

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

Mark Courtney

Amy Dworsky

Judy Havlicek

**Chapin Hall Center for Children
at the University of Chicago**

Table of Contents

Introduction	3-6
Overview of Study	7-9
Demographic Characteristics and Family of Origin	9-13
History of Maltreatment	14
Experiences in Care	15-20
Attitudes Toward Out-of-Home Care	20-22
Contact with Family	23-24
Relations with Family of Origin and Foster Parents	24-26
Social Support	26-28
Independent Living Training Services	28-30
Mental Health and Mental Health Care Services	30-33
Health Status and Availability of Health Care Services	33-37
Education	37-42
Reading Ability	42-44
Employment and Finances	44-45
Delinquency	46-49
References	50-51
APPENDIX	52

INTRODUCTION

Each year, 20,000 adolescents leave the foster care system and attempt to live independently (GAO, 1999). Studies of adolescent high-risk populations typically include those who grew up in poor communities, have families that lack economic and social resources, live in large urban areas and are of members of racial or ethnic minority groups. Foster youth are particularly vulnerable not only because they share many of these characteristics but also because of the abuse, and more commonly neglect, that led to their placement.

In some cases, the system that is supposed to help these youth who have been removed from their families fails to adequately address their needs or to prepare them to live independently. Currently few states use their limited federal child welfare funding to allow youth the option of remaining in care much past their eighteenth birthday. As a result, youth in most jurisdictions are discharged when or shortly after they reach 18 years old. In other words, these youth “age out” of care, and are “on their own” at a relatively early stage in the transition to adulthood.

The few studies that have focused on the transition to adulthood among foster youth suggest that those who age out of the child welfare system tend to have educational deficits as well as mental and physical health problems. They are also likely to experience adverse outcomes such as homelessness, incarceration, and non-marital pregnancy (Collins, 2001; McDonald , Allen, Westerfelt, & Piliavin, 1996).

In response to some early studies that described the challenges faced by youth after leaving care (see, e.g., Meier, 1965; Festinger, 1983), independent living programs were developed to better

prepare young people aging out for the transition to adulthood. In principle, these programs were supposed to provide services to youth for whom out-of-home care had become a permanent situation (i.e., those unlikely to be returned home or adopted). In 1985, the Independent Living Initiative (Public Law 99-272) provided federal funds to states under Title IV-E of the Social Security Act to help these youth develop the skills they would need to live independently. Congressional appropriations for Title IV-E were made annually until 1993 when the Independent Living Program (ILP) was reauthorized indefinitely (Public Law 103-66). This allowed states to engage in longer-term planning.

The ILP gave states great flexibility in the kinds of services they could provide to foster youth. Basic services outlined in the law included outreach programs to attract eligible youth, training in daily living skills, education and employment assistance, counseling, case management, and a written transitional independent living plan. ILP funds could not, however, be used for room and board. The federal government required very little from states beyond creation of state ILP plans and had “no established method to review the states’ progress in helping youths in the transition from foster care” (GAO, 1999, p. 3). And the findings from at least one study suggested that as late as 1998 many foster youth were still not receiving the independent living services for which they were eligible (GAO, 1999).

The Foster Care Independence Act (FCIA) of 1999 (Public Law 106-169) amended Title IV-E to create the John Chafee Foster Care Independence Program. FCIA doubled the federal funding available to states to \$140 million per year and gave states greater flexibility in their use of those funds. States are now allowed to assist 18-21 years olds who have left care and to use up to 30

percent of their funds to pay for room and board. States can also extend Medicaid eligibility to former foster youth up to age 21. There is currently a great deal of interest on the part of policy makers as to whether youth are receiving independent living services while they are still in care, whether they continue to receive them after they leave care, and whether such services help them with the transition to young adulthood.

This report is based on data collected from 195 foster youth in Wisconsin, one of three states participating in the Midwest Evaluation of the Adult Functioning of Former Foster Youth (hereafter referred to as the Midwest Study). The Midwest Study is a collaborative effort of the state public child welfare agencies in Illinois, Iowa, and Wisconsin, and the Chapin Hall Center for Children at the University of Chicago. The purpose of the project is to gather information about services provided to foster youth in the participating states and to report on their outcomes across a variety of domains including self-sufficiency. It will also provide guidance to the states in their efforts to comply with and implement the FCIA.

The project is a longitudinal study that is following a sample of foster youth who reached the age of 17 while they were still in care, who had entered care prior to their 16th birthday, and who had been placed in care due to abuse and/or neglect. The data on which this report is based were collected from the youth when they were 17 or 18 years old and still in out-of-home care. Future reports will focus on the functioning of the youth at ages 19 and 21.

BACKGROUND AND OVERVIEW OF STUDY

Planning for the Midwest Study began in early 2001 when public child welfare agencies in Illinois, Iowa, and Wisconsin agreed to allocate part of their Chafee Program federal funding to the collection of data on the early adult outcomes of foster youth eligible for independent living services. The University of Wisconsin Survey Center was contracted to conduct in-person interviews with youth from each of the participating states, and the states agreed to provide Chapin Hall with a list of youth who fit the study's selection criteria.

Each of the three participating states identified all youth currently in care who had entered care before their 16th birthday, were between 17 and 17½ years old, and had been placed in care because they had been neglected or abused. Youth were ineligible to participate in the study if they had a developmental disability or a severe mental illness, if they were incarcerated, or if they were in a psychiatric hospital. All of the Iowa and Wisconsin youth who fit the sample selection criteria were included in the sample. Because Illinois has a much larger out-of-home care population, only two thirds of the youth who met the criteria were selected.

Baseline interviews were completed with 732 or percent of the 767 youth who were eligible to participate in the study. These interviews were conducted between May 2002 and March 2003 when the youth were 17 or 18 years old and still under the jurisdiction of the state child welfare system. Of the 201 Wisconsin youth who were eligible to participate in the study, baseline interviews were completed with 195 or 97 percent.

The survey instrument included questions covering three domains: attributes of the youth before they entered care (e.g., gender, race-ethnicity, characteristics of former primary caregivers, reasons for their out-of-home care placement); the experiences of the youth while they were in care (e.g., the number and type of foster care placements, receipt of health, mental health and independent living services); and the circumstances of the youth at the time of their interview (e.g., educational attainment, employment, health and mental health status, expectations for the future, ties to family and perceived availability of social support). Appendix A provides additional information about some of the measures used.

