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**Pregnant and Parenting
Foster Youth: Their Needs,
Their Experiences**

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2009

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Recommended Citation

Dworsky, A. & DeCoursey, J.
(2009). *Pregnant and
Parenting Foster Youth: Their
Needs, Their Experiences*.
Chicago: Chapin Hall at the
University of Chicago

ISSN: 1097-3125

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Acknowledgments

This study would not have been possible without the contribution of Peter Power, who provided assistance with the administrative data. We would also like to thank Stan Grimes and Margaret Drain from the Uhlich Children's Advantage Network (UCAN), as well as the Illinois Department of Children and Family Services, which provided financial support.

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Introduction

Since the early 1990s, both pregnancy and birth rates among teenage girls in the United States have steadily declined (Alan Guttmacher Institute, 2006). Despite these trends, teenage pregnancy and childbearing remain significant problems, particularly among youth in foster care. Although the exact rates of teenage pregnancy and childbearing among this population are not known, at least some research suggests that female foster youth are at high risk of becoming pregnant and giving birth (Courtney et al., 2005; Gotbaum, 2005; Pecora et al., 2003).

In light of this situation, the Illinois Department of Children and Family Services asked Chapin Hall to examine the experiences and needs of pregnant and parenting youth in foster care. The project that resulted included two components: a quantitative component involving the analysis of administrative data and a qualitative component involving interviews with service providers who work with these youth. This final report describes what was learned from both the administrative data and the qualitative interviews, discusses their policy and practice implications, and raises a number of questions for future research.

Quantitative Component: Analysis of Administrative Data

Methods

We analyzed administrative data from the Teen Parenting Service Network (TPSN). TPSN is a comprehensive service delivery system targeting pregnant and parenting foster youth in Cook, DuPage, Kane, Lake, McHenry, and Will counties. It has three primary goals: to address the unique service needs of this population, to prepare these youth for self-sufficiency after they leave care, and to help them develop the skills they need to be good parents to their children.

DCFS contracted with Uhlich Children's Advantage Network (UCAN), a private child welfare agency, to create and coordinate the network, which includes five Regional Service Partner (RSP) agencies (Omni, Lakeside, Aunt Martha's, Casa Central, and Chicago Child Care Society) in addition to UCAN. These agencies provide their pregnant and parenting clients with services that address a variety of needs, including family planning, mental health and AODA counseling, parenting education and support, educational and vocational assistance, prenatal and postnatal care, childcare, and crisis intervention.¹

The administrative data included records for the 4,590 pregnant and parenting foster youth TPSN served between its inception in June 1998 and October 2006. Eighty-four percent of these youth were female ($n = 3,855$) and 16 percent were male ($n = 735$). According to UCAN, these data probably capture the vast majority of pregnant or parenting female wards in Cook and the collar counties but only a minority of the male wards in those counties who had fathered a child. This

¹ Additional information about the services TPSN provides can be found in the second half of this report, which describes the findings from the qualitative interviews.

reflects the fact that a significant number of the male foster youth who are referred either deny they are fathers or have no interest in the services they are offered.²

In addition to working with the data we received from the TPSN, we used the unique CYCIS identifiers (i.e., caseid and caseno) that we had for each foster youth (and for any of their children who had also been state wards) to link their records to three of the administrative databases that Chapin Hall maintains: the Illinois Department of Children and Family Services Integrated Database, the Chicago Public Schools (CPS) Student Database, and the Illinois Medicaid Paid Claims Longitudinal Database.³ This allowed us to do some additional analyses that we would not have been able to do with the TPSN data alone.

TPSN Entry Cohorts

By far, the largest number of foster youth entered TPSN in 1998. This entry cohort was so much larger than the rest because it included all of the state wards who were already pregnant or parenting when TPSN was created as well as any foster youth who became eligible for services during the remainder of the year. Since then, the number of TPSN entrants has gradually declined. This parallels the decline in the state's out-of-home care population that occurred during this same period of time.

It is also worth noting that although 84 percent of all TPSN clients have been female, the ratio of female to male entrants was much lower after 1998. In fact, more than one-third of the entrants were male in 2003, 2004, and 2006.

² Among the missing cases would be females who miscarried or terminated their pregnancy before it came to the attention of a caseworker and a referral could be made.

³ Although we received several dozen data tables from UCAN, many of those tables were missing data for the vast majority of TPSN clients and hence were of little use. Other tables included information that was not relevant to our analyses. The tables that were most useful were those containing information about demographic characteristics, pregnancies (females only), children, and school enrollment.

Table 1. Number of Youth Entering TPSN by Entry Year and Gender

Entry Year	Total	Females	Males	F to M Ratio
1998	1,640	1,536	104	14.77
1999	551	458	93	4.92
2000	444	350	94	3.72
2001	430	357	73	4.89
2002	360	281	79	3.56
2003	322	235	87	2.70
2004	302	226	76	2.97
2005	302	238	64	3.72
2006 ^a	239	174	65	2.68
Total	4,590	3,855	735	5.24

^aData for 2006 were only available through mid-October.

Because the 1998 cohort was unique and because data were more likely to be missing for that cohort than for the others, our analyses focused on the 2,950 foster youth—2,319 females and 631 males—who entered TPSN between 1999, its first full year of operation, and October 2006.

Demographic Characteristics

Despite some variation in the distribution from one year to the next, age at entry into TPSN has not changed significantly over time. Mean age at entry for females ranged from 17.5 to 18.1 years old. On average, males were 6 months to 1 year older, with their mean age at entry from 18.0 to 18.9 years. This difference reflects the fact that males were much less likely than females to enter TPSN before age 17.

Table 2. Age at TSPN Entry by Entry Year and Gender

Year	Females (%) (N = 2,317) ^a					Males (%) (N = 630) ^a				
	Age in Years					Age in Years				
	12–14	15–16	17-18	19+	Mean	12–14	15–16	17-18	19+	Mean
1999	7.7	29.8	41.4	21.2	17.5	3.3	15.2	47.8	33.7	18.1
2000	7.1	28.6	39.4	24.9	17.6	1.1	10.6	47.9	40.4	18.0
2001	3.4	25.8	45.2	25.6	17.8	0.0	20.6	38.4	41.1	18.5
2002	7.8	26.3	40.2	25.6	17.7	0.0	6.3	44.3	49.4	18.4
2003	3.8	21.3	40.4	34.5	18.1	2.3	11.5	40.2	46.0	18.7
2004	6.6	24.3	38.5	30.5	17.8	0.0	7.9	40.8	51.3	18.7
2005	4.2	24.4	39.9	31.5	17.9	0.0	9.4	46.9	43.8	18.9
2006	4.6	27.0	38.5	29.9	17.8	3.1	13.9	49.2	33.9	18.7
Total	5.9	26.4	40.8	26.9	17.7	1.3	11.9	44.4	42.4	18.5

^a There was a problem with the birth dates for two female clients and one male client.

African American foster youth have consistently made up the vast majority of both female and male entrants. Although the majority of Illinois wards between the ages of 11 and 21 are also African American, the percentage of TPSN youth who are African American is even higher.

Table 3. Race/Ethnicity of TPSN Youth by Entry Year and Gender

Entry Year	Females (%) (N = 2,319)				Males (%) (N = 631)			
	African American	White	Hispanic	Other	African American	White	Hispanic	Other
1999	86.2	4.4	3.3	6.1	88.2	3.2	6.5	2.2
2000	86.0	3.7	4.6	5.7	89.4	3.2	5.3	2.1
2001	85.4	4.5	6.4	3.6	84.9	4.1	9.6	1.4
2002	87.5	1.4	7.1	3.9	82.3	6.3	7.6	3.8
2003	87.7	4.3	5.5	2.6	85.1	5.8	6.9	2.3
2004	84.1	4.9	8.4	2.7	92.1	4.0	1.3	2.6
2005	81.9	6.7	5.0	6.3	81.3	7.8	7.8	3.1
2006	84.5	5.8	6.3	3.5	87.7	7.7	3.1	1.5
Total	85.6	4.3	5.6	4.5	86.5	2.4	5.1	6.0

Disabilities were fairly common among these pregnant and parenting foster youth. Nearly one-quarter of the females and 30 percent of the males were identified as having some sort of disability. Learning disabilities were the most prevalent, followed by mild mental retardation. In

addition, almost one-third of the females and two-fifths of the males were identified as needing mental health services.

