Foster Youth Transitions to Adulthood: A Longitudinal View of Youth Leaving Care

*Mark E. Courtney, Irving Piliavin, Andrew Grogan-Kaylor, and Ande Nesmith*

The well-being of youths who age out of the out-of-home care system in the U.S. has long been of great interest to child welfare practitioners and policymakers. In spite of this interest, however, very little is known about how these youths fare when they must make the transition to independence. The Foster Youth Transitions to Adulthood Study is tracking the experiences of 141 young adults who left care in Wisconsin in 1995 and 1996. This article describes these youths and their experiences in the first 12 to 18 months after leaving care. The findings suggest that the transition to independence is a difficult time for youth leaving the out-of-home care system.

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Every year, an estimated 20,000 youths "age out" of the foster care system and find themselves, in most cases, completely on their own (Westat, 1990). A review of research on the adult functioning of those in out-of-home care as children concluded that there has been a dearth of such research over the past 30 years and that what has been done generally suffers from significant limitations (McDonald, Allen, Westerfelt, & Piliavin, 1996). Among the reported methodological problems of the available studies are the following:

- Sample attrition is often large, thus raising serious question as to whether children targeted for study but not observed may be quite different from those who are targeted and observed.

- The timing of transitions into and out of care among members within the same samples is radically different. Some enter as infants, others as adolescents; some leave as infants or toddlers, others may stay until their late adolescence. All manner of variations among these extremes are observed in most investigations.

- Some samples comprise individuals whose exposure to care does not coincide with others in the sample and for whom the duration of post-care experiences are substantially different than their sample peers.

- Study designs are almost exclusively cross-sectional, making it impossible to draw inferences as to whether some phenomena of importance preceded or followed in time other phenomena of importance.

In only four published investigations are attempts made to deal with even some of these problems. All four examine the post-care experiences of young people who age out of care, thus largely controlling two important elements of the out-of-home care experience, age of departure (late adolescence) and condition for departure (discharge due to age ineligibility). Even so, three of the studies have several other major limitations, thus
leaving only one project, that reported by Festinger (1983), as the major study known to us to be largely free of the problems vitiating survey-based outcome studies of children formerly in care. Festinger's study, based on a sample of 277 young people who aged out of out-of-home care in 1975, targets a well-articulated population, employs a probability sampling design, and provides information on the life circumstances and problems of these young people shortly after they left care. Its main shortcomings are that it is based on individuals from only one community, is somewhat dated, and most serious, may have a serious sample attrition problem.

In addition to the methodological limitations of previous surveys examining adult experiences of youths formerly in foster care, changes in the out-of-home care system itself have rendered the findings of most such previous studies of limited usefulness today. For example, only four survey studies of youths formerly in out-of-home care have been conducted since the passage of the Independent Living Initiative of 1986 (P.L. 99-272) (McDonald et al., 1996). Although this initiative altered the child welfare services landscape for youths in out-of-home care by providing federal funding for services to prepare youths in care for living independently in the community, almost nothing is known about the degree to which its intent has been realized.

This article presents early descriptive findings of a study, largely free of the limitations of other surveys, that has been investigating the post-care experiences of a group of individuals formerly in out-of-home care in Wisconsin. The goal of the Foster Youth Transitions to Adulthood study (FYTA) is to explore the post-care experiences of youths who have had relatively long stays in out-of-home care. The study also seeks to clarify the extent to which government services, including services provided under the Independent Living Initiative, help youths in out-of-home care make the transition to independence. This article first examines the conditions of the youths as they approach the point at
which they must leave the care of the child welfare system and, second, describes their circumstances 12 to 18 months after they have been discharged from the system.

The descriptive findings from this initial report of the study should be interpreted with caution. Much of the richness of the experiences and conditions of these youths will not be apparent until after the data are subjected to multivariate statistical analyses, yet the descriptive data are sufficiently relevant to foster care policy and practice to warrant presentation here. The presentation of findings is followed by preliminary observations about what the findings might mean for child welfare practice.

Sample and Study Design

Ultimately, the FYTA study will involve three waves of interviews with a cohort of youths who left out-of-home care in Wisconsin in 1995 and 1996. The first wave of interviews was conducted between February and May 1995 before the youths had exited care. The second wave, completed in early 1998, was conducted after the youths had been out of care about 12 to 18 months. The final wave of interviews will happen approximately three years after the youths have exited out-of-home care. The youths voluntarily participate in the study and are paid for their participation. Each interview takes between 60 and 80 minutes to complete, depending on the respondent's pattern of responses.

The youths selected had been in out-of-home care at least 18 months, were 17 or 18 years old at the time of sample selection, and were not developmentally disabled. Selected youths had been in care for a significant period of time because they would be expected to experience the greatest impact of out-of-home placement, be least likely to be reunified with family, and be expected to have adequate preparation for independent living under a program financed by the Independent Living Initiative. Youths as young as 17 were interviewed because experience suggests that
many youths leave the protection of the child welfare system before reaching their 18th birthday, and it is difficult to predict when youths will leave care.

Data from the Wisconsin Human Services Reporting System (HSRS)—the data system used by the state to track the progress of children in out-of-home care—were used to identify young people who met the sample selection criteria. After deleting from the sample those who were either developmentally disabled or who had exited care but had not been recorded as discharged in the HSRS data, a sample of 149 individuals who met the sample selection criteria were assembled. Wave 1 interviews were completed with 141 individuals from this group for a response rate of about 95%. Of those who were not interviewed, six declined to participate in the study, the foster parent of another refused to allow us to conduct an interview, and one youth died before an interview could be conducted.