Many items were drawn from the first wave of the National Longitudinal Study of Adolescent Health (Add Health). This federally funded study was intended to examine how social contexts (families, friends, peers, schools, neighborhoods, and communities) influence the health-related behaviors of adolescents. In-home interviews were completed with a nationally representative sample of 7th through 12th graders in 1994 and then again with those same adolescents in 1996. The Add Health study participants were interviewed a third time when they were between 18 and 26 years olds. Throughout the report, we make comparisons between the youth in our Wisconsin sample and the 1922 Add Health study participants who were 17 and 18 years old when the first wave of data were collected.¹

¹ Several groups were over-sampled (e.g., African American whose parent had a college degree), but only youth in the core sample were included in our analyses.

DEMOGRAPHIC CHARACTERISTICS AND FAMILY OF ORIGIN

Table 1 shows the demographic characteristics of the 195 Wisconsin youth who completed a baseline interview. More than half were male, most were 17 years old, and the vast majority identified themselves as African American or Caucasian.

**Table 1
Demographic Profile of Wisconsin Foster Youth (N=195)**

	#	%
Age		
17yrs	170	87.2
18yrs	25	12.8
Gender		
Male	109	55.9
Female	86	44.1
Race		
Caucasian	79	40.5
African American	85	43.6
Asian or Pacific Islander	3	1.5
American Indian or Native Alaskan	7	3.6
Mixed Race	21	10.8
Ethnicity		
Non-Hispanic origin	173	88.7
Hispanic origin	21	10.8

Table 2 shows the family members with whom the youth were living and whether the youth identified those family members as primary caregivers just prior to their placement in out of home care. Most had been living with their birth mother and more than two thirds had been living with at least one sibling. More than 90 percent of those who were living with a biological parent identified that parent as a primary caregiver. Youth were even more likely to identify their grandmother as a primary caregiver if they were living with her.

Table 2
Family Members in Household and Their Caregiver Status
Prior to Placement in Out-of-Home Care (N = 195)

	Present in Household		Identified as Primary Caregiver (if present in household)	
	#	%	#	%
Birth mother	153	78.5	140	92.1
Birth father	46	23.6	42	91.3
Adoptive mother	2	1.0	2	100.0
Adoptive Father	2	1.0	1	50.0
Step-mother	1	0.5	1	100.0
Step-father	22	11.3	16	72.7
Grandmother	51	26.2	49	96.1
Grandfather	21	10.8	16	76.2
Other adult relatives	46	23.6	36	78.3
Other unrelated adults	31	15.9	11	35.5
Biological siblings	134	68.7	23	17.2
Unrelated children	19	9.7	2	10.5

Nearly all of the foster youth in our sample reported that they had at least one sibling, half-sibling or step-sibling, including over a third quarter who reported having six or more. Most also reported that at least one of their siblings, half-siblings or step-siblings had been placed in foster care.

Table 3
Out-of-Home Care Placement of Siblings, Half-Siblings and Step-Siblings

Number of siblings, half-siblings and step siblings	Siblings		Siblings in Care (if # of siblings ≥ 1)	
	#	%	#	%
0	3	1.6	38	20.9
1	19	9.8	37	20.3
2	29	15.0	30	16.5
3	31	16.1	35	19.2
4	30	15.5	19	10.4
5	21	10.9	6	3.3
6 or more	60	31.1	17	9.3
Missing	2		8	

We asked the foster youth in our sample about problems that their primary caregivers may have experienced before the youth were placed in out-of-home care. The most commonly reported caregiver problems were inadequate parenting skills, alcohol or other drug abuse, and having a criminal record.

Table 4
Primary Caregiver Problems (N = 195)

	#	%	# Missing
Abused alcohol	79	42.0	7
Abused drugs	86	45.7	7
Mental illness	43	23.5	12
Mentally retardation	7	3.7	8
Inadequate parenting skills	89	47.3	7
Abused spouse	41	22.2	10
Criminal record	56	33.3	27
Other problems	40	23.8	27

HISTORY OF MALTREATMENT

The Lifetime Experiences Questionnaire (Rose, Abramson, & Kaupie, 2000) was used to assess the ways in which these youth had been mistreated by their primary caregivers before being placed in out-of-home care. This measure was developed as a modification of Cicchetti's Child Maltreatment Interview (1989). The youth were asked about various acts of physical abuse and neglect they may have experienced prior to being placed in out-of-home care. They were not asked about sexual abuse during this first interview due to Institutional Review Board (IRB) concerns.² Consistent with prior studies, the percentage of youth who reported a history of neglect was higher than the percentage who reported a history of physical abuse.

² Questions about sexual abuse will be included in follow-up interviews.

Table 5
Self-Reports of Physical Abuse and Neglect by Caretakers (N = 195)

	#	%	# Missing
Experienced physical abuse	69	37.9	13
Experienced neglect	114	61.0	8
Experienced physical abuse and neglect	130	69.5	8

EXPERIENCES IN OUT-OF-HOME CARE

The youth were asked about their out-of-home experiences using a series of questions developed by Courtney and colleagues (2001) as part of a smaller study of Wisconsin youth aging out care.³

Table 6 shows the type of placement in which the youth were living at the time they were interviewed. Nearly three quarters were living in a traditional foster home with non-relative foster parents or in a foster home with relatives.

Table 6
Current Living Situation (N = 195)

	#	%
Non-relative foster home	84	43.1
Relative foster home	57	29.2
Group home or residential treatment facility	20	10.3
Adoptive home	4	2.1
Independent living arrangement	9	4.6
Other	21	10.8

Table 7 shows with whom the youth were living in their current placement. Thirty percent reported that they were living with at least one sibling, but only 7 percent were living with all of their siblings if they had more than one. It was not uncommon for the youth to report that they were living with one or more of their caregiver's children or with other unrelated foster children.

³ See Courtney et al. (2001) for a description of the questions.