Table 4. Disabilities and Mental Health Service Needs among TPSN Youth by Gender

	Females		Males	
	#	%	#	%
Any disability	523	22.6	188	29.8
Most common disabilities				
Mental retardation ^a	111	21.2	28	14.9
Learning disability	392	75.0	158	84.0
Needs mental health services	728	31.4	242	38.4
Had an Individualized Education Program (IEP)	298	12.9	112	17.8

^aEighty-three percent of the females and 90 percent of the males with this disability had mild mental retardation.

DCFS Placement Histories

We used Chapin Hall’s Illinois Department of Children and Family Services Integrated Database to examine the out-of-home care placement histories of the TPSN foster youth.

A majority of both male and female foster youth were in their first out-of-home care spell when they entered TPSN, but 30 percent of the females and one-quarter of the males had had at least one prior spell. Although more than one-quarter of the females and 18 percent of the males did not begin their first spell until they were at least 13 years old, many of these foster youth had already spent a significant amount of time in care. Over half of the females and nearly two-thirds of the males had been in care for a total of 7 years or more.

Table 5. DCFS Histories of TPSN Youth by Gender

	Females		Males	
	#	%	#	%
Out-of-Home Care Spell Number at Time of Entry				
One	1,618	70.0	465	73.9
Two	532	23.0	122	19.4
Three or more	160	6.9	42	6.7
Age at First Entry into Out-of-Home Care				
Zero to 4	502	21.7	119	18.9
Five to 8	568	24.5	162	25.7
Nine to 12	633	27.3	236	37.4
Thirteen to 15	326	14.1	69	10.9
Sixteen and older	289	12.5	45	7.1
Age at Entry into Current Out-of-Home Care Spell				
Zero to 4	251	10.9	56	8.9
Five to 8	495	21.4	161	25.6
Nine to 12	698	30.2	235	37.4
Thirteen to 15	410	17.8	98	15.6
Sixteen and older	456	19.7	79	12.6
Total Years in Out-of-Home Care prior to Entry				
No more than 3	402	17.4	43	6.8
Three to 7	689	29.9	179	28.5
Seven to 11	686	29.7	230	36.6
Eleven or more	533	23.1	177	28.1
Years in Current Spell prior to Entry				
No more than 3	545	23.6	71	11.3
Three to 7	675	29.3	188	29.9
Seven to 11	604	26.1	218	34.7
Eleven or more	486	21.0	152	24.2

The most common placement type at TPSN entry was relative foster care. By the time they exited, two-thirds of the females and 44 percent of the males had moved to an independent or transitional living program. Although some of these foster children had fairly stable placement histories before their TPSN entry, 39 percent of the females and 44 percent of the males had changed placements six or more times. Placement stability increased, especially for the males, once they entered TPSN.

Table 6. Type and Number of Placements by Gender

	Females		Males	
	#	%	#	%
Placement Type at TPSN Entry				
Foster home	421	18.2	56	8.9
Relative home	791	34.2	218	34.6
Independent/transitional living	470	20.3	140	22.2
Group home	58	2.5	30	4.8
Residential treatment	186	8.1	60	9.5
Other	385	16.7	126	20.0
Placement Type at TPSN Exit				
Foster home	86	4.9	22	4.0
Relative home	195	11.1	87	15.9
Independent/transitional living	1,186	67.6	242	44.2
Group home	9	0.5	10	1.8
Residential treatment	19	1.1	19	3.5
Other	259	14.8	167	30.5
Total Number of Placements prior to TPSN Entry				
One or two	454	19.7	119	18.9
Three or four	509	22.1	125	19.8
Five or six	440	19.1	107	17.0
Seven or eight	312	13.5	97	15.4
Nine or ten	226	9.8	92	14.6
Eleven or more	367	15.9	91	14.4
Total Number of Placements While in TPSN				
One or two	1,255	55.7	477	83.0
Three or four	590	26.2	78	13.6
Five or six	266	11.8	18	3.1
Seven or eight	96	4.3	1	0.2
Nine or ten	31	1.4	1	0.2
Eleven or more	16	0.7	0	0.0

Running away was a common occurrence among these foster youth, both before and after they entered TPSN. More than one-fifth of the females and one-quarter of the males had run away from a placement prior to entry, and a majority of those who ran away did so more than once. Females, but not males, were as likely to run once they entered TPSN. However, both females and males who did run after entry into TPSN ran more frequently. In fact, half of the females and well over one-third of the males had six or more runs.

With regard to some aspects of their runaway behavior, the pregnant and parenting youth in TPSN look much like other foster youth in Illinois. Specifically, Courtney et al. (2005) found that, of the 14,282 Illinois foster youth ages 12 to 18 who ran away from an out-of-home care placement between January 1, 1993, and December 31, 2003, 44 percent ran only once, 20 percent ran twice, and 36 percent ran three or more times.

Table 7. Runaway Episodes by Gender

	Females		Males	
	#	%	#	%
Ever Ran Away prior to TPSN Entry	511	22.0	163	25.8
Total Number of Runaways prior to TPSN Entry				
One	212	41.5	66	40.5
Two	99	19.4	30	18.4
Three	51	10.0	16	9.8
Four	36	7.1	11	6.8
Five	26	5.1	11	6.8
Six or more	87	17.1	29	17.8
Ever Ran Away While in TPSN	530	22.9	113	17.9
Total Number of Runaways While in TPSN				
One	109	20.6	24	21.2
Two	56	10.6	15	13.3
Three	37	7.0	12	10.6
Four	33	6.2	11	9.7
Five	32	6.0	8	7.1
Six or more	263	49.7	43	38.1

Another trend that we observed was the growing number of pregnant and parenting foster youth who were living in unauthorized or unapproved placements (UAP). Generally speaking, these are living arrangements that older wards select themselves. Overall, 11.5 percent of the females and 6 percent of the males spent at least some time in an unauthorized placement while they were in TPSN. However, these aggregate percentages obscure a steady increase over time. Unauthorized placements were very rare among the 1999 entry cohort. By contrast, more than one-quarter of the females and 19 percent of the males in the 2005 entry cohort spent time in an unauthorized placement.

Table 8. Ever in an Unauthorized Placement While in TPSN by Gender and Entry Cohort

Entry Cohort	Females		Males	
	#	%	#	%
1999	3	0.7	0	0.0
2000	8	2.3	1	1.1
2001	19	5.3	0	0.0
2002	48	17.1	3	3.8
2003	43	18.3	8	9.2
2004	48	21.2	9	11.8
2005	61	25.6	12	18.8
2006	36	20.7	6	9.2
Total	266	11.5	39	6.2

Pregnancies and Pregnancy Outcomes

There were 2,319 female foster youth who had been pregnant at least once, and nearly 30 percent had experienced two or more known pregnancies.⁴

Table 9. Number of Known Pregnancies (N = 2,319)

	#	%
One	1,661	71.6
Two	522	22.5
Three or more	136	5.9

We estimated a Cox proportional hazard model that predicted the start of each female foster youth's second pregnancy, where t_0 was the end of the first. The start of the second pregnancy was estimated as follows: For the 72 percent of second pregnancies for which there was a due date in the record, we assumed the pregnancy began 9 months prior to the due date. For the 28 percent of second pregnancies for which the due date was missing, (as was generally the case for pregnancy that ended prior to entering TPSN), and the outcome of the pregnancy was a live birth, we assumed the pregnancy began 9 months prior to the birth date. Although there will be some unknown number of cases for which this is not a valid assumption, it was the best option given the data limitations. Female foster youth whose first pregnancy had not yet ended or whose first pregnancy ended after they exited TPSN were excluded from the analysis. Female foster youth who exited TPSN before a second pregnancy began were right censored as of their exit date. The

⁴ Thirty percent should be viewed as a lower bound because there may have been pregnancies of which caseworkers were not aware.

model controlled for race (i.e., African American vs. other), age at the end of the first pregnancy, whether the first pregnancy ended in a live birth, whether the first pregnancy ended before TPSN entry, disability status, need for mental health services, and pre-TPSN out-of-home care history (i.e., number of spells, number of placements, number of runaway episodes, and age at first entry into care). Table 10 shows the results.

Table 10. Hazard Ratios from Cox Proportional Hazard Model Predicting Second Pregnancies

	Hazard Ratio	<i>p</i>
Mother's age at end of first pregnancy	0.976	
First pregnancy ended in live birth	0.288	***
Number of out-of-home care spells prior to TPSN entry	1.037	
Age at first entry into out-of-home care	1.006	
Total number of placements prior to TPSN entry	1.020	+
Number of times ran away prior to TPSN entry	1.004	
Any disability	1.002	
Identified as needing mental health services	1.007	
African American	0.883	
First pregnancy ended prior to TPSN entry	1.273	*

*** $p < .001$ ** $p < .01$ * $p < .05$ + $p < .1$

The estimated hazard of experiencing a second pregnancy was 71 percent lower if a female foster youth's first pregnancy resulted in a live birth than if it resulted in some other outcome. By contrast, the estimated hazard of experiencing a second pregnancy was 27 percent higher if a female foster youth's first pregnancy ended before she entered TPSN than if it ended after her TPSN entry. Finally, although each additional placement experienced prior to entering TPSN increased the estimated hazard of experiencing a second pregnancy by 2 percent, the effect was only marginally statistically significant.

