "Homeless parents who had grown up in substitute care were almost twice as likely as parents with no such history to see their own children placed into the [foster care] system." 27% of homeless parents with a history of foster care had children in foster care versus 15% of homeless parents with no such history.

Other studies examined various trends among the subpopulations of homeless adults. Owen et al[6] found that in Minnesota, rural or urban residence made very little difference in the likelihood that a homeless person would have experienced foster care. Examining several types of rural facilities for homeless people, they found that 20% of the people in transitional housing had a childhood foster care experience; 20% of the women in battered women's shelters; and 13% of those in emergency shelters. In urban Minnesota, the numbers were 21% in transitional housing; nearly 22% in the battered women's shelters; and 26% in emergency shelters.

Homeless women were found to be more likely to have experienced foster care (17%) than men (10%) in a study of 1,400 homeless people in northern California.[7] Among men, Davis and Winkleby[8] examined the issue in light of ethnic or racial affiliation. They found that homeless Caucasian men were most likely to have experienced foster care (13%), followed by native-born Hispanic men (10%) and African-American men (7%). Winkleby and Fleshin[9] found that 12% of homeless veterans had a foster care history. Rosenheck and Fontana[10] found that foster care had a, "significant direct relationship to homelessness," among veterans. Homeless youth are also more likely to

have been in foster care at some time in their lives. In a Chicago study[[11](#)] it was found that 45% of homeless youth interviewed reported that they had been wards of the Department of Child and Family Services.

Physical and mental health problems also interact in the homelessness and foster care equation. Those homeless people with physical or mental health problems seem to have higher rates of childhood foster care placement than those without these problems. Winkleby and White[[12](#)] found that homeless adults with substance abuse illness, physical health problems or history of psychiatric hospitalization when they first became homeless were more likely to have been in foster care (13.3%) than those not reporting such disorders (8.2%). Susser et al[[13](#)] found that for homeless people with a history of psychiatric treatment, 15% had been in foster care and an additional 10% in group homes.

Some research demonstrates that childhood placement in foster care has an affect upon the nature of adult homelessness. For example, Piliavin et al[[14](#)] found that childhood placement in foster care substantially increased the length of a person's homeless experience.

Many of these reports examine or speculate upon what causes this connection between foster care and homelessness. In summary, they point to the following.

- The foster care system can fail to adequately deal with problems caused by sexual or physical abuse, or troubled or dysfunctional families.
- The foster care system can fail to adequately deal with physical or mental health problems of children.
- Caregivers assigned by the foster care system can be abusive.
- Multiple placements can preclude the development of nurturing bonds that have been shown to be critical to normal personal development.
- Institutionalization can be established as the normative life style for children in the foster care system.
- Children in foster care may be unable to establish support networks that can carry over into adulthood.
- The foster care system can fail to help its wards achieve educational and training goals.
- Foster care may improperly prepare children for emancipation.
- Children in foster care may have difficulty making the transition from a dependence mode to an independence mode.

Data Collected from Service/Housing Providers

Information was received from 21 organizations concerning 1,134 people participating in their programs during two, one-week periods during 1994. The data was compiled from case files. Of those homeless individuals for whom data was obtained:

- 36.2% had a foster care history.

- Of those with a foster care history who were parents, 77% had at least one child who had a foster care history or was in foster care.
- Of those without a foster care history who were parents, 27% had at least one child who had a foster care history or was in foster care.

Data From Homeless Individuals

Data was collected directly from 1,209 clients and tenants via a self-administered survey questionnaire. Of those surveyed in this manner:

- 9% reported having lived in a foster care or group home.[\[15\]](#)
- 43% reported having lived outside of their home when they were children.
- 16% of the respondents who were parents and had a foster care history had their children in foster care or a group home versus 7% of those who did not have a foster care history.
- 23% of mixed race homeless people reported a foster care history; 13% of Native American people; 12% of Caucasian homeless people; 8% of African-American homeless people; and 5.3% of Hispanic homeless people.
- 13% of female homeless respondents reported a foster care or group home history versus 7% of male respondents.

Case Studies

Ten case studies were conducted around the country. All were arranged by service or housing provider organizations. The case studies show us many things that empirical data does not, most fundamentally how foster care fits into the homelessness experience. Case study synopses are scattered throughout this report and the full case studies appear in the Appendix (published under separate cover). Following are some of the findings from the case studies.

- The foster care system often fails to provide children with any type of therapy to help them to address the problems that brought them into the system in the first place. These problems include the effects of sexual and physical abuse, family dissolution, alcohol and substance abusing parents, abandonment or being orphaned, as well as their own behavioral problems.
- Foster care placements can, themselves, be abusive situations. Several of the respondents were sexually and physically abused in their foster families.
- Children in foster care may fail to learn the nature of stable family life.
- Children in foster care may never experience unconditional acceptance and love. This may result in feelings of insecurity and self doubt, both when they are children and as adults.
- Multiple placements (either in the foster care system or in a mixture of official and unofficial placements) can teach children that the way to deal with problems is simply to exit the situation -- go somewhere new.
- Multiple placements seem to inhibit the ability of the foster care system to provide treatment to children for their disturbances or illnesses.

- Foster care may not prepare children for independent living.
- Frequently, alcohol and substance abuse illness interacts with foster care and homelessness. Several respondents describe using alcohol and drugs to escape their problems. One described abusing substances as another way of running away from his problems.
- Children recognize the difference between parents and foster parents, who are paid to take care of them.
- Foster care can fail to help people develop networks of support that they can use when they fall upon hard times as adults.
- People who have had a foster care history often manage to hold things together for a while after they become adults, but many eventually find themselves unprepared to maintain residential stability.
- People who were in foster care as children may find their own children placed in foster care or in unofficial out-of-home placements.
- Some people, especially those who were in foster care for a limited time, were pleased to have been removed from unbearable situations and felt foster care had done its job. In at least one case, this reassured a parent that it could be beneficial to place her own children in foster care.

Summary

All sources of data support the primary finding that people with a foster care history are over-represented in the homeless population. Numerous sources, including the data collected from individual homeless people, indicate that there is an intergenerational aspect to the problem. Also there is a strong indication that unofficial placements with relatives and friends often supplement official placements and lead to a series of multiple placements which can be very disruptive to a child's development.

The sources also indicate some interesting demographic and causal factors. Among homeless people, women are more likely to have a foster care history than men and Caucasians are more likely than Hispanic people or African-American people to have a foster care history. Some subpopulations of the homeless population, including youth and veterans, also exhibit a tendency to have disproportionate representation of foster care histories.

The research does not indicate that foster care, itself, causes homelessness. Rather, foster care seems usually to be one element in a complex web of familial, social and institutional failures that affect some children. All indications are that this web of failures occurs more often for poor children. The result is that by the time children become adults, they are unable to establish independent households or to maintain residential stability, and have fewer economic and social supports to fall back on.

One way to prevent people from becoming homeless is to intervene when they are children and before they become caught up in this structural web of failure. Foster care is designed to intervene in this way for children. Obviously, for some children, its intervention is not adequate. The Alliance recommends working first to strengthen at-risk

families. If children do enter the foster care system, they should be moved through it and out into a stable residential situation as soon as possible. The foster care system was not meant to provide long term care. Clearly, when it does so, one result can be homelessness.

CASE STUDIES

Absence of a nurturing family life leads to low self esteem.

**Latasha
Birmingham, Alabama**

[The foster care system] pretty much called me a nuisance.

Latasha is a 24 year old white female. She has never been married, has no children and has a ninth grade education. She has been homeless periodically since she was emancipated from foster care at age 18. She currently lives at a hotel where she is in training for a job cleaning rooms.

Latasha was taken from her birth parents at 4 years of age because of physical and sexual abuse. She was placed in a foster home where she remained until she was 13. Although she thinks of her foster parents as her family, she never felt fully accepted by them. And in fact, when she was 13 she began to drink and her foster parents asked to have her removed from their home. She lived for the next 5 years in a series of institutional settings, moving from group homes to mental hospitals, to emergency rooms to half-way houses. She repeatedly tried to commit suicide and abused drugs and alcohol. Basically, this way of life continued after emancipation, except that the group homes were replaced by the streets or by homeless facilities. Although she currently has a job, which also provides her with a place to live, her situation does not appear overly stable.

Multiple placements interfere with treatment.

**Michael
Birmingham, Alabama**

I just left [my living situation]. The plan was to get away from all the problems

Michael is a 29 year old white male, employed and living in his own apartment. He was homeless some six years ago.

Michael's parents divorced when he was five. His father had custody, but he lived with various relatives until he was 11 when he finally moved in with his father. When he was 13 he was removed from this home because of sexual abuse by his father.

From age 13 until he ran away at age 16, he had a series of foster placements too numerous to count. Some were emergency placements, some were group homes, two were long term placements that eventually asked to have him removed because of his behavior. Although he feels that he had problems controlling his emotions during this period, he never received any therapy. This seems to have been due primarily to his constant movement from placement to placement.

Michael found himself in a bad situation after he ran away at age 16, and he got in touch with the State office of child welfare to ask for help. He was informed that he had been dropped from their files -- this despite the fact that he was still a minor. Left on his own, he began to abuse alcohol and drugs. Although he held things together for quite a while, working and going to school, eventually everything fell apart. He wandered the country, became homeless and intermittently abused substances and tried to commit suicide. Finally he hit bottom and had a personal realization that he needed, and wanted, to pull his life together. He has now reclaimed his life with excellent prospects.

Children in foster care may not learn how to live independently.

**Dan
Portland, Oregon**

I think the best way for me to have grown up would have been to have a decent mother and father raise me.

Dan is a 24 year old white male living with his girlfriend and her two children. He has just been released from prison.

Dan's father was sentenced to prison on a murder and robbery conviction just before Dan's birth. Until he was eight, Dan moved around the country staying with family members. His day-to-day care was the responsibility of his much-resented older sister.

At eight, Dan received his first in a series of placements in group homes and juvenile treatment facilities. He seems to have been an "open case" until he was 16 when he ran away to the street, joining a group or gang he called the Brotherhood. He describes the Brotherhood as his only real family. He continued to live on the streets until he was 19, supported by his association with the Brotherhood and intermittently utilizing various programs for troubled and street youth.

At 19 Dan was convicted of armed robbery and spent the next five years in several correctional facilities. He does not have a negative view of this experience, in part because many of his friends from the Brotherhood were also in the correctional system.

Dan is now living in a substandard apartment with his girlfriend and her children. She has recently completed a substance abuse program. He is not using drugs, but is selling them until he finds employment.

Drugs and alcohol interact in the relationship between foster care and homelessness.

Sara
Seattle, Washington

I really have a lot of anger and hostility about what happened. I think it really caused my sister and I to have a lot of problems in later life.

Sara is a 39 year old white, female single parent. She lives in a transitional apartment with her 15 year old son, and is moving to a permanent apartment shortly. Sara has been substance free for three months, and she and her son, who is also in recovery, are struggling to remain "clean and sober."

Sara lived with her mother and two sisters in public housing until she was seven when her mother was hospitalized for a nervous breakdown. Sara and her sisters were placed with a foster family 40 miles away. While in foster care, she has only vague memories of being visited by a case worker, and no recollection of any real discussion with him.

This is especially notable because Sara was sexually abused by the natural son of her foster parents. She reported this to her foster mother and to the police, but her pleas fell on deaf ears. She was full of rage about the situation.

At age ten the sisters were reunited with their mother, who soon remarried. The relationship with her parents was stormy and Sara eventually moved in with a friend's family. A period of abusive marriages, alcohol and drugs ensued. At twenty-five, and on her third husband, Sara had her son Michael. The cycle of substance abuse and treatment continued. During one difficult period, she placed Michael with her mother. Eventually she and Michael became homeless. Michael dropped out of school, became a member of a gang, and used and sold drugs. Sara has recently been diagnosed as manic depressive. She and Michael are in recovery.

Foster care placements can, themselves, be abusive situations.

Gina
Washington, D.C.

I was not putting my children in foster care; I was not giving them up.

Gina is a 38 year old African-American mother of five and grandmother of two. She has been homeless, but recently moved into a five bedroom home.

Gina was abandoned at birth and placed in a loving foster home for five years. When her foster mother became ill, Gina was sent to their relative's home where she was tormented by the family's ten children and sexually molested by the father and older sons. Her foster mother died when Gina was 13 and she was officially placed with this abusive family. The sexual, and soon physical, abuse continued and Gina's pleas for help went unheard.

At age 15 she moved in with some friends and was allowed to stay. She was stable for two years.

As an adult, Gina began having children and eventually this resulted in her being evicted from her apartment for overcrowding. This was the beginning of a cycle of homelessness and drug abuse. She was determined, because of her own horrible experiences, that her children would never be put in foster care. However, her drug abuse eventually overcame her. Her children were placed with a foster family.

After hitting bottom, Gina got herself into a recovery program and eventually back on her feet. With help from numerous homeless programs, she has regained custody of her children and moved into a stable home.