Table 7
Other Current Household Residents (N=195)

	#	%
Lives alone	3	1.5
Foster mother	81	41.5
Foster father	60	30.8
Any biological siblings	59	30.3
All biological siblings	14	7.2
Grandmother	26	13.3
Grandfather	8	4.1
Aunt/Uncle	28	14.4
Other relatives	25	12.8
Children of current caregivers	87	44.6
Unrelated foster children	74	37.9
Other	39	20.0

All but one of the youth reported they had been placed in at least one foster home since they entered care, including 30 percent who reported four or more foster home placements. More than half of the youth reported that they had been placed in at least one group home, residential treatment center, or child caring institution, and 11 percent had experienced four or more of these congregate care placements.

Table 8
Number of Foster Home and Congregate Care Placements (N = 195)

	Foster Home		Congregate Care	
	#	%		
0	1	.5	93	47.9
1	73	37.6	48	24.7
2	37	19.1	15	7.7
3	25	12.9	16	8.2
4	21	10.8	22	11.3
5 or more	37	19.1	0	0.0
Missing	1	-	1	-

In addition to placement instability, a significant number of the foster youth in our sample had experienced multiple out-of-home care spells. Twenty three percent had re-entered care after being returned home to their families, and 39 percent of those who had re-entered did so more than once.

Table 9
Out-of-Home Care Reentries (N = 195)

	#	% of Sample	% of Re-entrants
Re-entered care at least once	45	23.2	-
1 reentry	26	13.3	60.5
2 reentries	9	4.6	20.9
3 or more reentries	8	4.1	18.6
Missing	2	-	-

Running away was also a common experience among our sample of foster youth. Nearly one-third had run away from an out-of-home care placement, and more than half of those who had runaway had done so more than once.

Table 10
Runaway Episodes (N = 195)

	#	% of Sample	% of Runaways
Ran away at least once	63	32.3	-
1 episode	28	14.4	44.4
2 episodes	8	4.1	12.7
3 episodes	8	4.1	12.7
4 episodes	6	3.1	9.5
5 or more episodes	13	6.7	20.6

ATTITUDES TOWARDS OUT-OF-HOME CARE

Attitudes towards out-of-home care were measured using items adapted from Festinger's (1983) study of 277 former New York City foster youth. The Wisconsin youth in our study were asked to indicate the extent to which they agreed or disagreed with a series of statements about their out-of-home care placement. Responses ranged from "very strongly agree" to "very strongly disagree."

A majority of the youth in our Wisconsin sample felt that they were "lucky" to have been placed in out-of-home care and were generally satisfied with their out-of-home care experiences.

Table 11
Attitudes Towards Out-of-Home Care (N = 195)

	Feel lucky to have been placed in foster care		Satisfied with foster care experience	
	#	%	#	%
Very strongly agree	41	21.0	31	15.9
Strongly agree	22	11.3	32	16.4
Agree	53	27.2	61	31.3
Neither agree nor disagree	28	14.4	27	13.8
Disagree	28	14.4	28	14.4
Strongly disagree	8	4.1	5	2.6
Very strongly disagree	15	7.7	11	5.6

Most of those who were currently placed in a foster or group home felt that the foster parents or other adults they were living with had been helpful, and a majority felt the same way about their social workers. They also reported a mean of 15 and a median of 10 face-to-face visits as well as a mean of 10 and a median of 3 telephone conversations with their social workers during the past year.

Table 12
Helpfulness of Social Workers and Care Givers

	Social workers have been helpful		Foster parents have been helpful (N = 111)*		Group home staff have been helpful (N = 20)*	
	#	%	#	%	#	%
Very strongly agree	25	12.8	30	35.7	3	15.0
Strongly agree	22	11.3	19	22.6	2	10.0
Agree	67	34.4	22	26.2	11	55.0
Neither agree nor disagree	21	10.8	4	4.8	0	0.0
Disagree	36	18.5	5	6.0	3	15.0
Strongly disagree	12	6.2	1	1.2	0	0.0
Very strongly disagree	12	6.2	3	3.6	2	10.0
Missing	-	-	111	-	175	-

*Question was only asked of youth currently living in a foster or group home.

The youth were asked a series of questions about the likelihood that they would turn to their foster care agency for help after their discharge. They were least inclined to turn to the agency for help with health problems and most inclined to turn to the agency for help with housing problems.

Table 13
Likelihood of Turning to Foster Care Agency for Help After Discharge (N = 195)

	#	%	# Missing
Help with financial problems	89	46.1	2
Help with personal problems	87	44.8	1
Help with employment problems	89	46.1	2
Help with family problems	83	42.8	1
Help with housing problems	93	48.2	2
Help with health problems	69	35.9	3
Help with any other problems	86	45.0	4

Finally, youth were asked about their thoughts and experiences concerning adoption. Thirty percent reported that they had wanted to be adopted, and adoption was or had been the permanency plan for a significant number of these youth. However, only 17 percent of those who wanted to be adopted actually were.

Table 14
Attitudes Towards and Experiences with Adoption (N = 195)

	#	%	# Missing
Ever wished to be adopted	58	30.2	3
Current plan is adoption by foster family	28	14.7	5
Had been in a foster home where plan was adoption	40	20.8	3
Ever been adopted	10	5.2	1

CONTACT WITH FAMILY

Table 15 shows the percentage of youth who visited with various family members during the past year and the median number of visits that they had with those family members. Overall, youth were most likely to have visited with their siblings and birth mothers.

Table 15
Visits with Family Members During the Past Year (N = 195)

	% Whose Family Member Visited	Median # of Visits (if family member visited)
--	-------------------------------	--

Birth mother	60.0	20
Birth father	30.8	10
Step-mother	3.6	3
Step-father	10.8	15
Grandparents	45.6	12
Siblings	70.3	20

Youth were also asked how satisfied they were with the frequency of their visits with parents and siblings. Few thought that their visits with parents and siblings were too frequent.

Table 16
Satisfaction with the Frequency of Family Visits (N = 195)

	Biological Parents		Siblings	
	#	%	#	%
Too little	79	47.9	88	51.8
Just about enough	77	46.7	66	38.8
Too much	9	5.5	16	9.4
Missing	30	-	25	-

RELATIONSHIPS WITH FAMILY AND CURRENT CAREGIVERS

The youth in our Wisconsin sample were asked how close they felt to various family members and other caregivers. They were most likely to feel very close to their siblings, grandparents and birth mothers. They also reported feeling close to their current caregivers if they were placed kin or with a non-relative foster family.