At Wave 2, 113 young adults were interviewed (80% of those interviewed at Wave 1). As with Wave 1 interviews, the Wave 2 interviews were 60 to 80 minutes long and largely conducted in person at the young adult’s home. A few interviews (n = 6) were completed by phone for respondents who lived outside of Wisconsin.

The youths came from 42 different counties. Milwaukee County had the largest number (n = 42), accounting for about 30% of the original sample, allowing the presentation of limited information on a regional basis (i.e., Milwaukee County compared to the rest of the state). No other county had enough youths in the sample to allow for county-specific analysis.

Demographic Characteristics

About 57% of the first wave sample were female; 65% were Caucasian, 27% African American, 6% American Indian, and less than 2% were of other racial or ethnic heritage. The demographic char-
acteristics of sample members at wave 2 were quite similar: 55% were female, 68% were Caucasian, 24% were African American, 5% were American Indian, and the remainder were of other racial or ethnic heritage. Over 55% of the sample members at Wave 1 had one or more siblings in foster care. At the time of their second interview, 8% of the males and 19% of the females (19%) had parented children, and 6% had ever been married.

**Examples of Youth Who Aged Out of Care**

Before presenting the aggregate findings of the study, consideration of the unique experiences of a few participants in FYTA helps to put a human face on the population of youth aging out of the foster care system.

**Denette**

Denette is an African American young woman who was 17 years old when first interviewed while she lived in out-of-home care in Milwaukee County. Denette had been in care for six years at that point and had lived in two separate foster homes and a child caring institution. She had a relatively untroubled family history in comparison to most youth in the FYTA. She was originally placed in out-of-home care as a result of parental neglect but had no reported history of sexual or physical abuse. Denette did not feel very close to her mother or father but reported feeling somewhat close to her grandparents and very close to her siblings. Given her lack of closeness to her parents, it is not altogether surprising that she expressed a wish to be adopted. She felt very lucky to have been placed in out-of-home care and had generally positive feelings about her out-of-home care providers and the social workers who had tried to help her along the way.

At the time of her discharge from the formal protection of the child welfare system, Denette possessed relatively unusual assets and faced some of the all-too-common challenges of those
leaving the system. Unlike many of her peers, Denette had graduated from high school prior to aging out of the foster care system. In addition, she was fortunate enough to have foster parents who would let her stay with them for a few months past her discharge date, even though the foster care agency stopped providing financial assistance and services to the home. Still, Denette had less than $250 in assets when she was discharged from the system and felt “not at all prepared” to be on her own.

Denette did not report having had many problems making the transition to independence when she was interviewed about one year after she was discharged from foster care. She was attending a community college and working about 20 hours per week at $4.75 per hour. Her biggest problem was medical bills she had incurred during a brief hospital stay after she left care, bills that she had no medical insurance to cover.

**Aaron**

Aaron is a Caucasian young man who was 17 when first interviewed for the FYTA while living in a suburban county near Milwaukee. Aaron had been in care about three years at that point and had been in eight different foster homes and one group home. Aaron comes from a very troubled family in which his mother had a serious problem with alcohol abuse and Aaron was subjected to physical and sexual maltreatment. Not surprisingly, he had run away from home prior to entering out-of-home care. Aaron did not feel close to his mother and did not know his father, but he reported feeling very close to his grandparents and somewhat close to his siblings. Although Aaron felt lucky to have been placed in out-of-home care, he was more ambivalent about the help he received from foster parents and social workers.

Aaron has had a very difficult time coping with the transition to independence. Aaron left care because he was discharged. Not being allowed to stay in an out-of-home care setting after his 18th birthday, he went to live with a friend. He had less than $250 in
assets at the time of his discharge and felt "not at all prepared" to be on his own. Aaron had acquired his graduate equivalency degree (GED) prior to leaving care but had only finished the 10th grade. When he was interviewed about 18 months after leaving care, he was working at a full-time job at $8.00 per hour. He had suffered through a number of crises since leaving the system including an episode of homelessness, being seriously beat up on at least one occasion, and being incarcerated for a short time. Although at the time of our second interview with Aaron he had a steady job and a place to live, he had unmet mental health needs that he could not afford to address due to a lack of health insurance. Aaron had also fathered a son since leaving care who did not live with him and with whom he had very limited contact.

**Maura**

Maura is a Caucasian young woman who was 18 when we first interviewed her in a rural Wisconsin county as part of FYTA. She had been in care about three years at that time and had lived in only one foster home. Maura’s family history is relatively untroubled when compared to other young adults participating in FYTA. She reported no history of maltreatment or serious parental problems. Still, she has no relationship with her father and her mother’s death had precipitated her placement in out-of-home care. Maura reported feeling somewhat close to her grandparents and very close to her siblings. She felt very lucky to have been placed in foster care and that her foster parents and social worker had been a great help to her.

Maura was discharged from the foster care system shortly after reaching the age of 18, having graduated from high school. She went to live with a relative at that time and was still living there when we interviewed her a second time about 14 months after she left foster care. She reported feeling "very prepared" to live on her own when she left the system and had over $250 in assets when she left. Maura reported encountering few problems
since discharge except being short of money “most of the time” and having had occasional problems accessing needed health care due to a lack of insurance. At the time of our second interview, she was working 15 hours per week at $4.25 per hour. Maura reported relying heavily on her kin network for various kinds of support.