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1. Foster care is defined in this document as publicly supported out-of-home placements, including those in group homes. [Back to text.](#)
 2. Piliavin, I., R. Matsueda, M. Sosin & H. Westerfelt. "The Duration of Homeless Careers: An Exploratory Study." Social Service Review, 1990. [Back to text.](#)
 3. Susser, E., A. Conover & E. Streuning. "Childhood Experiences of Homeless Men." American Journal of Psychiatry, Vol 144, 1987. [Back to text.](#)
 4. Knickman, J. & C. Weitzman. "A Study of Homeless Families in New York City: Risk Assessment Models and Strategies." Health Research Program, New York University, New York City, Monograph, Vol. 1, 1989, p. 18. [Back to text.](#)
 5. Homelessness: The Foster Care Connection. Institute for Children and Poverty, New York City, Vol 2, Issue 1, 1992. [Back to text.](#)
 6. Owen, G., J. Heineman & M. Decker. "Homelessness in Minnesota: Homeless Adults and Their Children -- Final Report." Wilder Research Center, Monograph, 1992. [Back to text.](#)
 7. Winkleby, M., B. Rockhill, D. Jatulis & S. Fortmann. "The Medical Origins of Homelessness." American Journal of Public Health, Vol. 82, No. 10, 1992. [Back to text.](#)
 8. Davis, L. and M. Winkleby. "Sociodemographic and Health-Related Risk Factors Among African-American, Caucasian and Hispanic Homeless Men: A Comparative Study." Journal of Social Distress and the Homeless, Vol 2, No., 2, 1993. [Back to text.](#)
 9. Winkleby, M. and D. Fleshin. "Physical, Addictive and Psychiatric Disorders Among Homeless Veterans and Nonveterans." Public Health Reports, Vol. 108, No.1, 1993. [Back to text.](#)
 10. Rosenheck, R. and A. Fontana. "A Model of Homelessness Among Male Veterans of the Vietnam War Generation." American Journal of Psychiatry, 151:3, 1994. [Back to text.](#)
 11. "Alone After Dark: A Survey of Homeless Youth in Chicago." Chicago Coalition for the Homeless, Report, 1991. [Back to text.](#)

12. Winkleby, M. and R. White. "Homeless Adults Without Apparent Medical and Psychiatric Impairment: Onset of Morbidity Over Time." *Hospital and Community Psychiatry*, Vol. 43, No. 10, 1992. [Back to text](#).
13. Susser, E., A. Conover & E. Streuning. "Childhood Antecedents of Homelessness in Psychiatric Patients." *American Journal of Psychiatry*, Vol. 148:8, August, 1991. [Back to text](#).
14. Piliavin (1990), op.cit. [Back to text](#).
15. We believe that the discrepancy between data collected by the service providers and that collected in self-administered questionnaires was due to the different methods of administering the questionnaire. It is our suspicion that people under-reported their foster care history on self-administered questionnaires either because of misunderstanding or unwillingness to divulge information. In light of this, the Alliance maintains that the 9% represents a baseline figure in understanding the over-representation of people with a foster care history among the homeless population. That is, a minimum of 9% of homeless people are likely to have been in foster care as children. [Back to text](#).

Web of Failure: The Connection Between Foster Care and Homelessness

APPENDIX

A Report of the
National Alliance to End Homelessness
July, 1995

The purpose of this project was to examine the connection between foster care and homelessness and to determine whether or not there is an over-representation of people with a foster care history in the homeless population.

In order to examine this issue, the project used four sources of information: (1) existing research on the connection between foster care and homelessness; (2) data collected from organizations which serve homeless people where these organizations ascertain a client's foster care history; (3) data obtained directly from a sample of homeless people; and (4) case studies of people who are or were homeless and who have a foster care history.

The principle finding of this study, and one which was borne out by all sources, is that there is an over-representation of people with a foster care history in the homeless population. Nationally, approximately 2% of people have a foster care history ("The Duration of Homeless Careers: An Exploratory Study," Piliavin, Sosin, Westerfelt, and Matsueda, 1993). Our research showed that a minimum of three times this number (10%) of homeless people have a foster care history. Amongst some sub-populations or in some individual homeless programs, data indicated that as many as 40% of homeless people have a foster care history.

A second finding that was borne out by all sources is that homeless people with a foster care history are more likely to have their own children in some type of out of home placement, particularly foster care. Homeless people with a foster care history are at least 50% more likely than those without a foster care history to have their own children in foster care. One study found them to be nearly twice as likely to have their children in foster care as those parents without a foster care history.

Following is detailed information on the methodology used in gathering information; the data gathered; ten case studies; and an Annotated Bibliography.

METHODOLOGY

This study relied upon four sources of data: (1) existing research and reports investigating the foster care history of homeless people; (2) data on foster care history gleaned from the intake or case management forms of organizations that ascertain clients' foster care histories; (3) a survey questionnaire administered, via homeless service and housing organizations, to a sample of homeless individuals; and (4) a series of case studies of homeless and formerly homeless people who have a foster care history.

We chose to diversify our sources of information for several reasons. First, it is notoriously difficult to obtain reliable data from and about homeless people. We felt that no one source of information would be adequate or reliable. Second, the scope of our data gathering efforts was limited -- we could not hope to do a broad survey, nor did we have the resources to design and administer a sophisticated sampling instrument. Although we did collect original data, we felt additional sources of information would both reinforce and act as a check upon our survey findings. Third, we knew we would have to rely upon original data gleaned from self-administered questionnaires, or at best upon questionnaires administered by staff untrained in administering our instrument. We required other information to confirm findings from this source. In short, we used data and information from a variety of sources to avoid missing or over-emphasizing any findings.

Following is a detailed description of our sources of information.

Existing Research

Researchers, academicians and service/housing providers working on homelessness around the country were contacted to obtain studies or reports chronicling the relationship between homelessness and foster care. None of the research examined was comprehensive in that none was both national in scope and examined a broad spectrum of the homeless population (as opposed to sub-populations such as veterans or single mothers).

Collection of Data from Service/Housing Providers

The Alliance sent a letter and questionnaire to 7,000 organizations (and individuals) which provide housing and services to homeless people. These organizations included approximately 2,500 members of the Alliance, in every state of the Union. Alliance members are primarily public and nonprofit sector organizations but also individuals such as researchers, academicians, elected officials, etc. The remaining 4,500 organizations were selected from our affiliate lists (also largely nonprofit service/housing organizations), primarily on the basis of geographic spread.

The letter informed the recipient of the Alliance project and the questionnaire asked them if they wished to be involved, and if so whether they already collected information on their clients' foster care histories. The response to this mailing was overwhelming. Based on past experience, the Alliance anticipated a response rate of less than 5%. Instead, over 1,100 organizations returned the questionnaire -- nearly 16%. Many wrote notes on the

response form indicating that they agreed that there seemed to be some connection between foster care and homelessness, and that they were glad this link was being investigated.

From those organizations which responded indicating that they collected data on clients' foster care history, the Alliance began to select a group from which to try to collect data. The Alliance was guided in this effort by its Advisory Committee which suggested over-sampling techniques and also critiqued the data collection instrument.

The organizations participating were asked to provide us with client data for two, separate weeks -- one in the winter and one in the summer. Using client files, participants were asked to provide aggregate information on everyone (unduplicated) who was a client during the two, one-week periods. *[Because some organizations became involved in this effort at a later date, not every organization collected data for the same two, one-week periods.]* Participants were asked for the following information.

- Total number of adults and/or unaccompanied youth for whom data was provided.
- Number without a foster care history:
 - number of these with children;
 - number of these with children whose children have a foster care history.
- Number with a foster care history:
 - number of these with children;
 - number of these with children whose children have a foster care history.

Of the forty organizations thus surveyed for existing data, 21 responded. Data from 1,134 individuals was gathered in this method.

Data from Sample Survey of Homeless Individuals

The previous section discussed how the Alliance queried some 7,000 organizations across the nation in order to identify those that were willing to participate in this study. It was from among those who indicated a willingness to participate, but who did not already collect data on the foster care history of their clients, that the Alliance selected a group of organizations to participate in the second round of data collection. This round surveyed homeless people as to their foster care history.

As a preliminary step to initiating data collection from homeless individuals, a survey instrument was designed and tested. The instrument was designed with the assistance of the project Advisory Committee, which had also indicated to the Alliance the advisability of having clients self-administer the questionnaire (with assistance, where necessary). The reasoning was that there was an advantage to the anonymity which such an approach would guarantee. It was also felt that this method would prove more consistent than interviews administered by an untrained and variable group of nonprofit staff members. Prior to its wider distribution, the survey instrument was tested by project staff in site visits to Washington, D.C. area organizations. Some minor alterations were made in the

instrument, and the testing yielded insights in developing instructions for its administration.

Every effort was made to ensure a sample representative both of the sub-populations of homeless people and of geographic region. Participating organizations were sent a packet of questionnaires corresponding to the number of clients utilizing the site. A copy of the questionnaire follows. Questionnaires were marked so that the site at which they were administered could be identified. Sites were asked to administer the questionnaire to as many of their clients as possible during a one week period. They were asked to explain that while the purpose of the questionnaire was to examine the relationship between foster care and homelessness, it was important that people without a foster care history also complete the questionnaire. They were asked to assist any client who requested help with the survey.

1,209 individual survey questionnaires were completed as described and returned to the Alliance. Each was data-entered.

Case Studies

Case studies were conducted in order to give life to the data and to explore some of the issues that the survey instrument could not assess. These centered upon the process by which someone becomes homeless; the length of time between foster care emancipation and homelessness; any relationship between mental illness, alcohol and other substance abuse illness and foster care placement and homelessness; and so on.

Either Deborah Chang, Elizabeth Robertson, Nan Roman or Phyllis Wolfe conducted each of the ten case studies. Each was arranged by a local service/housing provider organization which was asked to identify a homeless or formerly homeless person with a foster care history who was willing to discuss their experience (anonymously or otherwise). Efforts were made to achieve geographic and demographic diversity.

These case studies are, perhaps, the most valuable portion of this study. They show, in a graphic way, how foster care is often the first public recognition of a set of problems that, for those interviewed, eventually led to homelessness.

DATA

Following is a discussion of the data and information obtained by these four methodologies.

Search of Existing Data

The project examined existing research on the relationship between foster care and homelessness. None of the existing research is comprehensive, in that none examines a

broad spectrum of the homeless population and is national in scope. However, certain important conclusions can be drawn from existing studies.

A review of the literature available on homelessness reveals surprisingly more than expected on the link between out-of-home placements during childhood and homelessness. While the studies reviewed here were not designed to examine the out-of-home placement issue in particular, findings from these studies, conducted throughout the United States, support the premise that disruptive, out-of-home placements during childhood are a significant contributing factor to homelessness. The literature shows this to be true of all the major groupings of homeless persons: adults, mentally ill and non-psychiatric persons, veterans, families, and youth.

Adults

Across all homeless populations, a higher percentage of history of foster care placement exists.

Several different studies of homeless adults, conducted in various parts of the country, share a finding: the studied homeless populations show a significantly higher level of multiple out-of-home placements during childhood than the general population. Two significant studies honed in on the relationship between foster care and homelessness ("The Duration of Homeless Careers: An Exploratory Study," Piliavin, Sosin, Westerfelt, and Matsueda, 1993; and "Childhood Experiences of Homeless Men," Susser, Struening, and Conover, 1987) in Minnesota and New York, respectively. Piliavin et al examined homeless "careers" among 331 adults according to a model based on four conceptual frameworks: institutional disaffiliation; psychological dysfunction; human capital deficit; and cultural identification.

The first framework includes indicators of disaffiliation that measure an individual's isolation from general society; for example current living arrangements, current contacts with family members, marital and parental history, and so forth. Additionally, "... two of [the] indicators measure experiences reflecting the lessening of ties to society. The first measures criminal history; the second taps childhood placement in foster care facilities, including foster homes, group homes, and institutions." The researchers found that, "childhood placement in foster care substantially increases the length of homeless careers." A significant number of study participants, 38.6%, reported childhood placement in foster care. The researchers conjecture that young people placed in foster care have emotional or behavioral problems that may make them more vulnerable to homelessness; the foster care system itself may be debilitating; or that out-of-home placement may tend to weaken family ties and negatively affect a person's familial support network even into adulthood. It is significant to note that this research team, in an exploratory study conducted in 1990 ("Conditions Contributing to Chronic Homelessness: An Exploratory Study"), found that childhood foster care placement has a significant, primarily direct effect on long-term homelessness.

In one of the few studies of the early childhood experiences of homeless men, Susser et al found that homeless men surveyed in New York City shelters showed a "high frequency of a history of institutional separation from the family during childhood." Of a sample of 223 men entering the New York City shelter system for the first time, 23% of them reported being placed in "foster care, group homes, other special residences, or more than one of these" during childhood. The association between psychiatric hospitalization and childhood placement was significant.

Urban and rural populations both have high percent of foster care history.

In another study conducted in Minnesota, the urban Twin Cities area and rural Greater Minnesota, ("Homelessness in Minnesota: Homeless Adults and Their Children," Owen, Heineman, and Decker, 1992), over 20% of the persons in transitional housing had lived in a foster care facility at some time; 20% of the women in battered women's shelters; and 13% of the persons in emergency shelters. In Greater Minnesota, rural percentages were somewhat higher: 21% in transitional housing; nearly 22% in the battered women's shelter; and 26% in emergency shelters had lived in foster care at some time in their lives.

Disaffiliation and isolation reoccurring themes for homeless adults.

Zozus and Zax, in a study of homeless adult men in Rochester, New York, ("Perceptions of Childhood: Exploring Possible Etiological Factors in Homelessness," 1991), explore the possibility that early childhood experiences may predispose a person to later homelessness. They examine, according to attachment theory, how disruptive childhood experiences may lead to disaffiliation and isolation in adulthood. Ninety homeless men were interviewed to determine socioeconomic status and childhood history. When compared with a domiciled sample, the findings showed that the homeless men had smaller support networks and less frequent contact with them. Additionally, the homeless respondents perceived their family environments as "more rejecting, disorganized, and abusive."

Several articles have been published which look at facets of an extensive study of homeless people in northern California conducted by Stanford researcher Marilyn A. Winkleby, Ph.D. Different analyses of the data provide a great deal of information on the over 1,400 homeless adults who participated in the survey. Of the survey sample, 10% of the men and 17%

of the women had been removed from their parents and placed in foster care before the age of 18 ("The Medical Origins of Homelessness," Winkleby, Rockhill, Jatulis, and Fortmann, 1992).

Lower prevalence of foster care history found in African-American population.