Table 17
Closeness to Family Members and Current Caregivers

	#	%
Biological mother	N = 153	
Very close	50	32.7
Somewhat close	45	29.4
Not very close	28	18.3
Not at all close	30	19.6
Biological father	N = 151	
Very close	30	19.9
Somewhat close	30	19.9
Not very close	23	15.2
Not at all close	68	45.0
Step-mother	N = 32	
Very close	2	6.3
Somewhat close	7	21.9
Not very close	5	15.6
Not at all close	18	56.3
Step-father	N = 50	
Very close	3	6.0
Somewhat close	18	36.0

Not very close	6	12.0
Not at all close	23	46.0
Grandparents	N = 152	
Very close	72	47.4
Somewhat close	40	26.3
Not very close	14	9.2
Not at all close	26	17.1
Siblings	N = 167	
Very close	113	67.7
Somewhat close	34	20.4
Not very close	12	7.2
Not at all close	8	4.8
Foster family youth was living with	N = 84	
Very close	50	59.5
Somewhat close	23	27.4
Not very close	6	7.1
Not at all close	5	6.0
Relatives youth was living with	N = 57	
Very close	38	66.7
Somewhat close	15	26.3
Not very close	4	7.0
Not at all close	0	0.0
Group home staff	N = 20	
Very close	6	30.0
Somewhat close	10	50.0
Not very close	2	10.0
Not at all close	2	10.0

SOCIAL SUPPORT

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

The MOS contains sub-scales for four dimensions of social support: emotional/informational, tangible, affectionate, and positive social interaction.⁴ Emotional/informational support refers to the expression of positive affect, empathetic understanding, and the encouragement of expressions of feelings as well as the offering of advice, information, guidance or feedback. Tangible support refers to the provision of material aid or behavioral assistance, positive social interaction refers to the availability of other persons to do fun things with, and affectionate support refers to expressions of love and affection.

The youth were asked to indicate on a 5-point Likert scale how often each type of support was available to them (i.e., 1 = none of the time; 2 = a little of the time; 3 = some of the time; 4 = most of the time; 5 = all of the time). Their mean scores for each of the individual items and for each of the four domains are shown in Table 18. Overall, the Wisconsin youth reported that they receive social support some to most of the time (mean across all items = 3.91).

Table 18
Perceived Social Support (N=195)

	Mean	SD	Missing
Emotional/Informational Support Overall Scale Score	3.87	0.89	3
Someone to listen to you	4.04	1.07	0
Someone to give you information	3.99	1.00	0
Someone to give you good advice	4.01	1.04	2
Someone to confide in	4.00	1.07	0
Someone to give you advice you really want	3.65	1.26	0
Someone to share your worries with	3.57	1.41	0
Someone to turn to for suggestions	3.94	1.13	1
Someone to understand your problems	3.79	1.13	1
Tangible Support Overall Scale Score	3.74	1.03	2
Someone to help you if you were confined to a bed	3.63	1.34	0
Someone to take you to the doctor if you needed it	4.28	0.99	0
Someone to prepare meals if you were unable to	4.13	1.16	0
Someone to help with daily chores if you were sick	3.60	1.28	2

⁴ Coefficient alpha is .80 or higher for the overall scale and all subscales.

Affectionate Support Overall Scale Score	4.09	1.06	2
Someone who shows you love and affection	4.23	1.11	0
Someone to love and make you feel wanted	4.16	1.13	2
Someone who hugs you	3.87	1.39	0
Positive Social Interaction Support Overall Scale Score	4.04	0.89	0
Someone to have a good time with	4.30	.90	0
Someone to relax with	3.59	1.38	0
Someone to do something enjoyable with	4.22	.94	2
Additional Item			
Someone to distract them from their problems	4.01	1.07	0

INDEPENDENT LIVING SERVICES

Youth were asked whether they had received independent living services in a number of domains: educational support, employment and training, budgeting and financial management, health education, housing and youth development. They were most likely to report receiving services in the domains of health education and employment or vocational support. Thirty-one percent (n = 52) reported that there was at least one support or service they needed but did not receive.

Table 19
Receipt of Independent Living Services by Domain

Domain	#	%
Educational Support	112	57.4
Employment/Vocational Support	145	74.4
Budget and Financial Management Services	127	65.1
Housing Services	119	61.0
Health Education Services	155	79.5
Youth Development Services	106	54.4

Table 19 provides additional information about the specific independent living services they received. Several of the health education services were received by more than half of the youth.

Table 20
Specific Independent Living Services Received

	#	%	# Missing
Educational support			
Career counseling	54	28.1	3
Study skills training	48	25.1	4

School to work support	31	16.5	7
GED preparation	13	6.8	3
SAT preparation	25	13.0	2
College application assistance	49	25.4	2
Financial aid/loan application assistance	40	20.9	4
Attend university/college fairs	33	17.3	4
Employment/vocational support services			
Resume writing workshop	60	31.6	5
Assistance identifying employers	45	23.4	3
Help with completing job applications	105	54.7	3
Help with developing interviewing skills	112	58.0	2
Help with job referral/placement	50	26.3	5
Help with use of career resources library	56	29.3	4
Explanation of benefits coverage	50	26.2	4
Help securing work permits/social security cards	95	49.7	4
Given an explanation of workplace values	89	46.4	3
Received an internship	23	11.8	4
Summer employment programs	66	34.2	2
Budget and financial management services			
Money management courses	80	41.7	3
Assistance with completing tax returns	55	28.5	2
Training on use of a budget	65	33.7	2
Training on opening a checking and savings account	98	50.8	2
Training on balancing a checkbook	90	46.6	2
Developing consumer awareness	51	27.0	6
Accessing information on credit	40	20.8	3
Housing services			
Assistance with finding an apartment	52	26.9	2
Help with completing apartment application	32	16.6	2
Learning about security deposits and utilities	57	29.7	3
Handling landlord complaints	42	21.9	3
Training on health and safety standards	57	30.2	6
Training on tenants' rights and responsibilities	59	30.6	2
Training on meal planning and preparation	79	41.1	3
Cleaning classes	44	22.8	2
Courses on home maintenance and repairs	50	26.0	3
Health education services			
Training on personal care needs (basic hygiene)	108	56.0	2
Training on nutritional needs	101	52.3	2
Training on health/fitness	103	53.6	3
Training on preventive and routine healthcare	82	42.7	3
Accessing information about health/dental insurance	52	27.1	3
Courses on first aid	83	43.5	4
Maintaining personal health records	56	29.2	3
Information on birth control and family planning	101	52.3	2
Education on substance abuse	111	57.5	2

Youth development services

Youth conferences	35	18.4	5
Youth leadership activities	56	29.0	2
Mentoring services	75	38.9	2

The youth were also asked whether they had received an independent living subsidy that would have allowed them to live on their own while they were still in care. Fifteen percent reported that they had received an independent living subsidy, but only 6 percent reported that they were currently receiving one.