These 2,319 female foster youth experienced a total of 3,139 known pregnancies.⁵ Nearly 80 percent of these pregnancies ended in a live birth. Outcome data were missing for half of the other pregnancies because some foster youth were still pregnant when they exited TPSN.

⁵ This includes all of the pregnancies for which there was a record in the TPSN data as well as one pregnancy for each child for whom there was no pregnancy record (i.e., children born prior to entry).

Table 11. Pregnancy Outcomes (N = 3,139)

	#	% All Outcomes	% Non-Missing Outcomes
Total live births	2,468	78.6	88.0%
Total miscarriages	87	2.8	3.1%
Total stillbirths	17	0.5	0.6%
Total terminations	133	4.2	4.7%
Total pregnancies not ended	100	3.2	3.6%
Total outcomes missing	334	10.6	—

Our findings were similar when we looked at the percentage of female foster youth who experienced different pregnancy outcomes. Eighty-four percent of these female foster youth had experienced at least one live birth. Most of the other 16 percent had exited TPSN before their pregnancy had ended (60%) or were still pregnant at the time the data for this project were pulled (18%). Approximately 5 percent of these female foster youth had terminated a pregnancy. However, very few ($n = 10$) had experienced more than one termination. Nearly three-quarters of those who terminated a pregnancy did so after having at least one live birth ($n = 91$).

Table 12. Pregnancy Outcomes (N = 2,319)

	#	% All Outcomes	% Non-Missing Outcomes
Any live birth	1,948	84.0	85.8%
Any miscarriage	82	3.5	3.6%
Any stillbirth	17	0.7	0.7%
Any termination	123	5.3	5.4%
Any pregnancy not ended	100	4.3	4.4%
Any outcome missing	334	14.4	—

More than three-quarters of the female foster youth who had a live birth had only one; very few had three or more. Although most of these 1,948 female foster youth had their first live birth after they entered TPSN, 22 percent ($n = 429$) had already had at least one prior to entry.

Table 13. Number of Live Births

	#	% of All Females (N = 2,319)	% of Females Who Had a Live Birth (N = 1,948)
0	371	16.0	—
1	1,493	64.4	76.6
2	397	17.1	20.4
3 or more	58	2.5	3.0

It was not possible to determine the age at which these female foster youth first became pregnant based on the data we received from TPSN. Counting back 9 months from the due date was

problematic because due dates were only available for pregnancies that ended after these female foster youth had entered TPSN, and because they often appeared to be incorrect.⁶ Counting back 9 months from the date of birth was also problematic not only because some pregnancies did not end with the birth of a child, but also because doing so assumes a normal 9-month pregnancy.

Instead, we examined the age at which these female foster youth gave birth to their first child. Mean age at first birth was 17.8 years old. Although few of these female foster youth gave birth before their fifteenth birthday, one-quarter were only 15 or 16 when they first gave birth.

Table 14. Age at First Birth (N = 1,948)

	#	%
< 15 years old	129	6.6
15 years old	197	10.1
16 years old	297	15.2
17 years old	365	18.7
18 years old	372	19.1
19 years old	341	17.5
20 years old	247	12.7

Receipt of Prenatal Care

We used Chapin Hall’s Medicaid Paid Claims Longitudinal Database to examine receipt of prenatal care among the female foster youth in TPSN. Ninety-nine percent of these female foster youth had at least one record in that database. Only pregnancies that had ended by December 31, 2005, were considered because that was the last date covered by the paid claims data.

After pulling all of the paid claims records for the 9 months prior to the end of each pregnancy, we retained the ones that were likely to be for prenatal care. Distinguishing between those records and records for the other health care services these foster youth received during those 9 months was complicated by the fact that there is no comprehensive list of all prenatal care procedure codes.

After consulting with Dr. Michael Msall, professor of pediatrics at the University of Chicago’s Pritzker School of Medicine, about which procedure codes were for prenatal care, we adopted the following strategy. Paid claims records were treated as being for prenatal care if the procedure

⁶ For example, of the 1,744 pregnancies that ended in a live birth and for which there was a due date, 107 had a due date that preceded the birth dates by more than 30 days.

code was for (1) antepartum or obstetrical care; (2) fetal monitoring or amniocentesis; or (3) an outpatient office visit.

There are at least two potential problems with this strategy, and they should have opposite effects on our measure of prenatal care receipt. On the one hand, some of the paid claims records for outpatient office visits may have been for health care services unrelated to a pregnancy. On the other hand, there may have been procedure codes for prenatal care that we did not recognize as such.

We used the paid claims records to determine not only whether female foster youth received prenatal care while they were pregnant but also the trimester in which their prenatal care began. Because we did not know the date on which they became pregnant, we limited our analysis to pregnancies that resulted in a birth and assumed a 9-month pregnancy. Although we recognize the questionable validity of this assumption, it was the best option given the data that we had.

At least 89 percent of these female foster youth received some prenatal care during their pregnancies that did not end in a miscarriage or termination. If prenatal care was received, it began during the first trimester more than half the time. However, if we combine the pregnancies during which female foster youth received no prenatal care with those in which female foster youth did not receive prenatal care until the third trimester, we find that there was no prenatal care for at least the first 6 months during 22 percent of their pregnancies. The results are similar if we look only at those pregnancies that ended after entry into TPSN.

Table 15. Receipt of Prenatal Care during Pregnancies Resulting in a Birth

	All Pregnancies ^a (N = 2,295)		Pregnancies Ending after TPSN Entry ^a (N = 1,820)	
	#	%	#	%
Received prenatal care during pregnancy	2,046	89.2	1,671	91.8
First received prenatal care				
First trimester	1,115	54.5	951	56.9
Second trimester	674	32.9	539	32.3
Third trimester	257	12.6	181	10.8

^a Excluded are pregnancies that ended with a miscarriage or termination.

Although the vast majority of these female foster youth received at least some prenatal care while they were pregnant, many were beyond their first trimester when that care began. We estimated a logistic regression model that predicted whether prenatal care began during the first trimester. The model controlled for race (i.e., African American vs. other), age at start of pregnancy, disability status, need for mental health services, and pre-TPSN experiences in out-of-home care

(i.e., number of spells, number of placements, number of runaway episodes, age at first entry), and whether this was a first or later pregnancy. Table 16 shows the results.

Table 16. Odds Ratios from Logistic Regression Model Predicting Prenatal Care Receipt during the First Trimester

	Odds Ratio
Mother's age at start of pregnancy	1.138*
Prior pregnancy	0.650*
Number of out-of-home care spells prior to TPSN entry	0.957
Age at first entry into out-of-home care	1.017
Total number of placements prior to TPSN entry	1.037*
Number of times ran away prior to TPSN entry	0.971
Any disability	1.094
Identified as needing mental health services	0.997
African American	0.785

* $p < .05$

All other things being equal, the older that female foster youth were when they became pregnant, the higher their odds of receiving prenatal care during the first trimester. At the same time, those odds were lower if it was not their first pregnancy. There was also a positive relationship between the odds of receiving prenatal care during the first trimester and the number of prior placements that is difficult to explain.

Education

We examined school enrollment and educational attainment among the 2,109 females and 501 males in the 1999 through 2006 entry cohorts for whom we had TPSN data. Sixty-one percent of the females and half of the males were enrolled in school when they entered TPSN.

Approximately two-thirds of the enrolled females and 61 percent of the enrolled males were in a regular or alternative high school. Another 22 percent of the enrolled males, but only 8 percent of the enrolled females, were pursuing a GED. These figures reflect the fact that although more than one-quarter of TPSN female entrants and more than 40 percent of TPSN male entrants were at least 19 years old, only 16 percent of the females and 15 percent of the males had a high school diploma or GED.

Although some of the foster youth who were not enrolled in school when they entered TPSN already had a high school diploma or GED, just over three-quarters of them did not. The most common reason these foster youth were not enrolled in school is that they had dropped out. Drop-outs accounted for 55 percent of the females and 70 percent of the males who were not enrolled in

school. It is also worth noting that maternity leave was not identified as a major reason why females were not enrolled.