In another article, the data was organized according to gender, race, and ethnicity of homeless men surveyed. 13% of the homeless Caucasian men surveyed had a foster care

history; 10% of the native-born Hispanic men surveyed had a foster care history; and 7% of the African-American men surveyed had a foster care history ("Sociodemographic and Health-Related Risk Factors Among African-American, Caucasian and Hispanic Homeless Men: A Comparative Study," Davis and Winkleby, 1993). Of the three groups, African-Americans, despite their higher representation in absolute numbers among the survey sample, had lower prevalence of adverse childhood events, addictive disorders, and psychiatric hospitalizations. The authors conclude that homelessness among this segment of the population may be more related to poverty than to other conditions. This was also borne out by the data generated by the Alliance.

People with Mental Illness

Disproportionate rates of foster care associated with mental disorders.

Winkleby and White, ("Homeless Adults Without Apparent Medical and Psychiatric Impairment: Onset of Morbidity Over Time," 1992), compared the characteristics of homeless adults with and without substance abuse illnesses, physical health problems, and history of psychiatric hospitalization when they first became homeless. Comparative analyses for subgroups show that, of the over 1,400 homeless adults surveyed, 13.3% of the group reporting one or more disorders at the initial episode of homelessness had been placed in foster care during childhood, compared with 8.2% of the group reporting no disorders.

Also, they found that "respondents who had been hospitalized for mental disorders were distinguished by their disproportionate rates of childhood abuse and placement in foster care." They conjecture that unsupportive or alienated families, "combined with the diminished capacity for sustained friendships associated with some mental disorders, may create high susceptibility to homelessness." The conclusions of these studies -- that foster care placement diminishes an individual's capacity to maintain familial ties, and foster care is debilitating to a young person -- are echoed in other studies.

In another study ("Childhood Antecedents of Homelessness in Psychiatric Patients," Susser, Lin, Conover, Struening, 1991), the researchers examine the relationship between homelessness and childhood experience among psychiatric patients in New York City. Childhood placement in foster care is identified as an antecedent to homelessness in over 15% of the cases, and placement in a group home in over 10% of the cases. A causal model is presented to graphically display the relationships supported by the data ("Causal Model of Childhood Foster Care and Adult Homelessness in Psychiatric Patients") which links individual dysfunction and family strain with foster care during childhood and individual dysfunction, less effective kin support, and vulnerability to homelessness in adulthood. The risk of homelessness is exacerbated with the onset of a diagnosed psychiatric disorder. The model suggests that early preventive action can reduce the likelihood of homelessness. While the model is targeted at those with mental disorders, it appears to be a useful framework for non-psychiatric patients.

The literature from across the country shows us that multiple out-of-home placements during childhood make people more vulnerable to homelessness as adults. As children, they do not receive the consistent nurturing needed to establish familial bonds, and as a result they become isolated. They never have the psychological or physical base -- the notion of "home" -- to fall back on in times of crisis. As adults, they often use up their limited support networks before getting the help they need to prevent becoming homeless. The additional stress of being homeless eventually erodes whatever survival and coping skills they may have had.

Veterans

Veterans studies support premise.

Disruptive childhood experiences in the lives of veterans may also predispose them to later homelessness according to a study of national data by Rosenheck and Fontana ("A Model of Homelessness Among Male Veterans of the Vietnam War Generation," 1994). They explored a multifaceted model of vulnerability to homelessness among male veterans of the Vietnam War using data supplied by the National Vietnam Veterans Readjustment Study. Once again the researchers support the premise that disruptive childhood experiences may result in later homelessness:

Three other premilitary variables . . . [including placement in foster care] . . . also had significant direct relationships to homelessness. All three of these factors involve serious disruption of the environmental stability presumed necessary for normal personal development. Such disruptions may engender subtle psychological deficits that impair future adaptation, apart from their relationship to formally diagnosed mental illness. The substantial indirect effects of conduct disorder on homelessness draw additional attention to the central importance of social isolation and social alienation as antecedents of homelessness.

Winkleby and Fleshin ("Physical, Addictive, and Psychiatric Disorders Among Homeless Veterans and Nonveterans," 1993) review the data collected in a Santa Clara County study according to veteran status. The study compared veterans and nonveterans on a number of indicators. For example, veterans were older and entered homelessness at later age than nonveterans (mean age was 37 years for veterans versus 30 for nonveterans). However, the history of foster care status was the same for both groups -- 12%.

Families

Frequency of disruptive childhood experiences increases risk of shelter request.

One of the earlier published studies ("Characteristics of Sheltered Homeless Families," Bassuk, Rubin, and Lauriat, 1986) that sought to understand the background experiences of the of homeless households was conducted in Massachusetts. One-third of the 80 mothers interviewed reported having been abused during childhood and two-thirds had experienced a major family disruption during childhood (i.e., divorce or separation of parents). This finding was further corroborated by Knickman and Weitzman in a study of 1,228 families in New York City for the New York City Human Resources Administration. They reported that multiple, disruptive, out-of-home childhood experiences of the head of household elevated the likelihood of homelessness for the family.

Each of the early disruptive experiences is a good predictor of homelessness, and multiple experiences are very strong predictors of homelessness. For example, families whose head had three or more childhood or adult disruptive experiences have a 15.6 percent chance of homelessness compared to 2.8 percent for other families (Knickman and Weitzman, "A Study of Homeless Families in New York City: Risk Assessment Models and Strategies," Vol. 1, 1989).

In this study, 10% of the heads of household had lived in foster care prior to their 18th birthday, and 10% reported having lived in a group home or institution compared with 3% and 2% respectively of the control group, which comprised poor housed families. Probability rates, derived from the data, showed that one or more disruptive childhood experiences resulted in a 7.6% probability risk of requesting shelter while two or more experiences resulted in an 11.9% probability rate of risk.

A study of 196 homeless and 194 housed poor families in Los Angeles, conducted by Wood, Valdez, Hayashi, and Shen ("Homeless and Housed Families in Los Angeles: A Study Comparing Demographic, Economic and Social Needs, 1990) found that "over one-third of the mothers in the homeless sample reported being placed with relatives or in foster care as children compared with one-fourth of the housed mothers."

Lack of housing pushes children into foster care system.

A reverse relationship needs to be mentioned, and that is how the lack a permanent family residence causes a child to be placed in foster care. Children sometimes are placed in foster care or are delayed from returning to their parents because of a lack of housing. In its publication "Homeless Families: Failed Policies and Young Victims," (1991) the Children's Defense Fund identifies the results of several studies that support this assertion.

In a 1985 New Jersey study, homelessness was the primary reason for foster care placement in one out of five of the cases reviewed, and a contributing factor in two out of five placements. ...[T]he problems most frequently cited as causing placement of children in foster care and delayed reunification of children with their parents included substandard housing conditions. ...[O]nly six percent of the

families were offered housing assistance services before their children were placed in foster care.

Inadequate housing contributed to the placement of 43 percent of the total number of Black children in foster care in New York City; 14 percent of these children were homeless or in shelters prior to placement. ("Who Will Care When Parents Can't?" National Black Child Development, Inc., 1989). Further, this study was conducted in five cities across the country and aggregate data indicated that housing-related problems were a factor in 30% of the foster care placements.

Studies of families also reveal that certain shelter, homeless and housing policies may work against keeping families intact. For example, in many family shelter programs, older male children are not able to stay with their mothers and younger siblings. The male child, therefore, enters the child welfare system simply because the parent cannot provide housing. Additionally, in many states parents' inability to provide housing for their children is considered a form of "neglect." Families are then separated.

In many cases, removing children from their families results in a downward spiral towards homelessness. Carol Williams ("Child Welfare Services and Homelessness," 1991) and Alice Bussiere (Youth News, 1988) in independent assessments, reach the same conclusions in describing how the system works.

Once the children are removed ... the family may not qualify for a suitable apartment in public housing or Section 8 housing until the children are returned. This creates a "Catch 22" situation for parents who cannot get housing until they get their children back and cannot get their children back until they obtain suitable housing.

The literature shows that in studies constructed to identify characteristics of homeless families, disruptive out-of-home placements emerge as a trend among a disproportionate number of homeless heads of households.

Parent in foster care often leads to their children also being placed.

A key New York City study has found that there may be an intergenerational cycle of foster care placement among homeless families. In a study of homeless families in New York, conducted by Homes for the Homeless (1992), researchers found that:

...[H]omeless parents who had grown up in substitute care were almost twice as likely as parents with no such history to see their own children placed into the [foster care] system. They were also twice as likely to have active cases for child abuse with the Child Welfare Administration. Moreover, they suffered even more substance abuse, domestic violence and mental health problems than the general population of homeless families, putting their families at even greater risk of out-of-home placement.

This study showed that 27% of homeless parents with a history of foster care had children in foster care in comparison with 15% of the homeless parents with no history of foster care. Researchers state that data show an intergenerational link: parents who were once placed in foster care are more likely to have children in foster care.

In an unpublished manuscript of a once homeless person, Danny Okes has captured the essence of what the foster care experience means in a society that so strongly values family. "Family shock" is the term he coins to describe the lack of permanent familial ties and the isolation of not feeling that you fit in the traditional family system. This concept might be what contributes to the cycle of intergenerational out-of-home placement.

Youth

Homeless youth are at risk of homelessness as adults.

The literature provides information on three categories of youth: homeless youth, youth in the foster care system, and youth transitioning from the foster care system. Marjorie Robertson, in "Homeless Youth: An Overview of Recent Literature," (Homeless Children and Youth, 1991) asserts that homeless youth are at risk of homelessness as adults. She notes that consistently, "homeless youth report extensive moves and separations during their lifetimes... their histories often include multiple family disruptions and institutional interventions." This pattern of disruptive childhood events is directly linked with chronic homelessness among adults.

A Colorado study ("Homelessness Among Youth on Their Own is a Serious Problem for Colorado," Franklin, 1992), found few homeless youth are actually without homes. Rather, their problem is the transiency of their lives and the lack of safe living conditions. Most homeless youth are isolated from their parents, are parents themselves, and have a variety of social problems that will probably cause them to become homeless adults.

Foster care "age-outs" not adequately prepared.

The foster care system may contribute directly to the incidence of homelessness among youth. Robertson describes the "dumping" of emancipated foster care youths into a society that is ill-equipped or unwilling to accommodate them.

There is some evidence that youth in placement or in institutional settings are at risk of becoming homeless upon separation from those settings. For example, 823 minors were discharged from foster care to their own responsibility in New York City in 1982.... Upon their most recent separation, about one-third of those ... spent the first night either in a shelter or on the street; that is, one-third became homeless upon separation from placement or detention.

She observes that some youth age-out of the foster care system with limited alternatives in place. Studies conducted on outcomes for foster children found that youths graduating

("aging-out") from the foster care system are poorly equipped to manage life; an indication that the foster care system is not doing enough to build good futures for foster children. Children who have been in the foster care system for some time before they become adults may not have the skills they need to take care of themselves once they graduate from the system.

The Chicago Coalition for the Homeless conducted a study of homeless youth, *Alone After Dark: A Survey of Homeless Youth in Chicago*, (1991). *Forty-five percent of the youth interviewed stated that they had been wards of the Department of Children and Family Services. These young people, who were victims of abuse and neglect, had been removed from their families by the state system.... The Illinois Department of Children and Family Services has clearly failed in its role as guardian of its wards who have become homeless.*"

Emancipation

Youth poorly prepared for independent living.

In a study published by the Child Welfare League of America, "Foster Youths in Transition: Research Perspectives on Preparation for Independent Living," (1994), Edmund Mech discusses the status of youth transitioning from the foster care system into independent living situations. He asserts that the majority of youth need help in going from a dependency mode into self-directed community living. He states that the overriding question is, "to what extent are foster wards prepared for self-sufficiency, independence, and effective community living?"

A Westat study (Cook et al, "A National Evaluation of Title IV-E Foster Care Independent Living Programs for Youth, Phase 2 (Final Report)," 1989) conducted for the U.S. Department of Health and Human Services corroborates the assertion that youth graduating from the foster care system fare poorly after emancipation. The Westat report was one of the first studies to evaluate the Title IV Independent Living Program nationally. The report concluded that emancipated youth were a troubled population. Of the study sample, two-thirds of 18-year-olds did not complete high school or have a GED and 61 percent had no job experience. In addition, 38 percent had been diagnosed as emotionally disturbed, 17 percent had a drug abuse problem, 9 percent had a health problem, and 17 percent of the females were pregnant. The group also lacked placement stability. During the time they were in foster care 58 percent experienced at least three living arrangements and approximately 30 percent of the youth had been in substitute care for an average of 9 years. Of the total 34,600 youth emancipated from foster care during the 25-month study period (January, 1987 to July, 1988), 31 percent received services through their State's formalized independent living program, 29 percent received nonformalized (but related) services and 40 percent received no independent living services at all.

The first Westat study conducted in 1989 found that independent living services offered by the States generally fell into the following categories.

Basic skills training (including health promotion, housekeeping, money management, decision-making, and food and nutrition management); education initiatives (including private tutoring, and GED and college preparation); and employment initiatives (including job training and placement, and personal presentation and social skills).

The data from the follow-up study conducted on the same sample between November 1990 and March 1991, show that these youths did not fare well after leaving the foster care system. The study found that the status of older foster care youth two and a half to four years after discharge was, "adequate at best," and services are needed for this population to improve outcomes. Only 54 percent of the study population had completed high school, 49 percent were employed at the time of the interview, 38 percent maintained a job for at least a year, 40 percent were a cost to the community in some way at the time of the interview.

Data Collected From Service/Housing Providers

Data was collected from organizations which ascertain their clients' foster care history.

Information was received on 1,134 people. Of these, 26% (290) were found in family shelters and 74% (844) were found in singles shelters.

- Of those surveyed in this manner, 36.16% had a foster care history.
- Of those with a foster care history who are also parents, 77% had a child or children who have a foster care history or are in foster care.
- Of those without a foster care history who are also parents, 27% had a child or children who have a foster care history or who are in foster care.

Data from Homeless Individuals

Data was collected directly from clients/tenants via a self-administered survey questionnaire.