MENTAL HEALTH AND MENTAL HEALTH CARE SERVICE UTILIZATION

We measured the mental health of the youth in our sample using the lifetime version of the Composite International Diagnostic Interview or CIDI (World Health Organization, 1998). The CIDI is a highly structured interview that can be used by non-clinicians to diagnose mental and behavioral health disorders according to the criteria listed in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV).

Table 20 shows the lifetime prevalence of eight mental and behavioral health disorders among our sample of Wisconsin foster youth: major depression, social phobia, generalized anxiety disorder, post-traumatic stress disorder, alcohol abuse, alcohol dependence, substance abuse and substance dependence. Twenty nine percent of the Wisconsin youth met the diagnostic criteria for one or more mental or behavioral health disorders, but post-traumatic stress disorder (PTSD), alcohol abuse and substance abuse were the most prevalent.

Table 21**Lifetime Prevalence of Mental and Behavioral Health Disorders (N = 195)**

Diagnosis	#	%
Post Traumatic Stress Disorder (PTSD)		

Depression (any type)
 Generalized Anxiety Disorder (GAD)
 Social Phobia
 Alcohol Abuse
 Alcohol Dependence
 Substance Abuse
 Substance Dependence

We asked the Wisconsin youth about their receipt of various mental and behavioral health care services during the past year and compared their responses to the responses of their Add Health peers. The Wisconsin foster youth were over twice as likely to report that they had received counseling or substance abuse treatment as adolescents in the Add Health sample.

Table 22

Mental and Behavioral Health Care Services Received During the Past Year (N = 195)	#	%	# Missing	% Add Health (N=1922)
Psychological or emotional counseling	61	31.4	1	12.3
Substance abuse treatment	17	8.7	0	3.9
Medication for emotional problems	35	18.1	2	-
Psychiatric hospitalization	9	4.6	1	-

Another indicator of mental health is optimism about the future. Despite the challenges facing many of the Wisconsin foster youth, over 90 percent reported feeling very or fairly optimistic.

Table 23
Optimism About the Future (N = 192)

	#	%
Very optimistic	85	44.3
Fairly optimistic	89	46.4
Not too optimistic	5	2.6
Not at all optimistic	13	6.8
Missing	3	-

HEALTH STATUS AND ACCESS TO HEALTH CARE SERVICES

We also asked the foster youth in our Wisconsin sample about their physical health and their access to health care services, and compared their self-reports to the self-reports of the 17 and 18

year olds in the Add Health sample. There were relatively few differences between their physical health and the physical health of their Add Health study peers.

Table 24
Health Status

	Wisconsin Foster Youth (N = 195)		Add Health (N=1922)	
	#	%	#	%
General health rating				
Excellent	51	26.2	547	28.5
Very good	58	29.7	776	40.4
Good	65	33.3	467	24.3
Fair	21	10.8	125	6.5
Poor	-	-	7	0.4
Worst injury during past year				
Very minor	55	28.8	853	44.5
Minor	93	48.7	765	39.9
Serious	29	15.2	196	10.2
Very serious	8	4.2	52	2.7
Extremely serious	6	3.1	53	2.8
Missing		4		3
Missed school due to health or emotional problem during the past month				
Never	117	61.3	1278	66.9
A Few Times	65	33.3	529	27.7
Weekly or more	9	4.6	103	5.4
Missing		4		12
Missed social or recreational activities due to health or emotional problem during the past month				
Never	149	78.0	1421	74.0
A Few Times	34	17.8	448	23.3
Weekly or more	8	4.2	50	2.6
Missing		4		3

Although a majority of the Wisconsin foster youth had had a medical exam and dental exam during the past year, 21 percent reported that there had been at least one occasion when they did not receive medical care that they thought they needed. The Wisconsin foster youth were twice as likely to report that they had been tested or treated for an STD as their Add Health counterparts.

Table 25
Receipt of Health Care Services

	Wisconsin Foster Youth (N = 195)			Add Health Sample (N=1922)		
	#	%	Missing	#	%	Missing
Routine physical examination in the past year	151	77.4	3	1298	67.7	5
Routine dental examination in the past year	111	56.9	5	1239	64.5	2
Did not receive needed medical care	40	20.7	2	426	22.2	2
Did not know who to see	9	22.5	-	49	9.6	-
No transportation	4	10.0	-	24	5.6	-
No one available to go along	3	7.5	-	13	3.1	-
Parent or guardian would not go	6	15.0	-	22	5.2	-
Didn't want parents to know	1	2.5	-	50	11.7	-
Difficult to make an appointment	5	12.5	-	33	7.7	-
Thought the problem would go away	13	32.5	-	275	64.6	-
Couldn't pay	1	2.5	-	87	20.4	-
Tested or treated for sexually transmitted disease	39	20.1	1	175	9.1	1
Received family planning services	24	12.4	1	144	7.5	2

PREGNANCY HISTORY

One quarter of the female foster youth in our Wisconsin sample reported that they had been pregnant compared to 13.5 percent of the females in the Add Health sample. Moreover, of those females who had been pregnant at least once, the Wisconsin foster youth were less than half as likely to have received prenatal or postpartum care.