**History of Maltreatment and Reasons for Placement in Out-of-Home Care**

At the time of their initial out-of-home placement, only 24% of the respondents were living with both birthparents, 62% reporting living with their birthmother, 11% living with their birthfather, and the remainder living with a wide variety of relatives and friends. Respondents were asked whether they had experienced various forms of child maltreatment prior to being placed in out-of-home care. The questions were framed in terms of specific incidents of maltreatment (e.g., “Did any of your caregivers ever hit you hard with a fist, or kick you or slap you really hard?”). For reporting purposes, questions were grouped into the categories of neglect, physical abuse, and sexual abuse. Neglect was the most common form of maltreatment experienced by the sample members, with 66% reporting one or more incidents. Over half of the respondents (57%) had also experienced one or more incidents of physical abuse prior to entering out-of-home care. Less common was a history of sexual abuse, although with 31% of sample members reporting a history of sexual abuse it was certainly not uncommon. Overall, about 76% of the sample members reported having experienced at least one form of child maltreatment. This varied by region with 64% of respondents from Milwaukee reporting a history of maltreatment compared to 81% in the rest of the state.

The reasons given by sample members for their removal from home varied. Twenty-five percent reported that the primary ba-
sis for their removal was physical abuse, 17% asserted that their removal was due to parental neglect or abandonment, and 11% reported that their placements were due to sexual abuse. Although 16% of the respondents indicated that their placements were voluntary, this is unlikely since all of the sample members were placed by court order. These latter responses may reflect respondents' lack of knowledge or confusion regarding the circumstances of their initial placements.

At Wave 2, youth were asked if they had experienced any abuse or neglect at the hands of a caregiver while they were living in out-of-home care (see Table 1). Neglect was particularly common, with nearly 33% of the young adults reporting that they had experienced one or more forms of neglect from a caregiver while living under the protection of the child welfare system. Interestingly, the most common form of reported neglect involved the perception that items the respondent needed had not been provided by a caregiver because the funds provided for their care had been spent on the adult's interests. A total of 13% (n = 15) of the young adults reported having been physically assaulted in some way by a caregiver while living in out-of-home care. Lastly, one male and one female respondent reported that they had been sexually assaulted by a foster parent while in care. A much larger percentage of the group (17%) had been sexually assaulted by someone other than a foster care provider while living in out-of-home care.

Relations with Family of Origin and Foster Parents

Respondents were asked a series of questions about specific problems that their primary caregivers might have had at the time the respondent was placed in out-of-home care. Approximately 70% of respondents indicated that their caregiver(s) experienced one or more of these problems. For example, 40% indicated that at least one of their primary caregivers abused drugs or alcohol.
TABLE 1
Percentage Reporting Maltreatment While Living in Out-of-Home Care, Wave 2

<table>
<thead>
<tr>
<th>Maltreatment Type</th>
<th>Males (n = 51)</th>
<th>Females (n = 62)</th>
<th>Total (N = 113)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect by caregiver</td>
<td>35</td>
<td>29</td>
<td>32</td>
</tr>
<tr>
<td>Physical abuse by caregiver</td>
<td>12</td>
<td>15</td>
<td>13</td>
</tr>
<tr>
<td>Sexual abuse by a foster care parent</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Sexual abuse by relative, sibling, or another youth</td>
<td>12</td>
<td>21</td>
<td>17</td>
</tr>
</tbody>
</table>

Mental illness of a caregiver was reported by 14% of the sample. Approximately 18% of the youths reported that a caregiver had engaged in domestic violence, and 10% reported that a caregiver had spent time in prison or jail. Lastly, 34% of respondents felt that at least one caregiver possessed inadequate parenting skills.

Data were collected on the family ties of respondents as reported at the time of their Wave 1 interviews (see Table 2). Although many youths did not report close relationships with their parents, family continued to play an important role in the lives of many others. More than half (52%) reported feeling “very close” or “somewhat close” to their birthmothers though reported relations with fathers were more distant, with only 28% of respondents indicating that they felt “very close” or “somewhat close” to their male parents. Although only a small fraction of sample members reported on their relationships with a stepparent, the majority of these indicated that they were not close to either their stepmothers or stepfathers. A somewhat different picture emerges in respondents’ reports on their relationships to other family members. More than half (56%) indicated that they were at least somewhat close to their grandparents and more than three-quarters (76%) reported being at least somewhat close to their siblings.

Data on visits between the children in care and other family members follow the patterns expressed above. Three quarters of those responding at Wave 1 (74%) indicated that they had visits with their birthmothers during the 12 months preceding their sur-
Table 2
Reported Relationship Between Youth and Kin While Youth Was Still in Care, Wave 1 (N = 141)

<table>
<thead>
<tr>
<th>Relative</th>
<th>Very Close</th>
<th>Somewhat Close</th>
<th>Not Very Close</th>
<th>Not at All Close</th>
<th>Not Applicable/No Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>41(29%)</td>
<td>32(23%)</td>
<td>16(11%)</td>
<td>38(27%)</td>
<td>14(10%)</td>
</tr>
<tr>
<td>Father</td>
<td>16(11%)</td>
<td>24(17%)</td>
<td>14(10%)</td>
<td>72(51%)</td>
<td>15(11%)</td>
</tr>
<tr>
<td>Stepmother</td>
<td>0(0%)</td>
<td>4(3%)</td>
<td>5(3%)</td>
<td>15(11%)</td>
<td>117(83%)</td>
</tr>
<tr>
<td>Stepfather</td>
<td>2(1%)</td>
<td>10(7%)</td>
<td>5(3%)</td>
<td>14(10%)</td>
<td>110(78%)</td>
</tr>
<tr>
<td>Siblings</td>
<td>69(49%)</td>
<td>38(27%)</td>
<td>12(8%)</td>
<td>7(5%)</td>
<td>15(11%)</td>
</tr>
<tr>
<td>Grandparents</td>
<td>46(33%)</td>
<td>33(23%)</td>
<td>7(5%)</td>
<td>26(18%)</td>
<td>29(21%)</td>
</tr>
</tbody>
</table>

Very interview, whereas less than two-fifths (38%) reported having visits with their birthfathers during that period. During the same interval, almost 65% of sample members reported visits with grandparents, and 83% reported visits with siblings. The median frequency of visits with birthmothers among those reporting such visits was once a month, that for fathers was approximately twice every three months.