Table 17. School Enrollment and Educational Attainment at TPSN Entry

	Females (<i>N</i> = 2,109)		Males (<i>N</i> = 501)	
	#	%	#	%
Enrolled in school	1,292	61.2	252	50.3
H.S. diploma or GED	349	16.6	76	15.2
Some college	162	7.7	18	3.6
Type of school if enrolled				
Elementary or middle school	71	5.5	7	2.7
Regular high school	583	45.1	95	36.3
Alternative high school	292	22.6	64	24.4
Therapeutic school	47	3.6	11	4.2
GED program	107	8.3	57	21.8
College	162	12.5	18	6.9
Vocational program	26	2.0	9	3.4
Other	4	0.3	1	0.4
No high school diploma or GED and not enrolled	630	29.9	191	38.1
Reason not enrolled if no high school diploma or GED				
Dropped out	349	55.4	134	70.2
Ran away	92	14.6	18	9.4
Enrollment pending	49	7.8	8	4.2
Maternity leave	52	8.3	—	—
Other	88	14.0	31	16.2

Three-quarters of the females ($n = 1,577$) and 86 percent of the males ($n = 430$) for whom we had data on school enrollment had exited TPSN. Less than half of the females and only one-third of the males were still enrolled in school. Of even more concern is the fact that only 44 percent of the females and 27 percent of the males had a high school diploma or GED. Although this is considerably higher than the percentage of foster youth who had a high school diploma or GED when they entered TPSN, it does not bode well for their ability to achieve self-sufficiency. At the same time, 28 percent of the exiting females and 11 percent of the exiting males had at least some college.

Table 18. School Enrollment and Educational Attainment at TPSN Exit

	Females (<i>n</i> = 1,577)		Males (<i>n</i> = 430)	
	#	%	#	%
Enrolled in school	739	46.9	148	34.4
H.S. diploma or GED	687	43.6	118	27.4
Some college	436	27.7	94	11.4
Type of school, if enrolled				
Elementary or middle school	12	1.6	3	2.0
Regular high school	72	9.7	19	12.8
Alternative high school	84	11.4	27	18.2
Therapeutic school	11	1.9	6	4.1
GED program	157	21.2	52	35.2
College	304	41.1	32	21.6
Vocational program	97	13.1	8	5.4
Other	2	0.3	1	0.7
No high school diploma or GED and not enrolled	530	33.6	207	48.1
Reason not enrolled if no high school diploma or GED				
Dropped out	305	57.5	112	54.1
Ran away	88	16.6	40	19.3
Enrollment pending	51	9.6	11	5.3
Maternity leave	22	4.2	—	—
Other	64	12.1	44	21.3

We also looked at the current enrollment status and educational attainment of the foster youth who were in TPSN in October 2006. Fifty-seven percent of the females and nearly half of the males were enrolled in school. Although some of the non-enrolled foster youth already had a high school diploma or GED, 56 percent of the females and 70 percent of the males who were not enrolled did not.

Table 19. School Enrollment and Educational Attainment in October 2006

	Females (<i>n</i> = 532)		Males (<i>n</i> = 71)	
	#	%	#	%
Enrolled	305	57.3	34	47.5
H.S. diploma or GED	177	33.3	16	22.5
Some college	71	13.4	5	7.0
Type of school, if enrolled				
Elementary or middle school	7	2.3	1	2.9
Regular high school	91	29.8	13	38.2
Alternative high school	77	25.3	7	20.6
Therapeutic school	9	3.0	0	0.0
GED program	39	12.8	8	23.6
College	54	17.7	5	14.7
Vocational program	24	7.9	0	0.0
Other	4	1.3	0	0.0
No high school diploma or GED and not enrolled	126	23.7	26	36.6
Reason not enrolled if no high school diploma or GED				
Dropped out	81	64.3	18	69.2
Ran away	14	11.1	1	3.8
Enrollment pending	7	5.6	0	0.0
Maternity leave	6	4.8	—	—
Other	18	14.3	7	26.9

We did some additional analyses of factors related to educational attainment. Specifically, we estimated a logistic regression model that predicted whether TPSN clients exited with a high school diploma or GED. The model controlled for race (i.e., African American vs. other), age, disability status, need for mental health services, and pre-TPSN experiences in out-of-home care (i.e., number of spells, number of placements, number of runaway episodes, age at first entry). We estimated separate models for females and males because the models for females also included age at first birth and total number of children. Table 20 shows the results.

Female foster youth with more children were significantly less likely to have a high school diploma or GED when they exited TPSN than those with fewer children. In fact, each additional child reduced the odds of having a high school diploma or GED by 45 percent. There was also a

negative relationship among female but not male foster youth between the odds of having a high school diploma or GED and the number of placements they had had.

Two other factors were significant predictors regardless of gender. First, all other things being equal, the odds of having a high school diploma or GED were 35 percent lower for female foster youth and 40 percent lower for male foster youth who had a disability than for those who did not. And second, foster youth who were older when they exited TPSN were more likely to have a high school diploma or a GED.

Table 20. Odds Ratios from Logistic Regression Model Predicting High School Diploma or GED at TPSN Exit

	Females	Males
Mother's age at first birth	1.071	—
Total number of children at TPSN exit	0.551*	—
Number of out-of-home care spells prior to TPSN entry	1.010	1.222
Age at first entry into out-of-home care	0.991	1.005
Total number of placements prior to TPSN entry	0.958*	1.008
Number of times ran away prior to TPSN entry	0.977	0.943
Any disability	0.652*	0.605*
Identified as needing mental health services	1.000	1.556
African American	1.032	0.926
Age at exit from TPSN	2.847*	1.871*

* $p < .05$

Because a high percentage of the foster youth TPSN serves are from Chicago, we expected that many would have been enrolled in the Chicago Public Schools at some point in time. Altogether, we found CPS records for 84 percent ($n = 1,943$) of the females and 87 percent ($n = 549$) of the males in the Chicago Public Schools Student Database.⁷ However, most of these foster youth were no longer enrolled in CPS by the time they entered TPSN.

Forty percent of the females who were no longer enrolled had transferred to a school outside of CPS. Nearly as many had dropped out. In fact, among no-longer-enrolled females, drop-outs outnumbered high school graduates by a ratio of almost 3 to 1. Drop-outs were by far the largest group of males who were no longer enrolled in CPS. They outnumbered high school graduates by a ratio of nearly 5 to 1. Another quarter of the no-longer-enrolled males had transferred to a

⁷ We also found CPS records for another 53 females and 15 males, but they were not active students in any of the years for which the records existed.

school outside of CPS and 14 percent had transferred to an institution, generally a correctional facility.⁸

Table 21. Chicago Public Schools Enrollment Status at TPSN Entry

	Females (<i>N</i> = 2,319)		Males (<i>N</i> = 631)	
	#	%	#	%
Ever enrolled in CPS	1,934	83.4	540	85.6
Still enrolled during year of TPSN entry	632	27.3	108	17.1
Reason not enrolled at TPSN entry				
Graduated from CPS	176	13.5	40	9.3
Dropped out of CPS	504	38.7	195	45.1
Transferred to a school outside of CPS	517	39.7	109	25.2
Institutionalized	40	3.1	62	14.4
Transferred to evening school	34	2.6	13	3.0
Other	31	2.4	13	3.0

We looked at CPS records from September 2005 to see what had happened to the foster youth who had been enrolled in CPS when they entered TPSN. Only 22 percent of the females and 18 percent of the males were still enrolled. Half of the females who were no longer enrolled had dropped out compared with less than a quarter who had graduated. Males who were no longer enrolled had not fared any better. Forty percent had dropped out and 18 percent had been transferred to an institution, which was invariably a correctional facility. In fact, they were as likely to have been incarcerated as to have graduated.

⁸ Seventy-one percent of the institutionalized males and 30 percent of the institutionalized females were transferred to a correctional facility. The others were transferred to some type of residential care.

Table 22. Chicago Public Schools Enrollment Status in Fall 2005

	Females (<i>N</i> = 632)		Males (<i>N</i> = 108)	
	#	%	#	%
Still enrolled in 2005	136	21.5	19	17.6
Reason no longer enrolled				
Graduated from CPS	117	23.6	15	16.9
Dropped out of CPS	247	49.8	37	41.6
Transferred to a school outside of CPS	85	17.1	16	18.0
Institutionalized	10	2.0	16	18.0
Transferred to evening school	20	4.0	2	2.3
Other	17	3.4	3	3.4

We also looked at several measures of school performance, beginning with eighth-grade reading and math scores on the Iowa Test of Basic Skills. We found test score records for 418 of the females and 72 of the males. The largest percentage of these foster youth scored in the bottom quartile on both the reading and math tests.