Table 26
Pregnancy History

	Wisconsin Foster Youth N = 85		Add Health Sample N = 957	
	#	%	#	%
Ever been pregnant	21	25.0	129	13.5
Number of pregnancies				
One	12	57.1	103	79.8
Two or more	9	42.9	26	20.2
Received prenatal or postpartum care	15	17.6	70	54.3
Wanted to become pregnant	6	28.6	-	-
Wanted to marry father of child	10	47.6	-	-
Outcome of pregnancy				
Live birth	10	66.7	-	-
Still birth or miscarriage	4	26.7	-	-
Abortion	1	6.7	-	-
Still pregnant	0	0.0	-	-
Missing	6	-	-	-
Is the parent of at least one child	13	15.3	-	-

Females in our Wisconsin sample who had been pregnant more than once were asked about their most recent pregnancy. Add Health females were asked about their first.

Due to a programming error, Add Health females were not asked several of the pregnancy-related questions.

EDUCATION

Ninety-seven percent of these Wisconsin foster youth were currently enrolled in school, and most of those who were enrolled were high school students.

Table 27
Current School Enrollment (N = 195)

	#	%
Currently enrolled	189	96.9
Enrolled in high school	173	91.5
Enrolled in college	2	1.1
Enrolled in vocational school	3	1.6
Enrolled in other type of program	11	5.8

* Because some youth were interviewed during the summer, this includes both youth currently enrolled (N = 165) and youth who were enrolled during the most recent academic year (N=24).

Although seven percent of these youth already had their high school diploma or GED, most were still in high school, and a significant number were old for grade.

Table 28
Highest Level of Schooling Completed (N = 195)

	#	%
High school diploma	13	6.7
GED	1	0.5
Neither	181	92.8
8 th Grade	3	1.5
9 th Grade	20	10.3
10 th Grade	55	28.2
11 th Grade	100	51.3
12 th Grade	13	6.7
Missing	3	-

To find out more about how they were faring in school, we asked the Wisconsin foster youth about their course grades. Compared to their Add Health counterparts, they were also less likely to have received an A and more likely to have received a D or F in their major subjects.

Table 29
Academic Course Grades

Subjects	Wisconsin Foster Youth (N = 195)		Add Health Sample (N = 1922)	
	#	%	#	%
English				
A	21	12.4	479	26.8
B	66	39.1	718	40.2
C	53	31.4	414	23.2
D or lower	30	17.2	176	9.8
Missing	26		135	
Math				
A	23	14.3	365	24.4
B	52	32.3	496	31.8
C	44	27.3	446	28.6
D or lower	42	26.1	254	16.3
Missing	34		361	
History				
A	22	12.9	531	33.7
B	59	34.7	535	34.0
C	52	30.6	329	20.9
D or lower	37	21.8	179	11.4
Missing	25		348	

Science				
A	18	11.9	422	29.8
B	45	29.8	480	33.9
C	48	31.8	332	23.5
D or lower	40	26.5	180	12.7
Missing	44		508	

In addition to asking these Wisconsin youth about their course grades, we also administered the word recognition portion of the Wide Range Achievement Test (WRAT) to assess their reading ability. The WRAT was developed as an addition to the Wechsler-Bellevue Scales intelligence test and its primary purpose is to measure whether individuals have adequate grasp of the codes that are needed to learn basic skills of reading, spelling, and arithmetic. With a mean score of 38.4, the typical Wisconsin foster youth was reading at a sixth grade level. Only 38 percent were reading at a high school level or above.

We don't know how these Wisconsin foster youth were faring in school prior to their placement in out-of-home care. However, their performance may have been adversely affected by school mobility. Sixty-two percent reported that they had experienced at least one school change due to their out-of-home care placement, and one quarter had changed schools five or more times. Changes in their out-of-home care placement also caused 18 percent to miss at least a month of school.

Table 30
Impact of Foster Care Placement on Absenteeism and School Mobility

	#	%
Missing a month of school due to changes in foster care placement	35	17.9
Number of school changes due to foster care placement change		
0	74	37.9
1	26	13.3
2	18	9.2
3	16	8.2
4	13	6.7
5+	48	24.6

Several other indicators of school performance also suggest that many of these Wisconsin foster youth were having trouble in school. Nearly half had been placed in special education classes. And compared to their Add Health peers, they were more likely to have repeated a grade, more likely to have been suspended, and more likely to have been expelled.

Table 31
Indicators of School Performance

	Wisconsin Foster Youth (N = 195)			Add Health Sample (N=1922)		
	#	%	Missing	#	%	Missing
Placed in special education	91	46.7	-	-	-	-
Repeated a grade	84	43.1	-	516	26.9	1
Received out-of-school suspension	123	63.4	1	570	29.7	2
Expelled from school	25	13.0	2	92	4.8	5

Although many of the foster youth in our Wisconsin sample had experienced academic and other school-related problems, they were less likely to report trouble paying attention, trouble doing homework and trouble getting along with other students, than their Add Health peers.

Table 32
Other Indicators of School Difficulties

	Wisconsin Foster Youth (N = 195)		Add Health Sample (N=1922)	
	#	%	#	%
Had trouble getting along with teachers				
Never	96	50.8	808	43.6
Just a few times	54	28.6	759	41.0
Weekly or more	39	20.6	285	15.4
Missing	6		70	
Had trouble paying attention in school				
Never	58	30.7	404	21.8
Just a few times	74	39.2	804	43.4
Weekly or more	57	30.2	644	34.8
Missing	6		70	
Had trouble getting homework done				
Never	75	39.7	505	27.3
Just a few times	56	29.6	753	40.7
Weekly or more	58	30.7	594	32.1
Missing	6		70	

Had trouble with other students				
Never	112	59.3	768	41.5
Just a few times	45	23.8	848	45.8
Weekly or more	32	16.9	236	12.7
Missing	6		70	

Finally, research suggests that adolescents' educational aspirations are a good predictor of their later educational attainment (Kao & Thompson, 2003; Marjoribanks, 2005). Thus, it is important to note that despite the various challenges they face, the foster youth in our Wisconsin sample generally expressed relatively high educational aspirations and expectations. A majority not only wanted to but also expected to graduate from college.