The lack of close family ties for many sample members is also seen in their preferences for future family relationships. Approximately 41% of all respondents indicated that they wished that they had been adopted. Seemingly, the relationships of these youths to their parents or the circumstances of their parents’ lives had remained sufficiently problematic that they had little desire to live again with their families of origin.

These attitudes notwithstanding, the participants on the whole had a great deal of contact with their birthfamilies after discharge. As noted below, about one-third (31%) lived with relatives after discharge, and family members were the most common source of monetary help since discharge. Fifty-five percent had visited their birthmothers at least once since discharge, and 35% had visited their birthfathers. Twenty-one percent felt that they saw their parent(s) too little. Eighty percent indicated they had visited with a sibling at least once since discharge.
Social Support

Social support is an important contributor to well-being. Youths aging out of out-of-home care might experience disruptions in the level of social support they receive from various people in their lives, particularly their out-of-home caregivers. The Multi-dimensional Scale of Perceived Social Support (MSPSS) (Zimet, Dahlem, Zimet, & Farley, 1988) was administered to our sample members to assess their perceptions of the level of support they receive from others. The MSPSS assesses social support from “family,” “friends,” and a “significant other” (a special friend). A separate set of questions for sample members living in foster homes was constructed to assess their perception of the support they receive from their foster family. Each item was a statement to which the sample member responded on a seven-point scale ranging from very strongly agree (7) to very strongly disagree (1). Higher scores indicate a greater level of perceived social support.

At Wave 1 interviews, while still in out-of-home care, respondents reported a high level of social support, with an average score per item on the MSPSS of 5.13. Average scores on the subscales were high, with the exception of support from family. Average subscale scores were 5.85 for significant other, 5.72 for friends, 5.51 for foster family, and 3.82 for family. The relatively lower score for family no doubt reflects the relatively poor relationship many of the youths have with their families of origin. Analysis of sample members’ perceived social support at Wave 2 (12 to 18 months after discharge) indicates that the young adults had nearly the same perceptions as they had when interviewed while they were in care. Specifically, MSPSS scores at Wave 2 suggest that, on average, the young adults perceive the receipt of a great deal of support from significant others, friends, and their former foster families, whereas they report receiving somewhat less support on average from their birthfamilies.

Although the young adults’ perception of social support from their birthfamilies was, on average, relatively low when compared
to other sources of support, families continue to play an important role in the lives of many of these young adults. When asked where they received their social support, a large percentage of the respondents did feel that their families were supportive. Forty percent reported that their families tried to help them, 46% indicated their families provided emotional support to them, and 49% agreed that they could talk with their families about problems.

Foster parents also remain an important factor in the participants’ lives after discharge. Of the youths, 40% reported that they spoke with their previous foster parents at least once a week 12 to 18 months after discharge. Furthermore, 20% of the youths agreed that their foster families continued to help them, provided emotional support, and helped them make decisions after discharge.

**Need for Placement in Out-of-Home Care**

Two questions asked during the first interview assessed sample members’ perception of the necessity of their placement in out-of-home care. Their overwhelming response was that the placement was necessary and that no services could have prevented placement. The first question asked, “Looking back at everything that has happened, would you say that your placement was necessary or not necessary?” Only 7% indicated that the placement was not necessary, whereas 90% felt that it was necessary. An additional 3% answered with “don’t know.” The second question asked, “In your opinion, are there any services, that were either unavailable, or not made available at the time you were placed, that would have avoided the need to place you in out of home care?” Eighty-seven percent of respondents indicated no services would have avoided the need for placement, 9% felt that the provision of additional services could have made a difference, and 4% did not know. Nearly all of those who indicated that services could have helped mentioned services directed at helping their parents (e.g., counseling, substance abuse treatment).
A related question was asked about services that might have allowed youths who spent time in group care to remain in a less intensive setting. The question asked, "Were there any services that would have allowed you to remain in a less intensive setting, like a foster home, rather than a group care setting, or institutional setting?" Of the 67 sample members (48%) who had spent time in a group home or child caring institution, only 8 (12%) indicated that services might have allowed them to remain in a less intensive placement. An additional 4 (6%) either did not know or declined to answer the question.

**Experiences in Out-of-Home Care**

On average, the sample members had lived in out-of-home care of some sort (i.e., foster family care, kinship foster care, or non-secure group care) for about 5.5 years (median stay 4.4 years). Respondents' reports also indicated that they were placed in an average of 4.6 out-of-home care settings (median placements = 3), these including placements in foster homes, group homes, residential treatment centers, and kinship foster homes. Approximately 36% of the youths had lived in some form of congregate care, about 27% had lived at some time in kinship foster care, and all but 8% had lived in at least one foster family home. The large majority of sample members reported having positive relationships with their out-of-home caregivers. Seventy-five percent of all respondents felt "somewhat close" or "close" to the adults who provided them with care. Despite these attitudes, 37% reported that at some previous time they had run away from their out-of-home care placements, and two-thirds of these youths had run away more than once.