Data was collected from 1,209 individuals. 27.4% were White, 55.1% were African American, 9.3% were Hispanic, and the remainder were other. 22% were from the Northeast, 15% were from the North Central, 55% were from the South, and 7% were from the West. 56% were male and 42% were female.

- Of all the respondents, 43% reported having lived outside of their home when they were children. This response was spread relatively evenly across all of the racial groups.
- Of all the respondents, approximately 9% reported having lived in a foster care or group home as youngsters.

- Those describing themselves as multi-racial reported the highest incidence of foster care placement (23%) and those describing themselves as Hispanic reported the lowest incidence of foster care placement (5.3%). 12% of White homeless people, 8% of African-American homeless people and 13% of Native American homeless people said they had lived in foster care or group homes.
- The South had the highest reported incidence of foster care placements with 11%, and the Northeast had the lowest with 6%.
- Of those who reported living in foster care, 58% were women and 42% were men. However, 13% of female homeless respondents reported a foster care or group home experience, while only 7% of men respondents so reported.
- The older or younger a person was, the less likely they were to have lived in foster care. Among those respondents who reported living in foster care, 6% were under 20 at the time of the study; 56% were between 20 and 35 years old; 31% were between 35 and 50 years old; and 6% were over 50.
- Placement in foster care seemed to have little affect on whether a person was or was not working as a homeless adult. Of homeless respondents with a foster care history, 30% were working (as opposed to 31% of total respondents) and 70% were not.
- Of the 112 respondents who had lived in foster care and/or a group home and were parents, 9% reported that their children had been placed in foster care or a group home. One-third of these placements were reportedly made because of abuse or neglect and one-fifth because of the incarceration of the parent (these causes may be one of several).
- Of the 1,097 respondents who had never lived in foster care or a group home, 41 (4%) had children who were or had been placed in foster care or a group home. 56% had been so placed because of abuse or neglect, 37% because of a housing problem, 34% because of the parent's substance abuse problem, 27% because of parent's hospitalization, and 20% because of financial problems (these causes may be one of several).
- Foster care history did seem to have some affect on a person's history after emancipation. Of those respondents who were in foster care, 47% did not complete high school (versus 38% of those who never lived out of the home); 68% were not working (versus 65% of those who never lived out of the home); 69% had children who had been separated from them (versus 56% of those who never lived out of the home); and 67% became homeless by the age of 25 (versus 42% of those who never lived out of the home).

Additional Case Studies

Latasha Birmingham, Alabama

Latasha is a twenty year old white female. She has never been married, has no children, and has a ninth grade education. She has been periodically homeless since

she was emancipated from foster care at age 18. She currently lives at a hotel where she is in training for a job cleaning rooms.

Entered Foster Care at Age Four

Latasha has a hard time remembering her early years. Her parents were drug addicts and alcoholics and neglected and physically abused their children. Although Latasha does not remember any details of this, it is clear that she feels that some very bad things were done to her.

When she was removed from her home at approximately age four she was placed relatively quickly in the foster home in which she remained until she was thirteen. There were three other children in the home who appear to have been the natural children of the parents.

Latasha says that the foster family was a good family for her, for awhile. They beat her occasionally, and once she began to use drugs and alcohol, they beat her regularly. They were not loving. "I know that they did love me. They didn't know how to handle my actions because I was really really wild and I always wanted to do what I wanted to do. I wouldn't listen to anybody. I always ended up in trouble somewhere."

Begins Abusing Substances

When she was thirteen, Latasha began to drink alcohol, which her foster parents did not like. They called in the case workers and she was placed in a group home.

After this Latasha began a series of suicide attempts. There were frequent hospitalizations for these attempts and for drug/alcohol abuse, and equally frequent changes in the foster care arrangements. When she was sixteen she was in a group home when, "I started acting up and I got arrested for aggravated assault with a deadly weapon. I tried to kill somebody -- instead of hurting myself I went after somebody else."

"Emancipation"

Latasha's eighteenth birthday found her in the Florida "state home" (for those with mental illness). When she was released she was no longer a ward of the foster care system and was placed in a group home for people with mental illness because, she had been told, she had a chemical imbalance and was manic depressive. She had had medication for these conditions since she was 15, but she frequently stopped taking it, especially when she was using drugs/alcohol. She was evicted from the group home and was sent to a half way house for people with mental illness. Here she met a man and moved in with him. Drinking and drug abuse escalated, and became even worse when she left this man and moved in with another friend. Finally, she moved in with her sister (from the foster family) in Huntsville, Alabama. This was when she started smoking crack. "My past is real confused," she says. "I've spent most of my life in hospitals."

When she was 19 or 20, Latasha was placed in Bryce, which is the Alabama state mental hospital. She was drinking heavily and had tried to commit suicide again. Doctors there told her that she was not manic depressive, nor did she have a chemical imbalance. Instead, these symptoms were caused by alcohol and drugs, which she should avoid. She did well for a while after leaving Bryce, but soon she started smoking crack again, was evicted from the Fellowship Program she was staying in, and began living on the street. This is when she came to PATH, a shelter for homeless women.

Trying to Pull Things Together

At present, Latasha is living in a disreputable downtown hotel, where she is in training as a maid. She is not using drugs or alcohol -- a change she has made on her own with no treatment assistance. She feels threatened, both mentally and physically, by "friends" from her past. She knows that when she does drugs she gets herself involved in abusive situations. The last time she was using, someone broke her arm and cut up her face. She is afraid of running into people who will continue to insist that she is her old self. She is counting on her new employer -- the manager of the hotel -- to help her escape this.

How Latasha See It

Latasha feels that her constant problems have several sources. She feels that there were abuses in her early childhood that she does not remember but which caused her to act the way she did as a youngster. She never got any counseling or therapy to deal with these problems until she began her cycle of substance abuse/suicide. When she was 17, she did have a therapist that she really liked.

She feels that the foster care system, "...pretty much called me a nuisance." She does not know what they could have done for her, but she knows, "I never felt like I was loved -- that anybody really cared. I felt like the black sheep of the family. My brothers and sisters would get special privileges and I would be left out." She does not feel that the foster care system prepared her for being an adult or living independently. Now she is trying to do that on her own, but she feels hobbled because she does not think she learned anything from those who were supposed to teach her about how to live on her own and have a family. "I didn't learn much."

"People that were in foster care that are adults now should have some parenting classes so they won't bring their child up to be like they were. I love kids, and if I ever had one myself, I would treat them the way I wanted to be treated when I was a child."

Ever since she was a child, Latasha has had a chaotic painful life. She seems never to have been loved nor accepted. She in turn has escaped into substance abuse and suicide attempts. Although she does not seem to be weak, she often reacts passively. She has few apparent resources upon which to build a future.

Gina Washington, D.C.

Gina is a 39 year old, incredibly resilient and vibrant African-American mother with five children and two grandchildren. Just before Christmas, 1994 she moved her family into a five bedroom home, having completed a successful year in a transitional housing program. She was abandoned as an infant, and spent ten of her first fifteen years in a foster care situation marked by rampant emotional, physical and sexual abuse. Robbed of her childhood, she left her abusive foster family without any of the tools necessary to establish any degree of self sufficiency. For over twelve years Gina's life was marked by residential instability, addiction, physical abuse and uncertainty. Often her children were voluntarily given to others because of her inability to cope. Eventually they were formally placed in a foster home. Treatment, recovery, a deep spiritual conviction, a new support network and tenacity have led Gina "out of the shadows."

Given Up at Birth

Born and raised in Washington, D.C., Gina knew nothing about her biological family until she was a young adult. The Miltons were her first foster parents who, though illiterate, provided her a loving, nurturing home. They were an older couple, and Mrs. Milton developed heart problems when Gina was quite small. Gina's pleasant memories faded at five when Mrs. Milton had her first hospitalization. On this first, and subsequent, hospitalizations, Gina was sent to live temporarily with the Thompsons who were related to Mrs. Milton.

These visits proved difficult at best because the Thompsons had ten children of their own who constantly tormented Gina and repeatedly reminded her that she did not belong. Being unwanted was difficult enough, but soon she had to endure being sexually molested by Mr. Thompson and the older boys. When she approached Mrs. Thompson, her pleas for help and protection were ignored.

Forced to Live with the Family That Abused Her

Gina's worst nightmare was realized when Mrs. Milton died just after Gina turned 13. She did not know how to tell Mrs. Milton what had happened to her at the Thompsons because, "they were family," and she was sure she would not be believed. Gina was transferred to the Thompson's home after the death of Mrs. Milton and they began receiving a foster care payment. No case worker from the child welfare system directly discussed this placement or any other options with Gina.

The sexual abuse continued, interspersed with physical abuse from her foster parents and their older children. During that first year, Gina considered suicide but decided to leave, instead. "I ran away and went to the Butlers," the family of a school friend. Somehow the Thompsons were informed of her whereabouts and they came and took her home. Gina's

face grimaced as she recounted the unusually cruel treatment that was meted out because she had run away.

Ironically, it was the scars that she received after she ran away that came to the attention of the school nurse. Gina was too traumatized to trust anyone at this point. However, the nurse did notify Child Protective Services and eventually a worker came to the house. Nothing was uncovered and the abuse escalated. Finally, at fifteen, after dropping out of the eighth grade, Gina left the Thompsons again and this time did not have to return. She moved in with the Jones, "some nice people who allowed her to stay." She attended night school and was somewhat stable for almost four years.

Her First Child Also Leads to Her Own Apartment

At nineteen Gina became the mother of a healthy baby girl. She moved into an apartment in Southeast Washington and was relatively happy. About a year after moving to the apartment, one of her foster brothers came to visit. He first apologized for his earlier behavior and then told her that the real purpose of his visit was to let her know he knew where her biological brother lived. He subsequently arranged for them to meet.

Over the next few years she met several of her siblings and eventually her mother. All of her mother's children had been placed in foster care or given away. Gina was not sure but it appears that her mother suffered from mental illness, and soon after they met she died of cancer.

For several years Gina had custody of her sister's two daughters because the sister was not fit to care for them and Gina did not want them harmed in a foster home. Eventually the eldest child became a problem and by then Gina had a second child of her own and determined that it was time she devoted her full attention to her own daughters. The older children returned to their mother.

First Eviction Began a Vicious Cycle of Homelessness

When Gina's landlord found that she had had a third child, he said she would have to move because she had too many children to live in a one bedroom apartment. She attempted to get Emergency Assistance to get a larger apartment, and was denied. Evicted with three small children and only one suitcase of their clothes, she was also turned away from the City's emergency family intake center. "I was not putting my children in foster care; I was not giving them up," Gina stated emphatically. She slept in an abandoned van for several days and then returned to the intake center.

This time she was accepted and placed at the infamous Capitol City Inn, one of the District's drug infested homeless shelters. For eighteen months Gina and the three children were crowded into a small room with two beds, a bathroom and no refrigerator. It took some six months of struggling to maintain her family before Gina, who had never before used drugs, was hooked. A year later, she was caught using drugs on-site and was forced to leave. Desperate, she turned to a woman she had met while at Capitol City Inn

and asked her to take the children until she could get her life in order. Mrs. Brown and her husband opened their hearts and home to the three children, allowing them to stay for several months without any financial compensation. Gina "dropped out" and went to the Community for Creative Nonviolence (CCNV) shelter where she continued abusing drugs, "trying to ease the pain that seemed never to go away."

Ultimately the Children Were Placed in Foster Care

Gina was lost without her children and she wanted them back before they were formally placed in foster care. She took them from the Browns and moved from apartment to apartment, doubling up with whomever would let them stay. Finally she was placed in the Budget Inn, another City-operated shelter. By now she was pregnant with her fourth child, married and trying to get off drugs. Soon after the baby was born, they moved into a transitional apartment that was besieged with drug activity. Under her husband's influence she returned to drugs. The counselor at the shelter intervened and gave her the ultimatum that she must enter drug treatment or he would be forced to call Child Protective Services and have her children put in custody.

Not wanting to lose her children, she complied. The seven day treatment program was not sufficient to change the years of poor self-esteem. She returned to the same old environment and bad habits. A child protection worker was called and soon her children were taken away. However, the judge allowed her to pick the foster family and keep the four children together. They were formally placed with the Browns, who this time received payment for their willingness to keep Gina's children.

The next several months were a nightmare riddled with more drugs and abuse. After almost being killed in a drug altercation, Gina had had enough. She walked to D.C. General Hospital and asked to be admitted into drug treatment. Initially denied, she went to Calvary Emergency Shelter and told her story. "I was pregnant, afraid to be alone and I had nowhere to go." Fortunately one of the staff responded to her plea for help and reached out. The shelter staff provided her with the support she needed until three days later when she entered the Detox Unit at D.C. General Hospital.

Treatment, Support and Recovery

Admitted to the treatment program, Gina was able to gain strength and insight during the next twenty-eight days. She ended up at a recovery program for pregnant homeless women and actively pursued her aftercare plan. Through another homeless provider, she began to interact with the courts to develop a plan to get her other children back.

Through perseverance, prayer and support from a network of shelter providers, Gina entered the transitional housing program at Community Family Life Services (CFLS). Having secured a three bedroom apartment and maintained negative drug screens, Gina felt ready to get her children back. The judge agreed and a little over a year ago, they were reunited.

The time at CFLS was well spent. Gina feels she now has sufficient skills and experience to live independently. Just before Christmas her Section 8 certificate came through and the entire family moved into a five bedroom home. Gina has great hopes that she can now get on with her life and make a better way for her children and grandchildren. She attends Armstrong night school, continues her NA groups, and maintains her active church involvement. She regularly meets with her case manager and also provides support and inspiration to other women who face her same challenges.

How Gina Sees It

Gina is quite clear about the impact that foster care had on her life. It caused her great pain that continues to haunt her. However, her children's placement was necessary until she was on her feet. Gina understands the importance of having competent people to care for children when families are in crisis. Her caution is that they be carefully screened and monitored.