Table 23. Eighth-Grade ITBS Test Scores for Youth Enrolled in CPS at TPSN Entry

	Females		Males	
	#	%	#	%
Eighth-grade ITBS Reading Scores	<i>N</i> = 418		<i>N</i> = 72	
Upper quartile	13	3.1	1	1.39
Second quartile	55	13.2	9	12.5
Third quartile	170	40.7	22	30.56
Bottom quartile	180	43.1	40	55.56
Eighth-grade ITBS Reading Scores	<i>N</i> = 413		<i>N</i> = 69	
Upper quartile	16	3.9	4	5.8
Second quartile	62	15.0	9	13.04
Third quartile	143	34.6	16	23.19
Bottom quartile	192	46.5	40	57.97

Next we turned to performance in high school. For each semester, we measured the number of days foster youth were absent, their GPA for their core courses (i.e., math, English, science, and

social studies), and the number of core courses that they failed.⁹ If foster youth repeated a grade, only records for the first year in that grade were used.

There was a gradual decline in the number of foster youth for whom it was possible to measure these indicators of high school performance moving from the fall semester of 9th grade to the spring semester of 12th grade. Two factors contributed to this decline. First, foster youth dropped out of school or left CPS for other reasons. Second, a majority of the foster youth who were still enrolled in CPS according to our most recent data were only in 9th or 10th grade.

Generally speaking, school performance among these foster youth was poor. The mean number of days of school they had missed during a single semester ranged from 14.9 to 20.3 for females and from 11.7 to 20.1 for males. In their core courses, females had a mean GPA ranging from 1.25 to 1.79; males had a mean GPA ranging from 0.96 to 1.59. This would translate into an average grade between a C and a D. One reason their GPAs were so low, on average, is that so many of these foster youth failed at least one core course.

⁹ GPA was calculated as follows: For each core course, As were assigned a value of 4, Bs a value of 3, Cs a value of 2, Ds a value of 1, and Fs a value of 0. These values were summed and divided by the number of core courses taken that semester.

Table 24. High School Indicators for Youth Enrolled in CPS at TPSN Entry

	Females		Males	
Grade 9 indicators: fall semester				
Mean GPA	393	1.35	50	0.96
Mean number of absences	393	15.28	50	14.12
Percentage who failed at least one core course	393	54.7	50	70.0
Grade 9 indicators: spring semester				
Mean GPA	371	1.25	49	0.97
Mean number of absences	371	20.30	49	20.08
Percentage who failed at least one core course	371	61.2	49	73.5
Grade 10 indicators: fall semester				
Mean GPA	294	1.39	42	1.26
Mean number of absences	294	14.85	42	13.71
Percentage who failed at least one core course	294	51.7	42	59.5
Grade 10 indicators: spring semester				
Mean GPA	280	1.38	35	0.99
Mean number of absences	280	18.68	35	17.93
Percentage who failed at least one core course	280	56.8	35	71.4
Grade 11 indicators: fall semester				
Mean GPA	205	1.50	20	1.59
Mean number of absences	205	16.56	20	13.18
Percentage who failed at least one core course	205	46.3	20	50.0
Grade 11 indicators: spring semester				
Mean GPA	185	1.53	18	1.59
Mean number of absences	185	18.67	18	12.31
Percentage who failed at least one core course	185	47.6	18	44.4
Grade 12 indicators: fall semester				
Mean GPA	150	1.61	15	1.39
Mean number of absences	150	17.34	15	11.73
Percentage who failed at least one core course	150	38.0	15	54.5
Grade 12 indicators: spring semester				
Mean GPA	145	1.79	11	1.47
Mean number of absences	145	19.19	11	14.37
Percentage who failed at least one core course	145	29.7	11	40.0

One factor that may have contributed to their poor school performance is that many of these foster youth, particularly the males, had a disability.

Table 25. Special Education Status among Youth Enrolled in CPS at TPSN Entry

	Females (<i>N</i> = 632)		Males (<i>N</i> = 108)	
	#	%	#	%
Identified as a special education student	109	17.2	38	35.2
Type of disability				
Emotional behavioral disorder	47	43.1	25	65.8
Learning disability	43	39.4	13	34.2
Educable mentally handicapped	13	11.9	0	0.0
Other	6	5.5	0	0.0

Among the foster youth who were still enrolled in CPS when they entered TPSN, more than half of both the females and the males were currently in 9th or 10th grade. Given the age distribution of the foster youth entering TPSN, it is not surprising that two-thirds of the females and 80 percent of the males could be considered old-for-grade.¹⁰

Table 26. Grade at TPSN Entry among Youth Enrolled in CPS

	Females (<i>N</i> = 631) ^a		Males (<i>N</i> = 108)	
	#	%	#	%
< Grade 9	73	11.6	5	4.6
Grade 9	189	29.9	41	38.0
Grade 10	150	23.7	30	27.8
Grade 11	123	19.5	20	18.5
Grade 12	96	15.2	12	11.1
Old-for-grade	419	66.3	86	79.6

^a One female student was identified as being in a special education program rather than a grade.

Children of TPSN Parents

The TPSN data included records for 2,947 children whose parents entered TPSN between 1999 and 2006. Eighty-four percent of these children (*n* = 2,490) had a mother who was a TPSN client

¹⁰ Youth were categorized as old-for-grade if their age at the start of the school year exceeded the grade they were in by 6 or more (e.g., a 10th-grader who was 16).

and 17 percent ($n = 500$) had a father who was a TPSN client. These percentages include 43 children whose mother and father were both in TPSN.

Because some females were pregnant when the data extract for this project was created, and because some pregnancies had not resulted in a live birth, 16 percent of the 2,319 female foster youth did not have any children. Presumably all male clients in TPSN have at least one child. However, more than one-third of the males had no corresponding child records. The parent-level analyses reported below are based on the 1,948 females and 407 males for whom at least one child record was found.

Table 27. Children of TPSN Foster Youth in the 1999–2006 Entry Cohorts

Total number of children	2,947
TPSN mothers with a corresponding child record	1,948
Children with mothers in TPSN	2,490
TPSN fathers with a corresponding child record	407
Children with fathers in TPSN	500

Just over three-quarters of these young mothers had one child, as did 82 percent of these young fathers.¹¹ That said, although these foster youth were no more than 21 years old when they exited TPSN, a small percentage already had at least three children.

Table 28. Number of Children by Parent Gender

	Females		Males		
	#	% of All ($N = 2,319$)	% of Mothers ($N = 1,948$)	#	% ($N = 407$)
0	371	16.0	—	—	—
1	1,481	63.9	76.0	333	81.8
2	402	17.3	20.6	57	14.0
3 or more	65	2.8	3.4	17	4.2

We estimated a Cox proportional hazard model that predicted the time between the birth of each female foster youth’s first child and the birth of her second. Female foster youth whose first pregnancy had not yet ended, whose first pregnancy ended after they exited TPSN, or who never experienced a first birth were excluded from the analysis. Female foster youth who exited TPSN before a second birth were right censored as of their exit date. The covariates in the model included race (i.e., African American vs. other), age at first birth, whether the first birth occurred

¹¹ The number of children does not correspond to the number of live births because live births could involve multiple children (e.g., twins).

prior to TPSN entry, disability status, need for mental health services, and pre-TPSN out-of-home care history (i.e., number of spells, number of placements, number of runaway episodes, age at first entry into care). Our analysis was limited to females because child records were missing for many of the males. The results are shown in Table 29.

Table 29. Hazard Ratios from Cox Proportional Hazard Model Predicting Second Births

	Hazard Ratio	
Mother's age at first birth	1.081	*
Number of out-of-home care spells prior to TPSN entry	1.045	
Age at first entry into out-of-home care	0.990	
Total number of placements prior to TPSN entry	1.013	
Number of times ran away prior to TPSN entry	0.975	
Any disability	1.055	
Identified as needing mental health services	1.034	
African American	0.991	
First birth occurred prior to TPSN entry	1.563	***

*** $p < .001$ ** $p < .01$ * $p < .05$ + $p < .1$

Each additional year older a female foster youth was when her first child was born increased her estimated hazard of experiencing a second birth by 8 percent. The estimated hazard of experiencing a second birth was 56 percent if the first birth occurred before the female foster youth entered TPSN.

The children of DCFS wards are not necessarily wards themselves, but 10 percent ($n = 281$) of these children spent at least some time in state care. This is considerably higher than the foster care entry rate among Illinois children of same-aged mothers in the general population. For every 1,000 children born in Illinois between 1982 and 1998, 20.1 (or 2%) entered foster care before age 5. Although the rate of foster care entry declined over time, it was nearly twice as high among children whose mothers were under age 18 (about 4%) and 50 percent higher among children of mothers who were under age 22 (about 3%) compared with children whose mothers were at least 22 years old (Goerge et al., 2006).