Although it is not possible to assess in detail the relationships of sample members to their child welfare workers, their contacts were generally not frequent. During the year preceding Wave 1 interviews, the median number of in-person contacts between sample members and their social workers was approximately
six. The median number of phone contacts over the same period was three. This varied considerably by region, with fewer in-person and phone contacts in Milwaukee County than in the balance of the state. The median number of in-person visits was two in Milwaukee and 10 in the rest of the state. The median number of phone contacts was three in Milwaukee and five outside Milwaukee.

Attitudes Toward Out-of-Home Care

Sample members were asked a series of questions intended to assess their attitudes toward their out-of-home care experiences and the likelihood that they would turn to the child welfare system for support in the future. Items intended to assess the respondents' attitudes toward out-of-home care consisted of statements to which sample members could respond on a seven-point scale ranging from very strongly agree to very strongly disagree with a middle category indicating neither agreement or disagreement with the statement. The clear majority of sample members had a positive attitude toward, and experience with, the child welfare system. Three-quarters of respondents (78%) agreed with the statement that they were “lucky” to have been placed in out-of-home care. About 73% agreed that they were generally satisfied with their experiences in out-of-home care. Fully 80% agreed with the statement that “foster parents have been a help to me,” although only about 51% felt the same way toward social workers.

Despite these generally positive attitudes, a significant percentage of sample members indicated dissatisfaction with several aspects of their out-of-home care experiences. For example, a significant minority of respondents indicated that they felt lonely in out-of-home care (32%), that they were somehow different from other youths (37%), or that they had “no roots” (29%). They felt that being in out-of-home care was not like being in their own
family (52%). Many (34%) did not want to let on that they were in out-of-home care. Nearly half (48%) wished that they knew more about their own family background.

Other sample members' concerns had to do with the child welfare agency, the respondents' out-of-home caregivers, and the conditions they experienced while in out-of-home care. About 17% felt that the child welfare agency did not have their best interests in mind. More than one-third (35%) felt that the agency had too much say over family visiting. More than one-quarter (28%) felt that foster parents treated their own children better than foster children. About 34% of respondents indicated that they had been "mistreated" at least some of the time while in out-of-home care.

Surprisingly, a substantial percentage of the youths indicated that in the event of personal difficulty, they would turn to the child welfare system for help after being discharged from care. Sample members were asked how likely they were to seek help for a number of types of problems from their out-of-home care agency after they left care. More than two-fifths of respondents indicated that it was "likely" or "very likely" that they would turn to their agency for help with finances (41%), as well as personal (48%), employment (49%), family (42%), and health (41%) problems. More than one-half (53%) stated that it was likely or very likely that they would seek help in obtaining housing.

Independent Living Training and Services

At Wave 1, sample members were asked questions about their preparation for independent living and asked whether they had been trained in a number of areas such as money management, food preparation, personal hygiene and health care, finding housing, transportation and employment, educational planning, using community resources, interpersonal skills, legal skills, and parenting (see Table 3).
### Table 3

**Reported Training in Independent Living Skills, Wave 1 (N = 141)**

<table>
<thead>
<tr>
<th>Type of Training</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Money management and consumer awareness</td>
<td>98</td>
<td>70</td>
</tr>
<tr>
<td>Food purchasing and preparation</td>
<td>109</td>
<td>77</td>
</tr>
<tr>
<td>Personal appearance/hygiene</td>
<td>113</td>
<td>80</td>
</tr>
<tr>
<td>Personal health</td>
<td>121</td>
<td>86</td>
</tr>
<tr>
<td>Housekeeping</td>
<td>117</td>
<td>83</td>
</tr>
<tr>
<td>Housing</td>
<td>95</td>
<td>67</td>
</tr>
<tr>
<td>Transportation</td>
<td>110</td>
<td>71</td>
</tr>
<tr>
<td>Educational planning</td>
<td>115</td>
<td>82</td>
</tr>
<tr>
<td>Job-seeking skills</td>
<td>121</td>
<td>86</td>
</tr>
<tr>
<td>Job maintenance skills</td>
<td>104</td>
<td>74</td>
</tr>
<tr>
<td>Emergency and safety skills</td>
<td>115</td>
<td>82</td>
</tr>
<tr>
<td>Knowledge of community resources</td>
<td>98</td>
<td>70</td>
</tr>
<tr>
<td>Interpersonal skills</td>
<td>112</td>
<td>79</td>
</tr>
<tr>
<td>Legal skills</td>
<td>84</td>
<td>60</td>
</tr>
<tr>
<td>Decisionmaking and problem solving</td>
<td>125</td>
<td>89</td>
</tr>
<tr>
<td>Parenting skills</td>
<td>86</td>
<td>61</td>
</tr>
</tbody>
</table>

The average percentage of sample members reporting that they had been trained in a given area was 76%. The percentage who indicated they had been trained varied considerably, however, depending on the skill or area of knowledge in question. For example, more than 85% of respondents stated that they had been educated about personal health care and trained in job seeking and decisionmaking skills. In contrast, less than 70% had been trained in money management, legal skills, making use of community resources, or parenting. Youths in Milwaukee were somewhat less likely than youths in the rest of Wisconsin to receive independent living services. The average percentage of sample members reporting that they had been trained in a given area was 71% in Milwaukee County and 78% outside of Milwaukee.