Mark Milwaukee, Wisconsin

Mark is a 27 year old single African American male presently living in his own apartment in Milwaukee, Wisconsin. He has been homeless on and off for the past five years.

With Biological Parents until Age 8

Mark was born in Mechanicsburg, Illinois, a rural area by his description. He was an only child and his parents, though they wanted children, postponed parenthood until they were in their late 40's.

As a child, he lived in a warm comfortable home with fond childhood memories until age six when his father died. He and his mother left Mechanicsburg and moved to Chicago to live with his mother's older sister. His mother started drinking following his father's death and there was a great deal of tension in the house between his mother and her older sister who also had a drinking problem. It was clear to him that he was not liked by his aunt and just before his mother passed, he left home for short stays but always returned.

Orphaned at Eight

One day when Mark was eight years old he was summoned by a friend while at school and told he better go home immediately. He initially thought that his mother and aunt had had an altercation. Unfortunately, when he arrived he found his mother was dead from a heart attack.

He was taken away from his aunt and placed with a temporary foster care family until a more permanent placement could be made. An older friend of Mark's mother worked for Chicago's Department of Children and Family Services and wanted to adopt him but this was ruled out as a possibility because of her age.

Mark did maintain contact with the worker -- she was a link to his mother -- but he felt that the system chose to inhibit their communication. Often there were long periods of no contact. Mark, at age 9, was placed in a group home that had 16 other boys and girls. It was run by an older disabled woman who locked up everything including the bedroom doors at 9:00 pm. Mark found out that she was being paid \$200.00 per child per month, although the children only received food from her. Clothing was provided through donations of used clothing that were stored in the basement. This always bothered him. "The clothes were alright, clean and everything but she was getting money to buy us new things." It was obvious to Mark that the foster mother was just in it for the money.

Mark began mirroring the behavior of the older boys in the house which led to truancy but no real trouble. When a case worker did visit and inquire about school attendance, the children would lie, and the worker never appeared concerned enough to check out their stories.

At age 13, Mark was placed in a foster family. There was more freedom and no abuse. He had an older foster sister and two brothers. They seemed to accept him to a point, though he was never given his own key. He felt the family never truly trusted him and did not want him in the house when they were not home. Mark described himself as a "knuckle head" who did not like to listen during his adolescence. His foster father frequently told him "he wouldn't live to see 25." He was often disagreeable but never violent nor involved in gang activity.

School Problems

School was difficult because he had a learning disability and he eventually was placed in a special program. His foster family ignored his repeated requests for help with his school assignments. He believed they were not interested in his school performance.

Mark stayed with the same family through high school because he felt he had no other options. Periodic conversations with his mother's friend encouraged him to remain because the previous placement had been far worse and soon he would be able to leave legally.

At 16 he moved out of the house but stayed in a building behind the house and used the house's basement bathroom facilities. He bided his time and at age 18 left and hitchhiked to Florida. Right away he got a job, started to work on his GED and shared an apartment with another man. After a year away on his own doing in his words "OK," he went to Disney World for a weekend and returned to find his roommate gone and the apartment empty.

"After a few tears," he mused, " I decided to call my foster parents in Chicago and ask if I could return." They agreed but required rent. He was able to get a job a few days after his return. But it just did not feel comfortable. He remained there for a few weeks and then moved in with some friends who lived down the street from the foster family. It was then that Mark was seduced into using drugs.

Independent Living Program

After several months his foster family persuaded him to enter an independent living program which provided him with a place to stay and an opportunity to learn some life management skills. Mark felt the program was useful and managed to stay for almost two years before he broke a key rule and was terminated. Drugs, alcohol and homelessness became his world from age 20 to 26 leaving him with few clear memories.

"I got involved with some things that made me question who I was. I felt like I kept trying to climb out of a pot and something kept pulling me back." He entered and completed a treatment program in Chicago, found a job but continued to have difficulty with stable housing. The places he found to live were too often in environments that supported his negative habits.

Moved to Milwaukee

Tired of the cycle he left Chicago at the urging of a friend and moved to Milwaukee. Once there he entered a treatment program and has been substance free for 5 months. He has had several jobs and been able to secure a nice one bedroom apartment on his own. He is proud that he has finally obtained his own residence but nervous about being able to keep it. Involvement in an aftercare program has provided continued support and a new job possibility offers sufficient income for him to maintain his apartment.

Mark feels that, "I've got something going for me. I've accomplished some things and I finally got my own place -- the first one by myself and I feel good about it."

How Mark Sees It

When asked his opinion about how the foster care system handles children, he was very clear. There need to be strict criteria to determine whether foster families are genuinely interested in caring for children or just interested in the money. He also thinks that it is important to ensure that both the family and child are properly matched so they have, "a good partnership going on."

Mark's present foothold is precarious because his employment is not solidly in place but he appears hopeful and he has found support from an aftercare program. He seems motivated and determined to move forward with his life by taking small meaningful steps.

**Robin
Ypsilanti, Michigan**

Robin is a 21 year old African-American single mother presently living in her own apartment with her 16 month old daughter. She completed high school and is presently a full time student at a community college.

Orphaned at Birth

Born in Detroit, Robin is the eldest of twin girls and she has no knowledge of her birth mother or any members of her biological family other than her sister. As babies she and her sister were immediately placed in an orphanage as state wards and remained there until age 6.

Robin remembers being happy while there. She and her sister went to school in a "big blue van, attended a neighborhood church and enjoyed playing with the other children. She was not sure of the exact number of children at the orphanage but estimates 20 to 25.

When asked if there was anyone who she was particularly attached too, she quickly mentioned Laurie. Laurie was on staff and seemed to take a special interest in her. Robin remembers going to Laurie's home several times to visit her family.

Adopted at Six -- Soon after the Pain Began

Robin does not recall any interaction with the child welfare system directly. Nor were there many visits from prospective parents wanting to adopt the twins. The Jordans, an interracial couple, made several visits to the orphanage and decided to adopt the girls. They were initially childless and then soon after the girls were settled in their new home, Mrs. Jordan had Cory their younger brother.

The Jordans lived outside of Detroit in a rural environment. "It was real different, with pigs, cows and dirt roads." Robin felt cut off from the city. " Like I said, I never really liked it down there. When I was first adopted, I was scared of Mr. Jordan. I didn't want to talk to him. It took me a year and when I turned seven, I started speaking to him."

It was about this time that Mr. Jordan began sexually abusing both girls. After about a year, Robin told Mrs. Jordan what was happening. "She didn't believe me, said I was lying and that I was doing this only to get a lot of attention." Robin was quite sure that at some level she knew, yet refused to openly admit anything was occurring.

The abuse continued for about 10 years. "I really never said anything to anyone else because I felt if I told my so called Mom and she didn't believe me, who else would. So I just kept it inside and it has taught me how to shut off my feelings. I have a hard time with feelings, especially love."

Robin managed to do well in school and became very involved in basketball during junior and senior high school. It provided her with an escape and allowed her to experience some sense of normalcy.

Moved Out of the House at 17

By the summer between her junior and senior years in high school, it became apparent to Robin that she had to leave the house. She was allowed neither to date nor to even have phone calls from boys. She became more bitter and rebellious. Robin stated how torn she was leaving her sister with the Jordans, but eventually she found the strength to leave.

She spent the summer with a friend of Mrs. Jordan's. As school approached she realized that staying there meant having to attend a different high school for her senior year. She was very tied to her high school, her friends there and the basketball team.

Through her determination she was able to identify a basketball teammate's family who agreed that she could stay with them to complete her senior year. When asked whether they received any money, Robin responded, "No, the Garrison's were a good Christian family."

"I got through the year. I was happy, very happy, to graduate. A lot of people were there to cheer me on at the graduation."

Completed High School and Soon Became a Mother

After high school she moved to Ann Arbor and stayed with Mr. Garrison's older sister. This was not a good arrangement but Robin was able to find a live-in baby sitting job which was a good bridge until she found a full-time job about 10 months later.

Robin was 19 when she met the father of her daughter. When she became pregnant, they moved in together. Things were not too bad until after the baby was born. He then became physically and psychologically abusive. They broke up several times but somehow he would convince her that it would not happen again and she would return.

Homeless Transitional Shelter Provides Network of Support

When her daughter was seven months old she decided she could not take it any more. She decided to move into a "safe house;" a place that protects battered women. Robin stayed there for 3 months and with the support of an advocate was able to enter Prospect Place, a transitional program for homeless women with children.

How Robin Sees It

Robin had set a goal and made a promise to her daughter, that by her first birthday they would be in their own apartment. She beamed when she boasted of reaching that goal some two weeks prior the baby's birthday.

Robin feels that she is a good mom on firm footing. She is enrolled full-time in a community college, the baby is in day care and her sights are set on becoming a nurse. She credits her present accomplishments to perseverance, the supports she received from the transitional program and her determination to secure her daughter's future.

Dan Portland, Oregon

Dan is 24 year old white male presently living with his girl friend and her two children in Portland, Oregon. The interview took place one month after Dan's release from the Oregon penal system.

Dan was introduced to me as one of the first youth to visit the Green House, one of the first programs for street youth in Portland. Christian, a member of the original staff stated that he had been, "certain that Dan would not live to see his 21st birthday." He and his peers literally lived on the streets, using and selling drugs, stealing what was needed when money was not available and blurring whatever reality existed with alcohol. This initial group of street youth was deemed "hard core" in the strictest sense.

Early Childhood Marked by Moves

As Dan began to tell his story, it became evident that since the age of three, he moved between a variety of family members and public systems in Oregon and California. The youngest of three children and the only boy, he was born in Riverside, California. Just prior to his birth, Dan's father was sentenced to prison on a murder and robbery conviction. He did not know his father as a child and met him once just before Dan went to prison.

Dan moved all over the country with family members until he was seven or eight. During those moves, his day-to-day care was most often the responsibility of his older sister. He resented her parental role and very early determined the he would, "follow his own mind and do what he wanted."

First of Many Out-of-Home Placements at Age Eight

At around eight he was placed in his first foster care home near Stockton, California. He recalls little about the family, does not remember going to school regularly and spent much of his time getting into trouble. He was removed and sent to the Sunshine Group Home, a foster care facility for 8 or 9 boys. "I don't remember going to school much. I spent most of my time hanging out with my friends."

Dan then began a series of placements in a variety of group homes and juvenile treatment facilities in Oregon and California. It seemed as though he always had an open child welfare case whether he was considered to be with a family member or in an out-of-home

placement. One that particularly stood out in his mind was the J-Bar-J Ranch. This was his last placement before he permanently began living on the streets at age 16.

He remembers that the counselors believed in the group process and peer pressure. They made the residents become responsible for themselves and their behavior. Residents were transported by van to school and were required to manage the chores related to day-to-day living in their cottages. While Dan's memories tended to be vague, the program appears to have taught him some independent living skills. Various physical endurance exercises such as mountain climbing, ropes, and scaling barriers were the most challenging activities and forced interdependence.

Survived on the Streets from 16 to 19

Despite the positive aspects of the program that Dan recalled, as soon as he left, he went directly to "the streets." He rejoined the group/gang he referred to as the "Brotherhood." Dan stated that the "Brotherhood" was the only group that he felt he belonged to and described it as, "his real family". Basically composed of street youth, they had developed an interdependence based on knowing each other through prior experiences on the "streets" and through interaction in the various residential programs for troubled youth.

On the "streets" until he was 19, his lifestyle caught up with him and he was convicted for armed robbery. He spent the next five years institutionalized in several Oregon correctional facilities. Dan was quite candid when asked about his experiences. "It really wasn't bad; I got to grow up in the penitentiary." He did not lack friends since members of the "Brotherhood" rotated in and out of the correctional system.

Looking for Work but Relying on the Underground Economy

Released only a month prior to the interview, Dan was living in a substandard apartment with his old girl friend and her two young children. The children were not his but he was committed to supporting her since she had recently completed a substance abuse treatment program. He had not returned to using drugs, but until he found employment, he was selling them. When asked what kind of work was he looking for, he said, "Hard work is OK by me as long as it pays. I really would like to cut wood but it's hard to break into those companies. I learned the trade while doing time."

How Dan Sees It

As we closed, I asked Dan when he first considered himself homeless. "Oh, I've been homeless all my life. I've done OK." When asked his views of the foster care system, he was thoughtful for a moment. "I guess they did what they were supposed to. I don't remember no case-workers checking on me." When asked what would have made a difference in his growing up, he paused. "I think the best way for me to have grown-up would have been to have a decent mother and father raise me."

Sara
Seattle, Washington

Sara is a 39 year old white female single parent. She has been living in a transitional apartment with her 15 year old son for the past year and at the time of the interview is packed to move into her permanent apartment. Sara has been "clean and sober" for three months and both she and her son are striving to remain substance free.

Mental Illness Leads to Out-of-Home Placement

Sara was born in Seattle, the oldest of three girls. They lived in public housing in West Seattle until her mother had a nervous breakdown and was hospitalized. At seven, Sara and her sisters were placed with a foster family some forty miles outside of Seattle. A caseworker took them to the foster home but Sara does not remember having much contact with her after that.

The foster care family was an older couple from Kansas that had relocated to rural Washington with their three sons. Soon after they moved in, the oldest boy began molesting Sara. When she mentioned what was happening to her foster mother, she made some statement about having "kissin' cousins in Kansas," sending a signal to Sara that she thought nothing was wrong.

After a year Sara began acting out and finally she rebelled and ran away. She ended up at the police station and she told them what was going on. This, too, fell on deaf ears. From ages seven to ten there were lots of "blank spots." "I really have a lot of anger and hostility about what happened. I think it really caused my sister and I to have a lot of problems in later life." When asked whether a caseworker ever came to visit, she remembered one man who would stop by periodically but he never really seemed concerned. She did not even consider telling him. To underscore the lack of concern, Sara mentioned that she had over thirty cavities when she got out of foster care. There was no real follow-up shown by the child welfare system in a number of respects.