Table 33
Educational Aspirations and Expectations

	Aspirations		Expectations	
	#	%	#	%
9-11 th grade	2	1.0	2	1.1
Graduate from high school	29	15.1	36	19.9
Some College	24	12.5	29	16.0
Graduate from college	96	50.0	82	45.3
More than college	39	20.3	26	14.4
Other	2	1.0	6	3.3
Missing	3	-	14	-

EMPLOYMENT

Research examining the relationship between adolescent development and employment has been mixed (Furstenberg, 2000). Some studies indicate that employment during high school can promote positive values such as personal responsibility (Mortimer, Pimentel, Ryu, Nash, & Lee, 1996), while others suggest that under some conditions working can have harmful effects (Markel & Frone, 1998). However, few, if any of these studies, have specifically examined the relationship between employment and development among youth in foster care.

Eight five percent of these Wisconsin foster youth had some work experience; 41 percent were currently employed and 43 percent had previously worked for pay.⁵ Youth who were currently employed worked a mean of 24.4 hours and a median of 21 hours per week. Their mean hourly wage was \$6.43 and their median hourly wage was \$6.25. Youth who had previously held a job had worked a mean of 25.5 hours and a median of 25 hours per week. . Their mean hourly wage was \$6.08 and their median hourly wage was \$5.93.

Table 34
Job Characteristics

	Currently Employed		Not Employed But Worked Before	
	#	%	#	%
	80	41.0	85	43.6
Hours worked per week				
10 or less	9	11.4	15	18.1
11-20 hours	29	36.7	21	25.3
21-30 hours	24	30.4	20	24.1
31-40 hours	13	16.5	20	24.1
More than 40 hours	4	5.1	7	8.4
Hourly wages				
Less than 5.15	3	3.8	2	2.6
5.15	2	2.6	9	11.5
5.16 to 5.99	20	25.6	28	35.9
6.00 to 6.99	30	38.5	25	32.1
7.00 to 7.99	13	16.7	9	11.5
At least 8.00	10	12.8	5	6.4
Missing	2		7	
Obtained job through Job Corps or other program	26	32.5	28	32.9
Satisfied with job	64	80.1	71	83.5

DELINQUENCY

We asked the foster youth in our Wisconsin sample about a variety of delinquent behaviors in which they might have engaged and compared their self-reports to the self-reports of their Add

⁵ The Add Health data on employment are not comparable because youth were only asked if they had been employed within the past four weeks.

Health peers. The percentage of foster youth who reported engaging in these delinquent behaviors was consistently higher than the percentage of Add Health 17 and 18 year olds. The largest differences were in their likelihood of having running away or breaking and entering.

Table 35
Delinquent Behaviors Engaged in During the Past 12 Months

Delinquent Behavior	Wisconsin Foster Youth		Add Health Sample			
	N = 194	#	%	#	%	Missing
Painted graffiti	19	9.8	133	7.0	9	
Damaged property	42	21.6	292	15.0	10	
Lied to parents	137	70.6	1068	56.0	16	
Shoplifted	88	45.4	391	20.5	12	
Involved in serious physical fight	141	72.7	515	26.9	10	
Caused someone serious physical injury	75	38.7	309	16.2	10	
Ran away	83	42.8	195	10.2	9	
Stole a car	33	17.0	187	9.8	9	
Stole more than \$50	20	10.3	92	4.8	9	
Breaking and entering	25	12.9	79	4.1	9	
Threatened someone with a weapon	19	9.8	64	3.3	8	
Sold drugs	40	20.6	175	9.1	8	
Stole less than \$50	79	40.7	309	16.2	9	
Fought as part of a gang	78	40.2	309	16.1	8	
Disturbed the peace	105	54.1	839	43.9	9	

Males in our Wisconsin sample were, in general, more likely to report engaging in delinquent behaviors than females. Moreover, in most of the cases where differences were observed, males and females in our Wisconsin sample were more likely to engage in the delinquent behavior than their male and female Add Health counterparts.

Table 36
Delinquent Behaviors Engaged in During the Past 12 Months by Gender

	Males				Females			
	Wisconsin Foster Youth		Add Health Sample		Wisconsin Foster Youth		Add Health Sample	
	N = 109	#	N = 965	#	N = 86	#	N = 957	#
Painted graffiti	14	12.8	88	9.2	5	5.9	45	4.7
Damaged property	30	27.5	204	21.2	12	14.1	88	8.6
Lied to parents	81	74.3	514	53.8	56	65.9	554	58.5
Shoplifted	55	50.5	230	24.0	33	38.8	161	16.9
Involved in serious physical fight	85	78.0	340	35.4	56	65.9	175	18.4

Caused someone serious physical injury	59	54.1	236	24.6	16	18.8	73	7.7
Ran away	50	45.9	88	9.2	33	38.8	107	11.2
Stole a car	23	21.1	126	13.1	10	11.8	61	6.4
Stole more than \$50	16	14.7	63	6.6	4	4.7	29	3.0
Breaking and entering	20	18.3	61	6.3	5	5.9	18	1.9
Used or threatened someone with a weapon	14	12.8	46	4.8	5	5.9	18	1.9
Sold drugs	30	27.5	124	12.9	10	11.8	51	5.4
Stole less than \$50	50	45.9	200	20.8	29	34.1	109	11.4
Fought as part of a gang	49	45.0	215	22.3	29	34.1	94	9.9
Disturbed the peace	58	53.2	456	47.5	47	55.3	383	40.2

The Wisconsin foster youth were asked about violent acts they may have been the victim or perpetrator of. Forty-six percent had been the victim and 13 percent had been the perpetrator of at least one. Thus, violence had been a “normal” part of life for many of these foster youth during the past year.

Table 37
Victimization and Perpetration of Violent Acts During the Past Year

	Wisconsin Foster Youth N = 194		Add Health N=1922		
	#	%	#	%	Missing
Threatened with a knife or gun	50	25.8	284	14.8	9
Shot by someone	3	1.5	28	1.5	9
Cut or stabbed by someone	28	14.4	89	4.7	9
Jumped by someone	59	30.4	204	10.7	8
Victim of at least one violent act	90	46.4	121	6.3	8
Perpetration		0			
Pulled a knife or gun on someone	25	12.9	97	5.1	8
Shot or stabbed someone	8	4.1	36	1.9	8
Perpetrator of at least one violent act	25	12.9	28	1.5	8

However, both victimization and perpetration varied by gender. Males were more likely to have been both victims and perpetrators of violent acts.