More than three-quarters of the children of TPSN parents who were placed in state care became wards for the first time while their parent was in TPSN. The small number of children whose father was the TPSN client was an exception in this regard.

Table 30. Children's Placement in State Care by Parent Gender

	All Children (<i>N</i> = 2,947)		Mothers' Children (<i>N</i> = 2,490)		Fathers' Children (<i>N</i> = 500)	
	#	%	#	%	#	%
Children ever placed in state care	281	9.5	267	10.7	14	2.8
Children placed prior to TPSN entry	38	13.5	35	13.1	3	21.4
Children placed while in TPSN	216	76.9	210	78.7	6	42.9
Children placed after TPSN exit	27	9.6	22	8.2	5	35.7

A majority of these children became state wards for the first time when they were less than 1 year old. Only one-third were reunified after the first time they were placed, and some of these children eventually re-entered care. Another 20 percent achieved permanency through adoption or subsidized guardianship, but the largest group of children was still in foster care (as of March 2007). One-quarter of these first spells lasted no more than 1 week but nearly as many lasted 2 years or more.

Table 31. Children’s Out-of-Home Care Placement Histories

	#	%
Number of out-of-home care spells		
One	228	81.1
Two or more	53	18.9
Outcome of first out-of-home care spell		
Reunification	92	32.7
Adoption	48	17.1
Still in care	121	43.1
Other	12	4.3
Subsidized guardianship	8	2.9
Age at first placement		
< 1 year old	167	59.4
≥ 1 and < 2 years old	64	22.8
≥ 2 and < 3 years old	27	9.6
≥ 3 years old	23	8.2
Length of first out-of-home care spell		
≤ 1 week	72	25.6
> 1 week and ≤ 6 months	7	2.5
> 6 months and ≤ 1 year	8	2.8
> 1 year and ≤ 2 years	9	3.2
> 2 years and ≤ 3 years	13	4.6
> 3 years and ≤ 4 years	30	10.7
> 4 years	21	7.5
Still in care	121	43.1

If we treat the parent rather than the child as the unit of analysis, 11 percent of the female foster youth who were mothers and 4 percent of the male foster youth who were fathers had a child who was placed in DCFS care. Although most mothers first experienced the placement of a child while they were in TPSN, fathers were more likely to have a child placed for the first time after exiting.

Table 32. Children's Placement in State Care by Parent Gender

	Mothers (<i>N</i> = 1,948)		Fathers (<i>N</i> = 407)	
	#	%	#	%
Any child placed in state care	211	10.8	15	3.7
Child first placed prior to TPSN entry	34	16.1	4	26.7
Child first placed while in TPSN	160	75.8	4	26.7
Child first placed after TPSN exit	17	8.1	7	46.7
Any child adopted	46	2.4	3	1.7
Child adopted prior to TPSN entry	17	37.0	2	66.7
Child adopted while in TPSN	29	63.0	1	33.3
Child adopted after TPSN exit	1	2.2	1	33.3

We also looked at the predictors of having a child placed in care. Our analysis was limited to female foster youth because few males were the parent of a child who was placed. We estimated a logistic regression model that controlled for race (i.e., African American vs. other), age, disability status, need for mental health services, and pre-TPSN experiences in out-of-home care (i.e., number of spells, number of placements, number of runaway episodes, age at first entry). The results are shown in Table 33.

Female foster youth who were older when they first became parents were less likely to have a child placed than those who were younger. The number of children was also related to the odds of having a child placed. Each additional child increased the odds by 54 percent. Having a disability or mental health service needs had even bigger effects, doubling the odds. The out-of-home care histories of the female foster youth also seemed to matter. The odds of having a child placed were higher the more times female foster youth had been placed in care, the more placements they had experienced, and the older they were the first time they entered care.

Table 33. Odds Ratios from Logistic Regression Model Predicting Out-of-Home Care Placements among the Children of Female Ward

	Odds Ratio
Mother’s age at first birth	0.668*
Total number of children at TPSN exit	1.540*
Number of out-of-home care spells prior to TPSN entry	1.242*
Age at first entry into out-of-home care	1.047*
Total number of placements prior to TPSN entry	1.087*
Number of times ran away prior to TPSN entry	0.979
Any disability	2.114*
Identified as needing mental health services	2.149*
African American	0.965

* $p < .05$

TPSN parents were often separated from their children for reasons other than their children being placed in state care. Some of these separations were temporary (e.g., respite); others were long-term (e.g., living with other parent or a guardian). The reasons for these separations were very different depending on the gender of their TPSN parent. Most notably, 71 percent of the children whose fathers were TPSN parents lived with their mother whereas just 1 percent of the children whose mothers were TPSN parents lived with their father.

Table 34. Other Separations from TPSN Parents by Parent Gender

	Children Separated from Mother ($N = 2,490$)		Children Separated from Father ($N = 500$)	
	#	%	#	%
Living with other parent	36	1.4	355	71.0
In respite care	6	0.2	0	0.0
Living with a guardian	31	1.2	1	0.2
Informal arrangement	129	5.2	6	1.2
Death of child	36	1.4	0	0.0

We also used the DCFS data in Chapin Hall’s IDB to examine the prevalence of child maltreatment among parenting foster youth. To do this, we identified all of the investigations of child abuse and neglect in which a TPSN client was named as the caregiver and the caregiver was the biological parent of the allegedly abused or neglected child.

Altogether, 435 of the TPSN parents were named in a child abuse or neglect investigation, and all but 6 of those parents were female. This means that 22 percent of TPSN mothers were

investigated for child abuse or neglect. A majority of these mothers were named in only one report, but nearly one-quarter were named in three or more.

Of the mothers who were investigated for child abuse or neglect, 44 percent had at least one indicated report. More than two-thirds of these mothers had only one.

Table 35. Reports of Child Abuse and Neglect

	#	%
Any child reported as neglected or abused	429	22.0
Any reports prior to TPSN entry	48	11.2
Any reports while in TPSN	292	68.1
Any reports after TPSN exit	126	29.4
Number of reports of abuse or neglect		
One	242	56.4
Two	89	20.8
Three	54	12.6
Four	23	5.4
Five or more	21	4.9
Most common allegations		
Substantial risk of physical abuse/ harm (by neglect)	268	62.5
Inadequate supervision	240	55.9
Substantial risk of physical abuse/harm (by abuse)	157	36.6
Medical neglect	92	21.4
Any indicated reports of abuse or neglect		
Any indicated reports prior to TPSN entry	24	12.8
Any indicated reports while in TPSN	126	67.4
Any indicated reports after TPSN exit	46	24.6
Number of indicated reports of abuse or neglect		
One	128	68.5
Two	37	19.8
Three or more	22	11.8
Most common substantiated allegations		
Substantial risk of physical abuse/harm (by neglect).	123	65.8
Inadequate supervision	88	47.1
Substantial risk of physical abuse/harm (by abuse)	58	31.0
Medical neglect	24	12.8

Summary and Discussion of Quantitative Results

Relatively little is known about the experiences or needs of foster youth who are pregnant or parenting. Our results begin to answer some very basic questions and raise others that will require additional research.

The pregnant and parenting youth in DCFS care are a heterogeneous group with respect to their out-of-home care histories. Some had been in fairly stable placements; others had experienced a lot of instability, moving from one placement to another or in and out of care. Likewise, some had been wards of the state for many years; others were already in their teens when they were placed. They were far less racially or ethnically diverse. Eighty to 90 percent of each entry cohort was African American.

Because all of the female foster youth in our sample were pregnant at least once, we cannot draw any conclusions about the risk factors associated with becoming pregnant. However, our findings do suggest that at least 30 percent of the female foster youth who have been pregnant will experience a second pregnancy. This means that whatever strategies are currently being used to prevent repeat pregnancies among female foster youth are not working—or are not working with some segment of the target population. In fact, our multivariate results suggest that special attention should be paid to female foster youth whose first pregnancy did not result in a live birth and to those whose first pregnancy ended before they entered TPSN.

When female foster youth become pregnant, they give birth to a child close to 90 percent of the time. About half of the remaining pregnancies were terminated. Although 5 percent of the female foster youth in TPSN had terminated a pregnancy, there was little evidence that abortion was being used as a form of birth control. However, the fact that most female foster youth who terminated a pregnancy already had at least one child may indicate a realization on their part that they could not care for another.