The youth were asked to identify the primary source of their independent living skills training. The largest percentage (39%) indicated that their training came mostly from foster parents; another 32% obtained most of their training from specialized in-
dependent living training programs. Child-caring institutions and group homes provided the bulk of the training to 7% of respondents. The remainder received their training from various other sources. About 9% of the sample members were receiving or had received a financial subsidy of some sort to support their living independently.

The above comments notwithstanding, when asked at Wave 2, after they had left out-of-home care, only a minority of young adults reported that they received concrete assistance in preparing for a variety of life skills prior to discharge (see Table 4). These findings suggest that training in independent living skills does not necessarily include involving foster youths in real-life activities that will be required of them when they are on their own.

The young adults were also asked to describe, in hindsight, how well prepared they were to be on their own when they left out-of-home care. Their responses fell into four categories: not at all prepared, not very well prepared, somewhat prepared, or very prepared (see Table 5).

About one-quarter to one-third of the youths reported a perceived lack of preparedness in several skill areas. For example, one-third reported feeling not at all or not very well prepared to obtain a job (32%) or manage money (32%). Approximately one-third (31%) felt similarly unprepared in how to secure housing,
with 29% of the sample feeling unprepared to live on their own. About one-quarter (23%) felt not at all or not very well prepared regarding health information. Very few felt well prepared for parenting, perhaps reflecting the troubled homes from which these young adults generally came. Feeling unprepared in handling these independent living skills was also reflected in the problems the young adults faced after discharge (see Table 6).

### Educational Attainment and Aspirations

In many respects, the future aspirations of these young people when first interviewed were encouraging. Overall, 92% of respondents were either “very optimistic” or “fairly optimistic” about their hopes and goals for the future. During the interviews with the youths while they were still in care, they were found to have high aspirations regarding their education, although many had significant educational deficits. Although 90% were still attending high schools, less than half would complete their public schooling at the close of the 1994-1995 academic year. The vast majority desired not only to graduate from high school but to enter (79%) and complete (63%) college. Most sample members (71% and 53%, respectively) expected that they would attain these goals when we first interviewed them.
TABLE 6
Problems Experienced "Most" or "All of the Time" Since Discharge, Wave 2 (N = 113)

<table>
<thead>
<tr>
<th>Type of Problem</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having enough money</td>
<td>36</td>
<td>32</td>
</tr>
<tr>
<td>Finding a job</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>Obtaining housing</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Obtaining medical care</td>
<td>50</td>
<td>44</td>
</tr>
<tr>
<td>Making friends</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Obtaining transportation</td>
<td>16</td>
<td>14</td>
</tr>
<tr>
<td>Relations with family</td>
<td>28</td>
<td>25</td>
</tr>
</tbody>
</table>

Nevertheless, some first wave data suggested that the future educational achievements of sample members would be limited. For example, approximately 30% of the sample reported at Wave 1 that they had at some time in the past failed to complete a grade, and almost 37% reported having been in one or more special education classes. Although the degree to which these outcomes were due to constraints on abilities rather than other factors is not known, there is evidence that the living experiences of these young people created some hardship for their educational achievements. Most important, almost 50% of the sample members reported that they had to change schools at least four times since beginning their formal education.

As part of the study, the youths took the Wide Range Achievement Test of Reading (WRAT-R) (Jastak & Wilkinson, 1984), a test designed to measure an individual's reading level. Although a fairly large group (26%) scored at or above a 12th grade reading level, almost one-third (32%) of the sample members were at or below an 8th grade reading level, and two were classified as "pre-reading" according to the WRAT results.

Perhaps not surprisingly, given their educational deficits, finishing high school or continuing with education proved to be less common than suggested by sample members' expectations while in care. At Wave 2, 12 to 18 months past discharge, although 55% of the respondents had completed high school
and another 9% had entered college, 37% had not yet received a diploma or a GED.

Mental Health and Mental Health Care Services

In addition to questions about the amount of contact sample members had with social workers and about the independent living services they had received, youths were specifically asked whether they had received any "mental health or social services" other than placement in out-of-home care during the prior year. Identical questions were asked during the postdischarge (Wave 2) interviews as well. Mental health and social services were defined as "counseling, therapy, group therapy or counseling, medication for your emotions, substance abuse treatment, psychiatric hospitalization, and so on."

Overall, during the year prior to the first interview, about 47% of the youths indicated that they had received some form of mental health or social service; the same percentage reported receiving no such services.10 Reported service receipt varied considerably by region, however, with 54% of respondents from outside of Milwaukee County reporting receiving mental health services but only 31 percent of Milwaukee respondents doing so.

Statewide, among the sample members who reported receiving at least one service during the previous year (n = 66), the most common service reported was individual counseling or therapy (92%). About one-third of those receiving services (32%) reported that they had participated in some form of group counseling or therapy. Although only 14% of respondents who received services had received treatment in a psychiatric hospital in the previous year, 38% had taken medication for emotional problems. About 5% of respondents had received substance abuse treatment, and 8% reported receiving some "other" type of service.

Participants were also asked a series of questions collectively referred to as the Mental Health Inventory (MHI). The MHI (Veit
& Ware, 1983), developed by the RAND Corporation for its Health Insurance Experiment (HIE), assesses respondents’ level of psychological distress and well-being. Scores on the MHI have been shown to be predictive of mental health services utilization (Ware, Manning, & Duan, 1984) and the large number of subjects in the RAND experiment who were within the age range of our study was large enough to provide score norms for both African Americans and Caucasians.