Table 38
Delinquent Behaviors by Gender

	Males				Females			
	Wisconsin Foster Youth N = 109		Add Health Sample N = 965		Wisconsin Foster Youth N = 86		Add Health Sample N = 957	
	#	%	#	%	#	%	#	%
Threatened with a knife or gun	40	36.7	221	23.0	10	11.8	63	6.6
Shot by someone	3	2.8	19	2.0	0	0.0	9	0.9
Cut or stabbed by someone	20	18.3	70	7.3	8	9.4	19	2.0
Jumped by someone	46	42.2	166	17.3	13	15.3	38	4.0
Victim of at least one violent act	64	58.7	106	11.0	26	30.6	15	1.6
Perpetration								
Pulled a knife or gun on someone	19	17.4	82	8.5	6	7.1	15	1.6
Shot or stabbed someone	5	4.6	32	3.3	3	3.5	4	0.4
Perpetrator of at least one violent act	19	17.4	26	2.7	6	7.1	2	0.2

Finally, we asked the foster youth in our Wisconsin sample about their involvement with the juvenile justice system. More than half reported that they had been arrested and one third reported that they had spent at least one night in a correctional facility. However, juvenile justice system involvement was much more common among the males.

Table 39
Juvenile Justice System Involvement by Gender (N = 195)

	Male		Female		Total	
	#	%	#	%	#	%
Ever arrested	69	63.3	34	40.0	103	53.1
Ever convicted of a crime	33	30.3	8	9.4	41	21.1
Ever spent at least one night in jail, prison, juvenile hall, or other correctional facility	51	46.8	15	17.6	66	34.0
Any juvenile justice system involvement	73	67.0	37	43.5	110	56.7

References

References

- Cicchetti, D. 1989. How research on child maltreatment has informed the study of child development: Perspectives from developmental psychopathology. In D. Cicchetti and V. Carlson (eds.), *Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect*. Cambridge, MA: Harvard University Press.
- Cicchetti, D., and D. Barnett.
- Collins, Mary Elizabeth. (2001). Transition to adulthood for vulnerable youths: A review of research and implications for policy. *Social Service Review* 75, 271-291.
- Courtney, M.E., Piliavin, I., Grogan-Kaylor, A. and Nesmith, A. (2001). Foster youth transitions to adulthood: A longitudinal view of youth leaving care. *Child Welfare*, 6, 685-717.
- Festinger, T. (1983). No One Ever Asked Us: A Postscript To Foster Care. New York: Columbia University Press.
- Furstenberg, F. (2000). The sociology of adolescents in the 90's. *Journal of Marriage and the Family* 62, 896–910
- Kao, G. and Thompson, J. S. (2003). Racial and ethnic stratification in educational achievement and attainment. In K.S. Cook and J. Hagan (Eds.), *Annual Review of Sociology* (Vol.29, pp.417-442). Palo Alto, CA: Annual Reviews.
- Majoribanks, K. (2005). Family background, adolescents' educational aspirations, and Australian young adults' educational attainment. *International Education Journal*, 6(1), 104-112.
- Markel, K. S., and Frone, M. R. (1998). Job characteristics, work-school conflict, and school outcomes among adolescents: Testing a structural model. *Journal of Applied Psychology*, 83, 277–287.
- McDonald, T., Allen, R., Westerfelt, A., and Piliavin, I. (1996). *Assessing the long-term effects of foster care: A research synthesis*. Washington, DC: Child Welfare League of America.
- Meier, E. (1965). Current circumstances of former foster children. *Child Welfare*, 44, 196-206.
- Mortimer, J. T., Pimentel, E. E., Ryu, S., Nash, K., and Lee, C. (1996). Part time work and occupational value formation in adolescence. *Social Forces*, 74, 1405–1418.

Rose, D.T., Abramson, L. Y., & Kaupie, C.A. (2000). *The Lifetime Experiences Questionnaire: A measure of history of emotional, physical, and sexual maltreatment*. Manuscript in Preparation, University of Wisconsin-Madison, Madison, Wisconsin.

Sherbourne, C.D., and Stewart, A.L. (1991). The MOS Social Support Survey. *Social Science Medicine*, 32 (6), 705-714.

U.S. General Accounting Office (1999). *Foster care: Effectiveness of independent living services unknown*. (HEHS-00-13). Washington, DC: U.S. General Accounting Office.

Wilkinson, G.S. (1993). *Wide Range Achievement Test – Revision 3*. Wilmington, DE: Jastak Association.

World Health Organization (1998). *The Composite International Diagnostic Interview (CIDI)*. Geneva, Switzerland.

APPENDIX

Selected Instruments Used in the Midwest Study

Domain	Instrument	Author	Date
Family Background	Longitudinal Study of Post Discharge Functioning of Former Foster Children in the State of Wisconsin	Courtney et al.	1999
Family Relationships & Visitation	Longitudinal Study of Post Discharge Functioning of Former Foster Children in the State of Wisconsin	Courtney et al.	1999
Experiences Prior To and During Out-of-Home Care		Festinger	1983
Health Status	National Longitudinal Study of Adolescent Health	Carolina Population Center at The University of North Carolina at Chapel Hill	1997
Social Support	Medical Outcome Study (MOS) Social Support Survey	Sherbourne, C.D. and Stewart, A.L.	
Interpersonal Relationships	Experiences in Close Relationships Scale-Revised	Brennan, et al. Fraley, et al.	1998
Mental Health	Composite International Diagnostic Inventory-(CIDI)	World Health Organization	2000
Delinquency	National Longitudinal Study of Adolescent Health	Carolina Population Center at The University of North Carolina at Chapel Hill	1998
Substance Abuse	Composite International Diagnostic Interview	World Health Organization (WHO)	1997
Preparation For Independent Living	Chafee Pilot Data Form-	John H. Chafee Foster Care Independence Program Work Group	2001
Reading Ability	Wide-Range Achievement Test 3 (Reading Subscale)	Wilkinson	1993
History of Maltreatment	Lifetime Experiences Questionnaire (LEQ)	Rose, Abramson, & Kaupie	2000