Girls Are Reunited with Their Mother

At ten her mother was well enough to get her children back. She had met the man who would soon become their adoptive father. They moved back into the housing projects in Seattle with their mother and father for a few years and then they moved to a house about thirty miles outside of Seattle.

After a few stormy years with her mother and adoptive father, Sara left home at 15 and lived with a friend's family for several months. Her parents paid support until she left, almost a year later, to marry her first husband. She moved to the San Juan Islands near the Canadian border and stayed with him until she was 20. When asked whether she worked, her response was, "I've done very little real work, but at times I've done some volunteer things." She never completed high school.

Beginning of a Self-Destructive Cycle

The next several years were filled with abusive marriages, alcohol and drugs. Each relationship seemed no different than the last. At 25, on her third husband, Sara had her son Michael. Sometime after he was born she entered treatment for the first time. But, as soon as the old stresses returned, she would begin the cycle of "drinking and drugging" again. During this time, Sara moved from place to place. "My mother use to joke with me about being her gypsy." She had three telephone books that were full of different addresses and phone numbers for Sara.

Son Spent Short Time with Her Mother

When asked whether her son had ever been placed in foster care, she mentioned that for one, three-month period Michael had lived with her mother. Sara was unable to care for him at the time, but eventually pulled herself together and took him back.

About three years ago, Sara lost her mother. She had been the one constant in her life and she was very distraught after her death. She and Michael had moved in toward the end of her mother's illness and they remained after her mother passed. A few months after her mother's death, the father remarried. It was not long after that that she and Michael were put out of the house without any of their belongings -- clothes or furniture. This was the first time that she was literally homeless.

Living Outside Created the Opportunity for Change

Sara and Michael lived in a tent on someone's property for several months until she was told about a homeless program. Despite her honesty about her addictions, she was immediately placed in temporary housing. Soon she entered a treatment program and within 90 days was placed in a transitional apartment.

How was Michael faring during all of these disruptive experiences? While he appeared to be stabilized at the time of the interview, he had dropped out of school, been a member of a Seattle gang, "the Folks," and had begun using and selling drugs. Sara remarked, "You can't take 15 years of garbage and change it right away."

"Becoming homeless was a big turning point in our lives. That's the closest we had ever been, living in that tent. We got a chance to talk and get to know each other. Becoming homeless was a big turning point in our lives."

They are both in recovery and attend AA meetings together. Sara's AA sponsor has a son the same age as Michael, which has proved mutually beneficial. Michael is participating in a special program at the vocational high school and is involved in a training program with a stipend. Sara smiled as she spoke. "I have some real high hopes for my son. I just hope we can get it turned around so he doesn't have to go through what I've been through."

Undiagnosed Mental Illness Detected and Treated

"All my life I knew there was something else wrong with me besides that other garbage." Sara has been diagnosed as a manic depressive and been placed on lithium. She feels better than ever, with no desire to return to alcohol and drugs as she used to when the stresses got to be too much. Through the various services offered by the transitional program, Sara is building an extensive support network including a caseworker, psychiatrist, and substance abuse counselor, as well as her sponsor. She anticipates enrolling in the local community college with the hopes of becoming a respiratory therapist.

How Sara Sees It

When asked how she thinks foster care has effected her life, Sara spoke forcefully. "Me and my sisters were very emotionally damaged by being placed in foster care. It has made our life hell. When you are sexually abused and not listened to by the people who were supposed to protect you, it makes you really mad. I have lots of resentment!"

Michael Birmingham, Alabama

Michael is a 29 year old white male living in his own apartment in Birmingham. He was homeless some six years ago and is now employed as the Facilities Coordinator of the shelter, The Firehouse, in which he once sought refuge.

Parents Separated at Age 5, and He Began to Be Moved From Home to Home

Michael's parents (residents of Illinois) separated when he was five, and although he chose to live with his father, his father placed him with a variety of relatives until he was 11 years old. Some of this was due to his father's health problems (cancer). He believes that his original choice to live with his father alienated him from his mother and led to future problems in that relationship.

Removed from His Father's Home at Age 13

When he was 13, the police arrested his father for child abuse and sexual abuse, "...on me." Michael was placed in foster care. After approximately a year of emergency placements, he was placed with his mother, with whom his two brothers were already living. He was mistreated by his mother and a tape recording he made of this mistreatment caused the Department of Child and Family Services to remove him immediately from her home. His brothers, however, were left with her, and this fact is one that he is still unable to reconcile.

He then began a series of foster care placements too numerous to count. Some were emergency; some were group homes; two were longer term placements that did not seem to work out. He still doesn't understand why he was moved around so much. He knows that he was a handful, that he was troubled or, "...emotionally disturbed." In one of the more permanent placements he was blamed for something he did not do and removed for that reason. With that exception, a part of him feels that it might be his own fault that he was moved so much, but he really does not know.

He says that during this period he had problems controlling his emotions and feelings. He "...rebelled against anything and everything." Although there were some attempts to get him counseling, they never panned out. He would get tested and scheduled for counseling, but then he would be moved and the process would be repeated.

Emancipates Himself at Age 16

At age 16 Michael ran away, "...never to return." He lived on the street or wherever he could crash. He had started using drugs recreationally at around 15 (alcohol came later). He had been successful in covering this up, and none of his foster placements had known.

After he was on his own for six months, he got into a troubled situation with some other people in a house he was living in. He wanted help to get away from it and called the Department of Child and Family Services. They told him that, "...we've already released you," and denied any responsibility.

He became homeless again and at age 17 began to use substances in a more serious way, "...to avoid my problems." This abuse went on seriously until he was around 25.

Gets On His Feet

At age 17 he moved to Missouri, got a job, and made a friend who took him into his apartment. He soon started to share the expenses and to get on his feet. For several years he had a place to live, a job -- even went to college and joined the ROTC. But during this period, he was using alcohol and drugs, "big time." He did, "...whatever I could, whenever I could," with the exception of shooting up. He went to clubs every night and not infrequently woke up in his car in the middle of nowhere with the engine running. "A power greater than myself stepped in and watched over and helped," he feels, because otherwise he does not know how he survived this period.

Decides to Abandon Substances

At age 23 he recognized that drugs and alcohol were a problem for him. He felt that the solution was to remove himself from the situation -- a part of what he sees as a learned pattern of running away when problems became difficult. "So I ran away once again, even though I'm responsible for myself at this time. I just left [my living situation] ... the plan was to get away from all the problems."

Leaving behind everything but his car, he drifted around in Florida, camping out and working odd jobs. He felt that Florida was not the place he was supposed to be, so he headed north, ending up in a shelter in Huntsville, Alabama. Again, he held jobs but felt that was not where he was supposed to be, so he moved to Birmingham.

He stayed in shelters for three or four months, and then got a management job with a temporary company. He moved to a shelter that charged rent and then to an apartment. But, "little did I know that there were drugs here, too." He started using drugs again and tried to commit suicide. He ended up in the VA hospital and eventually in the state mental hospital. Following that, he was sent to a half way house for people coming out of the mental hospital. He got an apartment with a friend, but drugs again reared their ugly head and he made another suicide attempt.

Spiritual Awakening

He was put in intensive care and the treating physician, who is now his best friend, "...just kind of woke me up spiritually. It all changed." He felt that someone had said the right things to him at the right time that allowed him to get back on his feet.

He is now very involved with a church organization, has found a long lost aunt and is discovering what a family is like. He feels that since he has made these decisions about his life, God has put good things in his path. He had been volunteering at The Firehouse, and when a job opened up there he applied for and got it. He has no interest in connecting with his father, but has tried to keep in touch with his mother, although he feels he has gotten little response.

How Michael Sees It

Michael does not attribute the problems he has had in life to foster care. Foster care, he says, "gave me a place to stay that was safe." He says that most of his problems were himself. "99% of it was me."

On the other hand foster care really just gave him a roof over his head. It did not give him any sense of family. "I didn't even know what a family was." He does feel that children in foster care learn negative lessons when they are removed from homes when something goes wrong. They never have unconditional acceptance. Being moved around as a child, he learned that, "...if problems get bad, well just move. Give it another try in another place." He attributes his problems to the many ways he has found to run away. These include using drugs and alcohol, moving, and suicide. He also believes that the separation of his mother and father, his abuse by his father, and his abandonment by the Department of Child and Family Services at age 16 contributed to his difficulties.

Michael is clearly a strong and resilient fellow -- very bright and very thoughtful. He seems to have identified the gaps and problems in his life that led him to homelessness, drug abuse and so on, and to be dealing with these factors in a systematic fashion. Chances for his full success look excellent.

Julio
New Orleans, Louisiana

Julio is a 19 year old male. His parents were African-American and Filipino. He has never been married and has no children. He completed grade ten, has his GED, and is now receiving on-the-job training. He has been homeless for over two years and currently resides at Covenant House.

Adopted at Age 3

Julio lived with his birth mother until he was three years old. At that time he was adopted and lived with his adoptive parents and grandmother in the Philippines until he was five. When he was five his adoptive parents moved to the United States, while he stayed with his adoptive grandmother in the Philippines. Eventually she too moved to the United States, leaving him with an aunt and uncle. Finally, when he was around 12 years old, his adoptive mother had someone bring him to the States.

He lived with his adoptive parents in Matarie, Louisiana. At this time, he began to hear stories about his real mother. His adoptive grandmother told him that, "her daughter never was my Momma. The way she said it made me feel she was lying. She showed me the papers." He recalls meeting from time to time with a woman he now believes to be his natural mother while he lived in the Philippines. Recently, he discovered that he has a biological sister who lives in California.

Disruptive Early Adolescence

When he was 13 Julio began to argue fiercely with his parents about doing chores and staying out late. He ran away from home for the first time at this age, staying away about three days.

At age 14 he got picked up by a man and took a ride with him. He ended up staying at the man's house and wandering the streets. At the man's house one night, "...the police busted in the door saying my Momma said I was being kidnapped and all that. I was brought back to my Momma's house. This was about five or seven days I was gone."

At around 15 or 16 he started shoplifting. He stole with regularity for a year or so. "I thought it was just for fun. I didn't know I was going to get in trouble. I didn't know the thing I was doing was wrong. All I knew I just did it for fun. Cause every time I came out of a store people would be laughing. Then I got in trouble." He ended up in juvenile detention for several months, and then returned home for three months.

Placed in Foster Care

When he was 16 Julio stopped going to school and continued to be in trouble with the law. In fact, he was in so much trouble that, "one day the law just came by the house and told my Momma they gotta take me." He was placed at Hope Haven, a juvenile detention/foster care home for eight months. "When my Momma comes over to visit it feels like she don't even want to know me no more because of what I did and all that. It's like she don't want to know me." They tried to help him at Hope Haven, but he did not respond. "All I wanted to do was go back to the neighborhood."

He did return to his mother's home, but left it again, this time voluntarily, to go to Covenant House. "I just told myself I don't really need to be by my Momma's house because of all the things that I done and I got tired of it seeing my Momma crying over the things that I do. So I just said, well I just leave. I pack my clothes and all that. And ever since then I be coming by only on occasional days. They never did call nobody for me and I end up here [Covenant House]."

At Covenant House

At first he was kept at Covenant House because he was a minor. More recently he has been in and out (about five times). When he is out of Covenant House he lives on the street or stays with friends. He feels that he knows how to survive on the street. His friends have been, "...teaching me how to grow wise. Finding a place to stay at night isn't no problem for me. I know a lot of people who give me a place to stay every night."

At Covenant House Julio is in a work program. He never worked before he got there. Along with training he receives \$2.95 per hour, food and shelter. There is an enforced savings plan. "I keep coming back [to Covenant House] every time I feel, whenever I feel like I need the help, you know when I really need something. Like a job and a place to stay. Every time I come in I tell them, 'Yeah, I want to go to school.' But I never did. But when I came in this time I told them I'm sure that I'm going to school cause I need to go to school. I realize that I'm getting older and all that, but even though I got my GED I still want to go to school so I can learn."

How Julio Sees It

Since he was 18 Julio believes that his major problems have been drinking and worrying about people too much. He worries about, "when I'm going to start talking to my Momma again. These things have been on my mind. When is my Momma going to start talking to me again? This thing is on my mind. Every time I drink and feel alone, it always flashes in my mind, this thing. When are you going to speak to my Momma again? It just bothers me a little. Every time I call her, they say she is not there. I say I'll call again."

Julio feels that he is pulling himself up. When he first came to New Orleans, he "came down to Canal Street and saw some people sitting down begging. At that time one thing that I still have every Christmas is hoping that all those people that is in the street have their own place by Christmas or after Christmas. That's my main thing that I want. I kind of have a soft spot for the homeless people. Because it's like I've been there already and I

felt it and feel how I should be feeling. That's why I'm trying my best to have a job, a place to stay and going to school because if I keep on doing that in the near future I'm going to be on that street taking somebody's place and I don't want to see myself like that."

**Kimberley
Birmingham, Alabama**

Kimberley is a 32 year old African American woman. She is divorced and has two children, both in foster care. She is a high school graduate, unemployed and homeless.

Removed from Home at Age 14

Kimberley's parents were both alcoholic and regularly abused her, physically. She successfully explained away the physical signs of abuse until she was 14 and her mother broke her thumb. Her teacher noticed that she could not write, and upon investigation, she was removed from her home by police and put into a foster home.

She was only in foster care for two months. The placement was in a group home and Kimberley felt very ill at ease. Although she was there only because of what had been done to her by her parents, the other girls there were "real criminals." The culture among these girls was to not cooperate and to not try to do well. Many were chronic runaways and had weapons. Kimberley received no counseling.

After a few months, she was placed with her grandparents, whom she adored and who gave her a very supportive home. Her older brother was also with her. Her grandparents died before she graduated from high school. She stayed in their house, with no supervision, but eventually she could not afford to pay the taxes and lost the house. She did manage to graduate from high school during this period.