The average scores on the MHI at Wave 1 for both Caucasians and African Americans in the sample were considerably lower than the scores for groups in the same age range in the HIE. In other words, these foster youths reported considerably more psychological distress than is typical for this age group. The mean MHI score for Caucasians in our sample was 65.7, whereas the mean for Caucasians in the HIE sample was 70.9, a difference of about one-third of a standard deviation on this measure ($p < .05$). The mean for African Americans in the sample was 65.8, whereas the mean for African Americans in the HIE sample was 75.4, a difference of .8 standard deviations ($p < .05$).

The youths in the study were much less likely to receive mental health care services once they exited care than while they were in the child welfare system. Only 21% of the young adults interviewed at Wave 2 reported receiving some kind of mental health care services in the previous year. This is a substantial decrease in service usage since Wave 1 when more than twice as many (47%) reported receiving some kind of mental health care service in the previous year.

At Wave 2, the MHI (Veit & Ware, 1983) was readministered. The mean score at Wave 2 was 65 for the Caucasian sample members and 67 for the African American sample members, not a significant change between interview waves. Thus, although the receipt of mental health care services decreased dramatically over time, there is no evidence that the young adults' need for services decreased.
Health Status and Availability of Health Care Services

Sample members were asked a series of questions about their health both during and after discharge from foster care. These questions were also developed by RAND and are referred to as the General Health Rating Index (GHRI) (Davies & Ware, 1981). The mean GHRI score for Caucasians in our sample (68.0) at Wave 1 was lower than that of Caucasians (72.4) from the same age group in the HIE, a difference of about .3 standard deviations ($p < .05$). In contrast, the mean for African Americans in our sample (70.0) was not significantly different from the mean score of comparable African Americans in the HIE (67.4). No significant change was observed in mean GHRI scores between the Wave 1 and Wave 2 interviews: Caucasians still scored lower than their peers, whereas African Americans scored about average.

Obtaining affordable medical care when needed was a significant issue for close to half the participants after discharge. Forty-four percent indicated they had problems acquiring needed medical care most or all of the time. When asked what prevented them from obtaining medical care, 51% stated they had no insurance coverage. Similarly, another 38% said that medical care was too expensive. Only 5% said it was a matter of not knowing where to go, and another 5% said the hours were inconvenient. More than one-quarter of the young adults (28%) could not get needed dental care. Again, a total of 90% attributed unavailability to no insurance coverage or to care costing too much.

Delinquency and Postdischarge Crime

At their Wave 1 interviews, youths were asked whether, on some prior occasions, they had committed one or more delinquent acts prior to the first interview with them. The acts included crimes against property, crimes against persons, and status offenses. For the overall sample, the average number of self-reported delinquent acts was 4.23, with 25% of the respondents reporting they
had committed seven or more acts and 29% reporting they had committed none. Self-reported delinquency was considerably higher outside of Milwaukee county, however, than inside Milwaukee. The mean number of delinquent acts reported by youths in Milwaukee was 3.07, with a median of 1. In contrast, the mean for the remainder of the state was 4.72, and the median was 3.

Not surprisingly, the most commonly reported delinquent acts were among the less serious of those asked by interviewers. For example, the acts admitted by 30% or more of respondents included public rowdiness, petty theft, assault on another person without intent to do serious harm, and driving without a license. A troubling percentage of respondents, however, did report that they had committed more serious crimes. In terms of property crimes, 14% reported having engaged in breaking and entering; the same percentage reported stealing something worth more than $100. Seventeen percent reported dealing in stolen goods, and 11% admitted having stolen a vehicle. Regarding crimes against persons, 18% had attacked someone they lived with, intending to do serious harm; 18% had attacked someone they did not live with intending to do serious harm; and more than one-fifth of the sample (21%) had made obscene telephone calls. Significant numbers had committed other miscellaneous delinquent acts including being drunk in a public place (24%) and interfering with the work of law enforcement authorities (28%). Some had been involved in drug dealing, with 14% having sold marijuana or hashish and 8% having sold hard drugs.

At their Wave 2 interviews, a large proportion of the sample reported they had experienced serious run-ins with law enforcement authorities during the period following their discharge from out-of-home care. Since their discharge from the system, 18% of the young adults had been arrested at least once. Interestingly, the same number of young adults that had experienced arrest had also been incarcerated. Specifically, more than one-quarter of the males (27%) and 10% of the females were incarcerated at least once after discharge.
Living Arrangements After Discharge

Securing stable housing posed a serious problem for some of the youths, though most were able to obtain housing, often with the help of family. Approximately 39% of the sample had to leave their last foster or group care placement because they were discharged from the child welfare system, about one-third (32%) were able to stay for some period of time after discharge in their last foster home, and the remainder either left care of their own volition prior to being discharged (17%) or for other reasons (12%). Fourteen percent of the males and 10% of the females reported being homeless (i.e., living on the street or in a shelter) at least once since discharge (12% of all youths interviewed at Wave 2). Although about 37% of the respondents had lived in the same place since discharge from the child welfare system, 22% had lived in four or more separate places over that period. At Wave 2, 37% of the participants were residing in their own room in an apartment or house, another 31% were living in the home of a relative, and the remaining third were living with a friend, spouse, or partner; in an institution; or in another living situation.

Finances and Employment

While they were still living in out-of-home care, more than 80% of the sample members reported that they had been employed at some time, and 57% currently held a job. They worked on average about 20 hours per week and had wages up to $7.50 per hour (median wage = $4.60 per hour). More than 85% stated they were satisfied or very satisfied with their jobs. Nevertheless, possibly because employment periods were either brief or occasional, less than half (46%) of the youths reported that they had at least $250 in savings when they left care, a condition that may have contributed to the housing problems discussed above.