On average, female foster youth are giving birth to their first child when they are 17.8 years old. However, nearly one-third of the female foster youth who become mothers do so by age 16. Many female foster youth are becoming mothers at an early age, and their first child is often not their only one. Nearly one-quarter of the female foster youth who were mothers had at least two children by the time they exited TPSN. Our multivariate analysis indicated that the risk of giving birth to a second child was significantly higher among female foster youth who were older when their first child was born and among those whose first birth preceded their TPSN entry.

The vast majority of female foster youth received prenatal care while they were pregnant, and when they did receive prenatal care, it began during the first trimester more than half the time. Nevertheless, there were still far too many pregnancies during which prenatal care did not begin until the third trimester or did not begin at all. Just why some pregnant female foster youth did

not receive prenatal care or did not receive it until very late in their pregnancy is not a question that administrative data can easily address. It is possible that these female foster youth were not aware that they were pregnant or did not tell anyone about their pregnancy who could connect them with prenatal care. This might explain why the odds of receiving prenatal care during the first trimester increased with age.

Like the larger population of youth in foster care, pregnant and parenting wards had not experienced much in the way of school success. Many of those who were still enrolled in the Chicago Public Schools when they entered TPSN were behind academically and they continued to perform poorly in high school. Not surprisingly, perhaps, these foster youth were more likely to drop out (or, in the case of males, become incarcerated) than to graduate.

A similar picture emerged when we analyzed the school enrollment data we received from TPSN. A majority of the females and most of the males who had exited TPSN did so without a high school diploma or GED. Clearly, this does not bode well for their ability to achieve some semblance of self-sufficiency. At the same time, the educational outcomes of these pregnant and parenting foster youth were not uniformly bleak. In fact, some not only managed to graduate from high school or obtain a GED but had started college.

Additional research is needed to better understand both the practical (e.g., childcare) and motivational (e.g., past failures) barriers to educational attainment among pregnant and parenting foster youth. Our multivariate analysis indicated that having more than one child can be a significant barrier for female foster youth. Each additional child reduced their odds of exiting TPSN with a high school diploma or GED by nearly half.

It is also worth noting that, in general, TPSN males have fared even worse educationally than their female counterparts. TPSN males were less likely to graduate and more likely to drop out. There was also some evidence that they were twice as likely to have special education needs. In any event, it will be important to explore whether barriers to educational attainment vary by gender and what the implications of those differences might be for interventions designed to improve school success.

Finally, our findings suggest that the children of DCFS wards may be an especially vulnerable population. Twenty-two percent of the TPSN mothers were investigated for child abuse or neglect and 11 percent had a child placed in foster care. Most of their children were very young when they were placed, and while some of their placements were very short-term, many had not achieved permanency even after 2 years. Very young mothers, mothers with more than one child, and mothers with disabilities or mental health service needs are most likely to need additional supports to prevent out-of-home care placement.

Qualitative Component: Interviews with Service Providers

Methods

We interviewed two representatives from each of the five TPSN Regional Service Partners (RSP) (i.e., Omni, Lakeside, Aunt Martha's, Casa Central, and UCAN). One of the interviewees from each RSP was the program director; the other was a caseworker.¹² Typically, the program director referred us to a caseworker who we should interview, in addition to him or herself.

The interviews were conducted in person at the RSP and lasted approximately 1 hour and 15 minutes. They were digitally recorded and transcribed. The interviewer also created summaries for each interview, describing major themes.

The interviews covered a wide range of topics that cut across a number of different domains. These included the challenges associated with engaging youth, pregnancy prevention, services for pregnant youth, services for parenting youth and their children, education, placement-related concerns, and preparing youth for after they leave care. Each of these domains is dealt with in turn below.

¹² Because of a recent DCFS policy change, TPSN caseworkers are no longer responsible for pregnant or parenting youth in TLP or ILO placements. Thus, none of our interviewees was working with pregnant or parenting youth who were placed in TLPs or ILOs. Although TPSN caseworkers are still responsible for pregnant or parenting youth in group homes and correctional facilities, none of our interviewees was working with pregnant or parenting youth in those settings.

Challenges Associated with Engaging Foster Youth in Services

All the interviewees discussed the difficulties associated with engaging pregnant and parenting foster youth in services. They expressed frustration with the fact that although services are available, youth cannot be required to participate. However, they also emphasized that these foster youth are adolescents and that any efforts to engage them in services must recognize the desire to be independent yet dependent that is associated with this developmental stage.

Some agencies have experimented with different types of incentives as a way to engage youth. Although financial incentives seem to work sometimes, their use is not widespread. Using Independent Living Placement Services (ILO) as an incentive has proved less effective, primarily because many youth perceive the ILO requirements (i.e., high school diploma or GED) as beyond their reach. What do seem to work are negative incentives. A number of interviewees reported that judges may provide for services in a court order and then threaten to send youth to detention or IDOC if they do not participate. Interviewees would like to have more positive incentives that they could use to encourage youth to participate in services.

Another barrier to engaging youth in services mentioned by interviewees is the requirement that they obtain the youth's written consent if they want access to school or medical records as well as to caregiver reports. Some interviewees thought consent was required beginning at age 12; others thought the requirement began at age 18. Interviewees said they understood that requiring consent protects the youth and noted that most, but not all youth, give their consent when it is requested. Nevertheless, some interviewees thought it hampers their ability to do their job and gives the youth too much power and control. Others who were less critical said that even if they do not have consent to access information, they can usually find out what they need to know eventually.

Pregnancy Prevention

Interviewees discussed the strategies that TPSN caseworkers use to prevent repeat pregnancies. The two most common are education and access to birth control. Caseworkers are required to talk with youth about specific topics, including contraception and STDs, and to record the substance of these conversations in their case notes. Some caseworkers have used these conversations as an opportunity to educate not only foster youth but also their caregivers. However, they also mentioned the difficulty of achieving a balance between respecting the values and beliefs of foster parents—particularly when those foster parents are kin—and educating youth about pregnancy prevention.

In addition to education, caseworkers help youth access contraception through community clinics and family planning agencies. Several interviewees reported that they distribute condoms. Some agencies provide a financial incentive to youth who can document that they are using Depo

Provera. However, two interviewees noted that their agency recently stopped this practice, thereby limiting their ability to encourage youth to use birth control.

One concern raised by interviewees was about the popularity of abortion as a form of birth control, particularly among non-TPSN DCFS wards. Interviewees reported that caseworkers spend time educating their TPSN youth about this medical procedure and its effects on women's bodies. Although this seems to encourage some youth to use contraception, several interviewees were aware of female foster youth who had undergone several terminations before age 21.

Pregnant and parenting youth with special needs, such as substance abuse problems, developmental delays, and mental health problems, receive the same pregnancy prevention services as other TPSN clients. They may receive additional pregnancy prevention services from the other professionals with whom they are involved, but the interviewees we talked to did not know to what extent this was the case. The fact that pregnant and parenting youth with special needs receive the same pregnancy prevention services as other TPSN clients was not seen as a problem. However, some interviewees reported a tendency for foster youth with mental health problems to refuse birth control.

Interviewees identified few, if any, gaps in the pregnancy prevention services that the foster youth in TPSN receive, but they did express concern about the pregnancy prevention services provided to their non-TPSN peers. Most notably, they believe that pregnancy prevention is often not discussed with these foster youth and cited two related reasons. First, neither foster parents nor caseworkers are required to talk with youth about issues such as sexuality and contraception. And second, many do not receive the training that would allow them to do so.

Not surprisingly perhaps, given these concerns, interviewees were very supportive of requiring pregnancy prevention services for all DCFS wards—not just those in TPSN. They argued that these services should begin early, before the age at which schools begin sex education, and suggested that even very young children should be educated about their bodies and how to respect them.

Several interviewees noted that the foster youth with whom they had worked often became pregnant during difficult periods in their lives. Thus, they suggested that targeting foster youth during those periods might be key to preventing pregnancies.

Finally, the program directors and caseworkers we interviewed had not encountered a strong desire among TPSN parents to have another child. From their perspective, most youth did not intend to become pregnant and did not want to become pregnant again. This stands in sharp contrast to the views expressed by the pregnant and parenting foster youth who participated in focus groups conducted by UCAN and the National Campaign to End Teen Pregnancy in 2005

(Love, 2005). Those focus group participants said they wanted to have a baby in order to have someone to care for or to create a family of their own.

Interviewees suggested that TPSN parents who desire additional children are strongly motivated by their interest in maintaining or deepening a relationship with a partner, a tactic that frequently backfires. This same interest in creating a meaningful relationship may also account for what several interviewees described as a growing trend among TPSN mothers towards homosexual relationships, which do not come with any risk of becoming pregnant.