Turns to Marriage as a Way Out

At 18 Kimberley married an older man who was in the military. She did not see any other choice open to her. She moved with her husband to where he was stationed and began to work. She and her husband had two children, and she continued working -- sometimes more than one job -- throughout their life together.

However, shortly after they were married her husband began to drink and became abusive. He physically abused her. "It was like the same thing that was happening all over again. It made me think, well maybe it's me. Maybe I don't know how to choose people. Nothing had changed. I just went from one to the next."

Leaves Her Husband and Becomes Homeless

After being married seven and a half years, Kimberley went to her husband's superior officer to complain about being beaten. She was around 25 or 26 years old. The military paid for her to return to Birmingham. She and her children moved into the Salvation Army shelter because they had no money to rent a place to stay. The Salvation Army and Red Cross staff helped her contact the military to get funding for housing, and helped her to find a place to live.

She often felt that the divorce from her husband was her fault. "Even now, I think that's what's kind of depressing because I kind of feel like my divorce is my fault. But then I know in the back of my mind it's not my fault. But I know with my parents I used to think that it's my fault because they beat me. There was no one really to talk to."

When her grandparents had died, Kimberley had begun to drink. This became more of a problem at the end of her marriage. She feels she began to drink because of her feeling that everything was her fault. She feels that she cannot control her drinking.

She and her children left Birmingham and moved to Atlanta so that she could find work. She started to have black-outs from drinking. She was already verbally abusing her children and she was afraid she would do something worse to them. "That was why I put them in foster care --because I didn't want to get to the point where I physically started abusing them and I could see the pattern." It was about five years after she fled from her husband that she placed her children in foster care in Georgia, where they have remained for the past year.

After she put her children in foster care she got a bus ticket and came back to Birmingham. She thought it might be better to be near her family. She quit drinking and went to an outpatient treatment program. She now goes to Narcotics Anonymous meetings twice a week. She has been sober for seven months and now does not feel so frightened of having a few dollars in her pocket.

Homelessness

Since she came back to Birmingham, she has been unable to get a job that pays enough to live, and has been only sporadically employed. She has been in contact with her parents. They are divorced and each has a new spouse. Neither will let her stay with them because of their new spouses. Now, she says, "...I don't have anything to do with them. I don't call them. I don't want to call them." This is because they have not been there for her. "I'd love to be able to go to them if I ever need help -- but I can't. I've just got to do it myself."

She lived in a motel for a while, but could not earn enough to pay the \$85/week rent and feed herself. When she got evicted, she got in touch with PATH, a shelter for women. From them she gets counselling and other services.

She very much wants to be reunited with her children, but not until she has things together. "In a sense it's bad to say because I know that nobody is better off without their

mother, but they're better off right now without me. I gotta straighten me out before I can do anything for them." She does not talk with the children because it is too painful and it would be too hard on them, she thinks. She talks infrequently (because of the cost) to their foster parents (at least one of the children is in a group home, and they are not now together) but she feels very confident that the foster parents are doing well by her children and that the children are receiving the therapy they need and a good upbringing. In fact, because she feels that it is doing so well for her children, she feels that she would have been better off, herself, if she had been put in foster care earlier. She feels that if she had been put in earlier or kept in longer, she would not have had to put her own children into foster care. When she gets a job and an apartment or house where they will have their own room, she will be able to get her children back.

How Kimberley Sees It

Kimberley feels that the real cause of her problems was, "from the beginning, not having the right parents because I came from a family of alcoholics." Her parents always told her she was dumb, stupid, ugly and would not amount to anything -- and she believed them. She cites getting into an abusive marriage and then getting involved in alcohol as other major factors in her homelessness. When she got free of her husband, she felt that she could do anything she wanted to. "For some reason I did the only thing that I knew how to do -- the only thing that I had seen done was to drink. For that moment, the more I drank the more I forgot about all the hurt and pain that everybody else caused me. But I didn't look at the hurt and pain I caused myself." Until she came to PATH, she never got any counseling to help her work through her problems.

Although Kimberley feels she was never taught any "values," she clearly has a strong work ethic and feels a great responsibility for her children. She has the personal resources to get back on her feet, and with the help of PATH or other programs, it is likely that she will.

Kelly Silver Spring, Maryland

Kelly is a thirty-two year old white female. She has no children (although she gave up two children for adoption at birth) and has a tenth grade education. She became homeless at the age of 16 when she ran away from home and the foster care system. This led to seven years of prostitution and substance abuse. She had a stroke and was infected with HIV at the age of 23. Her health problems led to a reexamination of her life and to a second chance at living. She now lives with her "spouse" in a small house in Silver Spring, Maryland.

Abused, Her Cries for Help Go Unnoticed

Kelly grew up in Oklahoma City as the daughter of an American-born father of Scotch, Irish and English descent and an American-born mother of German descent. She was only five years old when her brother, Ted (then only eight himself), started to sexually abuse her. She was too young to understand why it started. In fact, for a long time she did not even know that it was something unusual. She did know that she did not like it.

When Kelly was seven or eight her father caught Ted in the act. The reaction of Kelly's father to what her brother had done to her was swift and decisive. He beat him. Her father assumed that the beating would teach Ted a lesson. Instead, Ted told Kelly that they would have to be more careful not to get caught, or her father might kill him next time. Kelly did not want Ted or maybe even herself to get killed, so she knew she could not go to her parents for help. She would have to find another way out.

Kelly had been trying to get someone to notice that something was wrong with her for a long time. Beginning at age of five, she tried to find avenues of escape. One of the first was sniffing gasoline. Her doctor told her mother that it was probably just a phase. By the fourth grade she had started to develop ulcers. The doctor treated her for the ulcers, but nobody thought to ask what could be bothering a young girl enough to cause ulcers.

Left Parents' Home at Age 13

By thirteen Kelly's cries for help became more self-destructive. She started to use drugs (from marijuana to LSD) and drink alcohol. One night, she got drunk on beer and met some men at a pizza parlor. She left with them to go to one of their houses to drink more beer. When she got there, someone slipped her a drug that temporarily paralyzed her. While she could not move, the men took turns raping her. By the time the drug finally wore off and she could move, it was already morning. Instead of going home, she went straight to school.

She was sitting in one of her classes that morning when she was called in to the principal's office. Her mother had called the school because she had not come home the night before. To her mother, this staying out all night was the last straw -- Kelly was unmanageable. Her parents took her to court and told the judge that they could not control her anymore. Kelly did not think she could tell anyone about what had happened to her that night. And she wanted to get away from her parents' home (and the brother who was abusing her) as much as her parents wanted her out. So she petitioned the court to remove her from their home. Since she was only thirteen at the time, the court found her "dependent and in need of supervision" and sent her to live at St. Joseph's Home for Children.

Kelly stayed at St. Joseph's for about nine months, until she was caught having sex behind the church. St. Joseph's kicked her out and the incident further convinced her parents that she was a problem child. She was sent to a diagnostic and evaluation center for about three months. Kelly never told her counselor there about the incest, but her work with the counselor got her interested in psychology. She thought that she might be able to figure things out about her life and her problems. On her own, however, the

process proved to be too painful. One of the other girls at the center helped her "cope" by giving her some marijuana to smoke. Kelly got caught smoking the pot and spent her last few weeks at the center in lock-up.

From the diagnostic and evaluation center, Kelly was sent to a "presbyterian home" for children. While there, she found something that actually made her proud of herself. Kelly had joined the track and field team at the public school she was attending. She excelled in the sport and at one meet broke the state record in the high jump. She had found something she knew she was good at.

Becomes Pregnant at Age 16

There was, however, something else Kelly had been good at since she was five -- attracting the attention of boys. One night, when they took the children from the presbyterian home to the movies, Kelly snuck out to get drunk and meet some boys. She met a man at a pool hall that night and had sex with him in his car.

Shortly after, the presbyterian home learned that Kelly was pregnant. They transferred her to woman's home -- Kelly thinks it might have been a foster home. At her new placement, Kelly was forced to clean the house and to take care of the woman's baby. Kelly was so unhappy living with the woman that she called her parents and begged them to let her come home. She promised that she would be good and that she would stay in her room so no one in the town would know that she was pregnant. Her parents let her move back home and she stayed in her room until after she had the baby.

Kelly's parents convinced her to give the baby up for adoption. A caseworker from an adoption agency described two couples who wanted her baby and Kelly chose the one she wanted to get her baby. She held the baby, a beautiful baby boy, for only a moment. It was painful, but Kelly knew that she was doing the right thing giving up her baby to a couple that could better care for him.

Emancipates Herself at Age 16

After having the baby, Kelly tried to make a go of staying at her parents' home. She was sixteen by then, and it had been over three years since her brother had molested her. Ted was now nineteen and Kelly hoped that he had grown out of wanting to have sex with her. For a while it was alright living at her parents' home. But after about a year she started to sense sexual tension with her brother again. Before it could surface, she took her brother's old car and ran away to Aspen, Colorado.

It was in then that Kelly experienced her brief encounter with homelessness. As a teenage runaway in a new city, she had nowhere to stay and lived in her car. It was cold and it snowed that October in Aspen. Kelly was lucky that she did not freeze to death. But she was strong and resourceful. This bout with homelessness made her more determined to survive.

Kelly survived the next seven year by relying on what she believed to be her strongest asset -- her sexual appeal. She occasionally tried conventional jobs like housekeeping, being a nanny, and working at fast food restaurants. But she found that she could make a much better living selling her body. At first it was not exactly prostitution. She lived with a rich and aging artist who took care of her. It actually seemed glamorous, as he took her with him across the country from one of his homes to another. He was always good to her and never forced her to do anything. But when she did finally go into prostitution, it really was not that much of a jump.

Second Chance at Age 23

By the time she reached the age of 23, she had had another baby (another boy which she gave up for adoption) and an abortion. While prostitution seemed to be an easy way to make money, it made her feel bad about herself. She used drugs to escape this feeling, and the more money she spent on drugs the more she had to prostitute herself. The vicious cycle finally ended when she injected herself with a dirty needle that infected her blood. She suffered a massive stroke just three month before her 24th birthday and it paralyzed much of the right side of her body. About six months after the stroke, Kelly learned that she had been infected with HIV and was likely to die from AIDS.

Today at 32, nine years after her stroke and diagnosis with HIV, Kelly is learning to cope with her disability and has been able to treat her infection with HIV as a long-term, manageable disease. She no longer abuses drugs and she no longer sells her body. She supports herself through Supplemental Security Income disability benefits, and Medicare health insurance that she receives from Social Security. For the past four years, she has been in a monogamous, committed relationship with someone that she met a few months before her stroke. She still works at trying to improve her relationship with her family, even with Ted who is currently in prison for dealing drugs in Texas.

How Kelly Sees It

Kelly does not really see her experience with the child welfare system as having anything directly to do with the difficulties she's faced in her life. She is glad for its intervention, since the separation from her parents' home ended the abuse by her brother. Kelly does not blame anyone from the system for not helping her with the problems (of poor self-esteem and a tendency towards self-abuse) which she now knows probably stemmed from being sexually abused by her brother. After all, Kelly notes, she never told anyone about it back then.

It is still not easy for Kelly to work through her incest issues. Though it has been almost twenty years since her brother's abuse ended, she still has trouble talking about it. She has tried to work with several therapists on the issue, but still has serious problems with self-esteem. Back when she was a ward of the state, of course, people knew less about confronting incest. It is therefore not too surprising (although it may be a little sad) that nobody from the system ever tried to help Kelly address the problem that led to her placement in the system.

She thinks that it was probably too much to ask the foster care system to break the cycle of abuse and hardship in her life. Kelly says she is not interested in playing the "what if" game, and that it is too late for her to wish that her past had been different. She can not speculate what her life might have been like if someone had helped her understand that she was not bad just because a bad thing happened to her. She is "too busy today getting through one day at a time" and trying to remember to treat herself with a little kindness and self-respect.

Web of Failure: The Connection Between Foster Care and Homelessness

ANNOTATED BIBLIOGRAPHY

"Alone After Dark: A Survey of Homeless Youth in Chicago," Chicago Coalition For The Homeless, Report, 1991.

Lack of affordable housing, unemployment and increasing levels of abuse and violence are the causes of youth homelessness according to this report prepared by the Chicago Coalition for Homelessness. Over two hundred homeless young people were surveyed regarding their personal experiences and encounters with the social service system.

Bassuk, E. L., L. Rubin, and A. Lauriat. "Characteristics of Sheltered Homeless Families," American Journal of Public Health, Vol. 76, No. 9, 1986, pp. 1097-1100.

One of the first studies suggesting that psychosocial factors, particularly family breakdown, contribute to a mother's vulnerability to homelessness.

Burt, M.R. and B. E. Cohen. "Differences Among Homeless Single Women, Women with Children, and Single Men," Social Problems, Vol. 36 No. 5, 1989, pp. 508-523.

This paper discusses the size of the homeless population and then presents a comparison of demographic and other characteristics of homeless single women, homeless women with children and homeless single men. Points of convergence or divergence of these national urban homeless data from other reports are discussed as well as the implications of these findings for approaches to reducing or preventing homelessness.

Bussiere, Alice. "Children in Foster Care," Youth Law News, Special Issue, 1988, pp. 5-9.

When parents lose their children to foster care because of lack of housing, they also become unable to qualify for public housing because they do not have their children. This and other limitations on foster care services are described.

Cook, R., E. Fleishman, and V. Grimes. "A National Evaluation of Title IV-E Foster Care Independent Living Programs for Youth, Phase 2 (Final Report)." Westat, Inc., Rockville, MD, Report, 1991.

Westat, under contract to HHS, conducted a national, two-phase study of the effectiveness of the Title IV-E Independent Living Program. The first phase, completed in 1989, was a descriptive assessment of the needs of youth emancipated from foster care between January 1, 1987 and July 31, 1988. The second phase, released in 1992, follows-up on youth and reports several key findings.

Davis, L.A. and M. A. Winkleby. "Sociodemographic and Health Related Risk Factors Among African-American, Caucasian and Hispanic Homeless Men: A Comparative Study." Journal of Social Distress and The Homeless, Vol. 2, No. 2, 1993, pp. 83-101.

Homeless black Americans were found to be better educated and more likely to have held white collar jobs than Hispanic or white homeless persons; poverty seemed to be a major factor in blacks being homeless.

Green Book, The. Committee on Ways and Means, U.S. House of Representatives, Washington, D.C., 1993, pp. 878-900.

Includes an excellent overview of child welfare issues with pertinent information and statistics on the federal foster care program, results, and expenditures.

"Homeless Families: Failed Policies and Young Victims." Children's Defense Fund, Washington, D.C., Monograph, 1991.

Homelessness severely detracts from families' ability to be healthy, emotionally stable, cohesive, and educated. The roots of homelessness are a lack of decent affordable housing and declining incomes. Other factors contributing to homelessness are: inadequate government programs, racial and sexual discrimination, domestic violence and lack of community support.

Homelessness: The Foster Care Connection. Institute For Children And Poverty, New York City, Vol. 2, Issue 1, 1992.

Compared to the overall homeless population, nearly twice as many parents with childhood foster care histories have at least one of their children in foster care.

Prevention programs (especially family crisis nurseries) are very cost effective.

Homelessness, Health and Human Needs. Institute of Medicine, Washington, D.C., National Academy Press, 1988.

A landmark inter-disciplinary study that includes valuable general information about the population as well as in-depth discussion of health-related issues.

James, Franklin J. "Homelessness Among Youth on Their Own Is a Serious Problem for Colorado." Colorado Coordinating Council on Housing and the Homeless, Monograph, 1992.

Relatively few homeless youth in Colorado are literally homeless; their principal problem is impermanence and lack of safe living situations, not lack of shelter.

Homeless youth have become separated from their families, are already parents themselves, have a variety of social problems and are at risk of becoming homeless adults.

Knickman, J.R., and B. Weitzman. "A Study of Homeless Families in New York City: Risk Assessment Models and Strategies" Health Research Program, New York University, New York City, Monograph, 1989.

This study compared homeless families and housed poor families on a number of key indicators. Homeless families overall fared worse. Intervention strategies should be based on the different characteristics of homeless families and how they became homeless.

Kryder-Coe, Julee, L. M. Salamon and Janice. M. Molnar, eds. Homeless Children and Youth: A New American Dilemma. Transaction Publishers, New Brunswick, N.J., 1991.

The scope, impact and causes of homelessness among children and youth are examined through the contributions of several authors. Suggested policy recommendations provide the reader with guidelines for action.

"LaShawn A. v. Kelly: Children and Family Services in the District of Columbia," Center For the Study of Social Policy, Washington, D.C., Monograph, 1990.

This document was an initial investigation of the District's child welfare system. It is an independent analysis of the problems facing the system and recommended steps the District might take to improve its ability to care for its vulnerable children.

"LaShawn A. v. Kelly: Findings from a Case Record Review of Foster Care and Protective Services Cases," Center for the Study of Social Policy, Washington, D.C., Monograph, 1994.

The August 1991 LaShawn Remedial Order was intended to promote timely and thorough investigation of child abuse and neglect, family-based services -- especially re-unification services -- and adoption, and other permanent living arrangements. Progress made on these matters is assessed in this case record review.

"LaShawn A. v. Kelly: Quarterly Progress Report as of June 30, 1994," Center for the Study of Social Policy, Washington, D.C., Monograph, 1994.

Compliance with the LaShawn Remedial Order of more than two years ago is far from complete: children are not protected from harm, families are not supported or helped to reunify and there are not sufficient placement resources.

Lino, Mark. "Families With Children: Changes in Economic Status and Expenditures on Children Over Time." Family Economics Review, Vol. 6, No. 1, 1993. pp. 9-17.

This study examines changes over the past decades in the economic status of American families with children and expenditures on children. The findings have implications for states as they set child support guidelines and foster care payments.

Mech, Edmund V. "Foster Youths in Transition: Research Perspectives on Preparation for Independent Living." Child Welfare, Vol. LXXIII, No. 5, 1994.

Five studies that span from 1965 to 1991, provide a valuable picture of the functioning of adults who have been in foster care. The follow-up measures of post placement functioning were: education, employment, housing, support networks and cost to the community. Trends that emerged provide insight into what must be strengthened in Independent Living Programs.

"Missed Opportunities: Child Neglect and Homelessness in New York City," Center For The Study Of Social Policy, Washington, D.C., Monograph, 1991.

Appropriate services should be made available to a family before it becomes homeless; temporary housing facilities should be used less in favor of permanent housing; comprehensive support services should be easily available to residents newly placed in living units; effective treatment programs should be used along with workers with broad, generic experience.

Nelson, Krista M. "Fostering Homeless Children and Their Parents Too: The Emergence of Whole Family Homelessness." Child Welfare, Vol. LXXI, No. 6, 1992, pp. 575-584.

Children should not be placed in foster care simply because their families lack the means to meet their basic needs. Whole-family foster care provides hands-on parental training, networking, and peer support to all family members.

Nunez, Ralph DaCosta. Hopes Dreams and Promise: The Future of Homeless Children in America. Institute for Children and Poverty, Homes For The Homeless, Inc., New York, New York, 1994.

The absence of affordable decent housing and reductions in social programs contributed to the rapid increase in family homelessness during the 1980's. The Residential Educational Training Center represents the core of the transitional housing model developed for homeless families by Homes for the Homeless. The premise is that families should be kept together while parents complete their education, acquire independent living skills and job training before moving into permanent housing.

Okes, Danny. "Thoughts and Program Ideas on Foster Care and Homelessness in Children." Unpublished paper, 1994.

Children who are placed in multiple foster homes never learn to how to function in a permanent family structure, feel lost because they do not have their biological family and lack support networks. The lack of support networks often leads to adult homelessness.

Owen, Greg, J. Heineman and M. Decker. "Homelessness in Minnesota: Homeless Adults and Their Children -- Final Report." Wilder Research Center, Monograph, 1992.

A statewide study of the homeless population in Minnesota was conducted by over 300 trained volunteers in Fall 1991. Data were grouped geographically around the twin city Metro area and the rest of Greater Minnesota giving a valuable urban and rural perspective.

Piliavin, I., R. Matsueda, H. Westerfelt, and M. Sosin. "Conditions Contributing to Chronic Homelessness: An Exploratory Study." Unpublished paper, 1990.

Childhood placement in foster care helps to cause long-term homelessness; psychiatric hospitalization after a first instance of homelessness also contributes to long-term homelessness.

Piliavin, I., R. Matsueda, M. Sosin, and H. Westerfelt. "The Duration of Homeless Careers: An Exploratory Study." Social Service Review, December, 1993, pp. 577-598.

The researchers developed a model of homeless career length based on four conceptual frameworks: institutional disaffiliation, psychological dysfunction, human capital deficit, and cultural identification. They found that, conditioned on age, people who have less consistent work histories, experienced childhood foster care, and currently express less discomfort with life on the streets, have longer homeless careers.

Priority: Home! The Federal Plan to Break the Cycle of Homelessness. The U.S. Department of Housing and Urban Development, Washington, D.C., March, 1994.

Through interagency collaboration at the cabinet level, this plan was developed to steer the Clinton Administration's strategy to address homelessness.

"Rethinking Independent Living Services," Council of Family and Child Caring Agencies, Unpublished Paper, 1993.

Theories underlying independent living for children in foster care should be reviewed; life skills training alone is not sufficient and creates unrealistic expectations for youth. Additional resources should be available for youth after they leave the system.

Robertson Marjorie J.. "Homeless Youth: An Overview of Recent Literature." Homeless Children and Youth A New American Dilemma. Kryder-Coe, et al. eds., Transaction Press, New Brunswick. N.J., 1991, pp. 33-68.

Causes of youth homelessness are: family problems, residential instability and socioeconomic pressures. Survival, health, mental health and substance abuse are special problems. Indicators of risk factors might be found in studies of youth's school performance or their movement into and out of state child care systems.

Rosenheck, Robert, and Alan Fontana. "A Model of Homelessness Among Male Veterans of the Vietnam War Generation." American Journal of Psychiatry, 151:3, 1994, pp. 421-427.

This research explores multiple factors that contribute to the vulnerability to homelessness among male Vietnam war veterans. Several premilitary factors - year of birth, childhood physical or sexual abuse, other childhood traumas, and placement in foster care during childhood were found to have direct effects on homelessness.

"Services to Youth after Leaving Foster Care: A Survey of State Laws and Regulations." Metropolitan Studies Program, New York University Welfare Research, Inc., The Legal Action Center for the Homeless, Metropolitan Studies Program, New York University, New York, Monograph, 1989.

Transition programs to promote independence for post-foster care youth should be provided to all youths through age 21, not only to those in educational programs or with severe handicapping conditions.

"Stanford Studies of Homeless Families, Children And Youth." The Stanford Center for Study of Homeless Families, Children and Youth, Monograph, November 18, 1991.

Poverty and lack of affordable housing cause homelessness, but the absence of help from relatives is also a strong contributor. Homelessness aggravates children's health, education and social development problems.

"The State of America's Children Yearbook." Children's Defense Fund, Washington, D.C., 1994.

Children's Defense Fund's annual publication that provides an overview of key issues that effect American children. National trends and data relevant to the issues are included, making it a valuable resource.

Susser, E., A. Conover, and E. Struening. "Childhood Experiences of Homeless Men," American Journal of Psychiatry, Vol. 144, 1987, pp. 1599-1601.

Homeless male adults said that as children they were frequently placed away from their families, especially when there were psychiatric problems; behavior problems were also frequent in childhood.

Susser, Ezra S., A. Conover, S. P. Lin, and E. L. Struening. "Childhood Antecedents of Homelessness in Psychiatric Patients," American Journal Of Psychiatry, Vol. 148:8, August, 1991, pp. 1026-1030.

More than fifteen percent of homeless psychiatric patients had a history of foster care, more than 10% had a history of group home placement and over 20% had a history of running away -- compared to 2%, 1% and 5% respectively among never homeless psychiatric patients.

"When It's Time to Go Home and There's No Place to Go; A Study of New York City Homeless Persons," Council Of Family And Child Caring Agencies, New York City, Monograph, 1993.

Implementation of a housing subsidy program for families was hampered by administrative and programmatic shortcomings, nevertheless, its renewal is recommended.

"Who are Homeless Families? A Profile of Homelessness in New York City." *Homes For The Homeless*, New York City, Monograph, 1987.

Heads of homeless households who had been in and out of foster care experienced greater problems in every aspect of the study than those household heads who themselves had never received foster care services.

"Who Will Care When Parents Can't? A Study of Black Children in Foster Care." National Black Child Development Institute, Inc., Monograph, 1989.

This exploratory study is descriptive and was conducted to determine how Black children were faring in the foster care system where they are over-represented. The findings are based on information collected from 5 cities on over 1,000 children.

Williams, Carol W. "Child Welfare Services and Homelessness: Issues in Policy, Philosophy and Programs," Homeless Children and Youth: A New American Dilemma, Kryder-Coe, et al., eds., Transaction Publishers, New Brunswick, N.J., 1991, pp. 285-299.

The child welfare system is being used to address problems that stem from not meeting poor families' basic income and housing needs. The system's programs are categorical and do not provide a continuum of service. Some psychosocial effects are a lack of individual and social development and, especially, a lack of learned parenting and family skills

Winkleby, M.A. and W.T. Boyce. "Health-Related Risk Factors of Homeless Families and Single Adults," Journal of Community Health, Vol. 19 No. 1, 1994, pp. 7-23.

Homeless adults with children were younger, less educated, less employed and more likely to have been on public assistance than adults without children. Adults with children were also more likely to have had multiple episodes of homelessness.

Winkleby, M., and R. White. "Homeless Adults Without Apparent Medical and Psychiatric Impairment: Onset of Morbidity Over Time," Hospital and Community Psychiatry, Vol 43, No. 10, 1992, pp. 1017-1023.

A cross-sectional study compared characteristics of homeless adults with and without substance abuse, physical health problems, and history of psychiatric hospitalization when they first became homeless. A total of 45.6% of the respondents reported no impairments when they first became homeless. This group was younger, more minority, with lower educational attainment and lower frequency of adverse events in childhood.

Winkleby, M.A., B. Rockhill, D. Jatulis, and S.P. Fortmann. "The Medical Origins of Homelessness," American Journal of Public Health, Vol. 82, No. 10, 1992, pp. 1394-1398.

This study compared the results of a cross-sectional survey of over 1,400 homeless adults in northern California with a comparison group of over 3,000 homeless adults for a range of indicators. Comparative data for foster and other adverse events was not available, but a key finding for the homeless group was 10% of males and 17% of females had been in foster care.

Winkleby, M. A., and D. Fleshin. "Physical, Addictive, and Psychiatric Disorders Among Homeless Veterans and Nonveterans," Public Health Reports, Vol. 108, No. 1, 1993, pp. 30-36.

One of the major objectives of this study was to evaluate whether sociodemographic factors, adverse childhood events, and adult physical, mental, and addictive disorders differed among nonveterans, combat-exposed veterans, and non-combat-exposed veterans.

Wood, D., R. Valdez, T. Hayashi, and A. Shen. "Homeless and Housed Families in Los Angeles: A Study Comparing Demographic, Economic and Social Needs," American Journal of Public Health, Vol. 80, No. 9, 1990, pp. 1049-1052.

High housing costs and family poverty are the primary causes of homelessness; interpersonal and associated problems also contributed to families becoming homeless.

Zozus, R.T., M. Zax, and A. Melvin. "Perceptions of Childhood: Exploring Possible Etiological Factors in Homelessness," Hospital and Community Psychiatry, Vol. 42, No. 5, 1991, pp. 535-537.

This study explores the possibility that early childhood experiences predispose individuals to later homelessness. Weak emotional ties with family and little emotional support may breed isolation and alienation.