Services for Pregnant Foster Youth

For some pregnant foster youth, services begin with a referral to Planned Parenthood for options counseling. Some interviewees reported that options counseling is a service to which all youth are referred. Others indicated that a referral is only made if it is thought that the pregnant youth might benefit. However, there seemed to be a consensus that many pregnant youth do not participate.

TPSN agencies are responsible for monitoring prenatal care and often provide financial incentives for youth to keep their prenatal appointments. In some instances, caseworkers drive pregnant youth to their appointments to make sure that they are kept. According to interviewees, this can be very frustrating for caseworkers, who recognize the importance of prenatal care yet want to encourage youth to act more independently.

Prenatal care often begins late. Youth may be several months pregnant before their caseworker is told about the pregnancy and can complete the “Unusual Incident Report” that notifies DCFS. In addition, foster youth frequently run away from their placement once it is discovered that they are pregnant, and finding them is often difficult. Specialized TPSN and DCFS workers whose job it is to locate runaway youth have proved to be particularly helpful in this regard.

Pregnancy education is another important service that TPSN provides. For example, pregnant foster youth who are known to have a problem with alcohol or other drugs are given information about the consequences of their use during pregnancy. In fact, some of those we interviewed noted that these youth often reduce their consumption of alcohol and other drugs while they are pregnant.

Interviewees agreed that the primary barrier to service receipt among pregnant foster youth is the uneven distribution of service providers. Specifically, it can be difficult for youth who live on the far south side of Chicago, in the surrounding suburbs, and outside of the Chicago area to find service providers, especially providers of birthing classes, with whom they feel comfortable.

Services for Parenting Foster Youth and Their Children

Interviewees described a variety of services for which parenting wards are eligible.¹³ TPSN caseworkers are responsible for monitoring postpartum care receipt, looking for signs of postpartum depression, administering the Ansel Casey parenting assessment, parenting education, and transportation assistance. Other responsibilities include helping youth to enroll in WIC and find childcare. In addition to these services, parenting youth may receive “baby kits” that contain items such as cribs or car seats. DCFS will also pay for childcare if parenting youth are working or attending school, but not if they are looking for a job.

Interviewees also talked about additional services that are provided to parenting youth with special needs. Family Support Specialists provide parents who are developmentally delayed with intensive coaching and support in an office setting. Developmental Specialists provide similar services in the home three to four times per week. Interviewees had very favorable views of the work these specialists do, in part because it allows caseworkers to focus on issues other than parenting. They also noted that Intact Family Service workers from DCFS have been able to help parenting youth with alcohol or other drug problems maintain custody of their children.

Interviewees expressed much more concern about parenting youth with mental health problems. These parents can be extremely inconsistent, and home visits, and hence opportunities for observation, are only required twice a month. As a result, they suggested that the children of parenting wards with mental health problems should spend at least a few hours every day in formal childcare.

Interviewees indicated that there is some confusion as far as whose responsibility it is to monitor child health and well-being. Family Support and Developmental Specialists monitor the health and well-being of children whose parents are developmentally delayed, but the majority of parents do not fall into that group. Although TPSN caseworkers are supposed to keep track of well-child checks and immunizations, they do not have other child monitoring responsibilities beyond their responsibilities as mandated reporters.

According to interviewees, TPSN parents may engage in certain behaviors, such as keeping up with immunizations or participating in WIC, out of fear that their children will be taken from them if they do not. At the same time, they also noted how difficult it can be to convince the court that a child should be removed from home because of inadequate parenting. In fact, at least one interviewee thought that TPSN caseworkers are not always taken seriously when they call Child

¹³Non-ward mothers of children whose fathers are non-custodial parents, but TPSN clients, are also eligible for some services.

Protective Services to report that a parenting youth's child is being neglected or abused. However, in the event that a child is removed from a TPSN parent and becomes a "baby ward," they work with that parent to regain custody.

Interviewees had a number of suggestions other than those already mentioned for improving the services that parenting youth receive. These included making in-home services more available, increasing the number of respite homes for children whose young parents need a break, greater use of peer and adult mentoring, and universal preschool. They also called for more services on the far south side of Chicago and in the southern suburbs as well as more bilingual service providers.

Placement-Related Concerns

Interviewees observed that when pregnant and parenting foster youth receive a lot of ongoing support from adult caregivers, as usually is the case in group homes, they tend to participate in services. For similar reasons, participation rates are often high among youth placed in traditional foster homes. The situation is much more varied among youth placed with kin. Youth who receive a lot of support from their relative caregivers are much more likely to participate in services than those who are simply being sheltered.

Interviewees pointed out that relatively few TPSN clients live in traditional foster homes and suggested that one reason for this situation may be that foster parents are reluctant to accept pregnant and parenting youth for whom the board rate is no higher. They recommended categorizing pregnant or parenting youth as needing "specialized" care, which in turn would make their foster parents eligible for higher board rates. Interviewees also noted that there is a shortage of group homes for parenting wards. Currently, these youth must wait 3 to 4 months to be placed.

Interviewees were especially concerned about the number of youth, age 18 and older, who are living in "self-selected" placements. Although some of these placements are approved through the placement clearance process, others are not, either because the guardian has refused a background check or because the home itself has been judged to be unsafe. Foster youth who are living in unapproved placements may be at even greater risk because they do not receive any DCFS payments for either their children or themselves. Despite the concerns that they expressed, interviewees recognized that forcing these youth to live in foster or group homes may lead them to run away or request that they be discharged from care.

Education

Interviewees explained that their agencies are expected to monitor the educational progress of pregnant and parenting foster youth. However, there is often nothing to monitor because youth are not in school.

Interviewees recognize that many of these youth were already behind academically before they became pregnant. They also know that it becomes even more difficult for these youth to attend school once they are parenting.

Agencies have had some success enrolling pregnant and parenting youth in alternative schools, especially those that provide on-site childcare and financial incentives. Other youth have been able to continue their education through correspondence programs. However, interviewees seem to believe that there is not much that they can do beyond emphasizing the importance of education, encouraging youth to attend or return to school, locating appropriate schools, and facilitating the enrollment process (i.e., gathering and submitting the documents that schools require).

Preparing Foster Youth for Exiting Care

Interviewees regard preparing foster youth for after they leave care as one of their major goals. TPSN caseworkers work with youth to develop a realistic plan and help them access the services they will need to make a successful transition. Although conversations about leaving care begin when youth are 18 or 19 years old, planning does not really start in earnest until age 20 because it is only then that youth become concerned about all of the things they have to do, such as securing housing and finding a job.

Interviewees described how older youth are increasingly encouraged to access services themselves rather than relying on their caseworker to provide transportation or navigate bureaucracies. Nevertheless, some still believe that older youth receive too much help and will not be able to function independently when they are no longer wards.

At the same time, interviewees also voiced frustration with the fact that they cannot do anything when foster youth make poor decisions that good parents would not allow their own children to make. As a result, they think that more authority should be given to “the state” when it comes to some of the decisions youth are now making for themselves.

Another concern raised by interviewees is what they perceive to be a lack of pathways to independent living for parenting youth. From their perspective, parenting youth have relatively few options, and those that do exist are unattractive. In most cases, youth must first live in a group home with other parenting wards. However, there are not enough group homes, and youth

are often placed on a waiting list for 3 or 4 months. They can only move into Independent Living Placement Services (ILO) if they are able to meet DCFS requirements, which, for many youth, is not likely to happen. Interviewees fear that without more options, an increasing number of parenting youth will become homeless with their children after leaving care.

Finally, interviewees were critical of the way in which, from their perspective, DCFS and the juvenile court abdicate responsibility once youth reach age 21. They equated emancipation with abandonment and argued that “good” parents do not leave their children without emotional and/or financial support on their 21st birthday.

Not surprisingly, interviewees were unanimous in their belief that DCFS should continue to provide supports after foster youth leave care and pointed to the fact that TPSN clients often return to their agency asking for help. Among their suggestions was for DCFS to establish a help-line that youth could call for information about services or other assistance. They also noted that although DCFS does provide some funds to youth when they age out of care, the eligibility criteria may be too strict for many youth to qualify.

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About Chapin Hall

Established in 1985, Chapin Hall is an independent policy research center whose mission is to build knowledge that improves policies and programs for children and youth, families, and their communities.

Chapin Hall's areas of research include child maltreatment prevention, child welfare systems and foster care, youth justice, schools and their connections with social services and community organizations, early childhood initiatives, community change initiatives, workforce development, out-of-school time initiatives, economic supports for families, and child well-being indicators.