Another condition likely to have exacerbated the housing problems of many sample members was their spotty employment
experiences following discharge from out-of-home care. Although 81% of the sample members had held at least one job at some point between discharge and the Wave 2 interview, only 61% were employed at the time of their Wave 2 interviews (approximately the same percentage as were employed when they were supported by the child welfare system). The average weekly wage for those with jobs ranged from $54 to $613. There were no statistically significant race/ethnic differences in the rate of employment, but employed Caucasian youth on average were earning $202 per week, whereas African American youth earned $182. There were no gender differences in the likelihood of being employed at follow-up but employed males earned on average $220 per week while females earned $178.

**Public Assistance**

Thirty-two percent of sample members reported at Wave 2 that they had received some form of public assistance since leaving out-of-home care, with more females (40%) than males (23%) receiving such help. There were also notable differences by gender in the percentage of young adults receiving Food Stamps and Aid to Families with Dependent Children (AFDC) or Temporary Assistance to Needy Families (TANF). Twenty-three percent of females had received AFDC or TANF (no males), and 20% of females had received Food Stamps, compared with only 2% of males. The same proportion of males and females (12%) had received Supplemental Security Income; fewer that 4% of males and females had received general assistance or housing assistance.

**Indicators of Difficult Transitions to Independence**

A large minority of the participants experienced situations seriously dangerous to their well-being or otherwise indicative of an unsuccessful transition to independence. Earlier, it was noted that a significant minority of sample members reported involvement
with the criminal justice system and that many had been homeless at some point since discharge. Sample members at Wave 2 were also asked whether they had experienced a number of forms of physical victimization in the 12 to 18 months since they had left the care of the child welfare system. In all, 25% of the males and 15% of the females reported experiencing some kind of serious physical victimization involving being “beat up,” “choked, strangled, or smothered,” “attacked with a weapon,” or “tied up, held down, or blindfolded” against their will. Serious sexual victimization was reported exclusively by females postdischarge. Eleven percent reported having been sexually assaulted, 10% disclosed they had been forced against their will to engage in oral or anal intercourse, and 13% had been sexually assaulted and/or raped since their discharge from out-of-home care.

To obtain a global picture of what percentage of young adults had encountered serious problems in making a successful transition to independence, a calculation was made of how many respondents reported being either seriously physically victimized (as described above), sexually assaulted, raped, incarcerated, or homeless at least once since discharge (see Table 7). Overall, 37% of the youths interviewed at Wave 2 experienced one or more of these unwanted outcomes in the 12 to 18 months after they left out-of-home care. The risk varied by gender, with 43% of males and 32% of females experiencing one of these events.\textsuperscript{12}

Discussion

Although this article draws a rough picture of how the former foster youths participating in FYTA are faring in their first year to 18 months postdischarge, it only begins to conduct the types of analysis necessary to shed light on a number of important questions. Who does well in making the transition to self-sufficient adulthood and who does not? What differentiates the former from the latter? How can we better aid foster youths in achieving independence? Future analysis will try to provide some answers to
these questions using the rich information provided by the participants in FYTA. The picture will hopefully become even clearer with the completion of Wave 3 interviews. Nevertheless, the current findings are suggestive of both the scope of the challenges facing foster youths who age out of the system and of the missing links in service provision to this group.

There should be little doubt that, at least in Wisconsin, a significant proportion of foster youths have a difficult time making the transition to self-sufficiency. To be sure, most of the sample members avoided the worst of the outcomes that we tracked. Moreover, a clear majority believe that they were fortunate to have been placed in out-of-home care. Still, only about three-fifths of the sample were employed when located 12 to 18 months after the child welfare system had relinquished its responsibility for them (this in a state with an unemployment rate less than 5% during the entire interview period). Even those who were employed were, on average, earning less than a full-time worker would be paid at the current minimum wage.

Other related problems were also reported. When most sample members needed medical care, they often could not obtain it. A large minority of respondents encountered housing instability, and significant minorities became homeless or were victims of violence. And clearly, policymakers interested in crime prevention would be hard pressed to find a group at higher risk of involvement with the criminal justice system than the males in the
sample. In short, if one intent of the out-of-care system is to prepare foster youth to compete with their more traditionally domiciled peers in the complex society faced by young people in the United States today, that intent is far short of realization.

At the present, no published studies are known that permit a determination of the degree to which the problems reported by the sample members studied in this investigation are shared by aging out cohorts served by other out-of-home care programs. To the degree that they are, it is difficult not to conclude that, nationwide, there is a need for additional and innovative services for these young people. Some foci for such services seem particularly important. These include the need for concrete assistance to foster care "graduates," rather than merely information, in locating postcare housing and employment; the necessity to reestablish children's ties with family members who, because no alternatives are available, will be asked to reassume their roles as supporters of kin with whom they have had minimal contact; the importance of continuing social and medical services provided to children during their out-of-home care experience; and the need for a transitional safety net that provides young people with the right to periods of shelter and sustenance when faced with unemployment or housing dislocation.¹³

Children enter out-of-home care under difficult circumstances, with the deck often already stacked against them. For some, it may be that out-of-home care brings them stability they might not otherwise have, but that once discharged, they struggle unsuccessfully. For others, though, it may be the abruptness of discharge, coinciding with the cessation of many services and support systems, that in fact contributes to poor adjustment. The experiences of the young adults in the present study suggest that the child welfare system might be able to improve the passage of youths through independent living by building on family strengths while minimizing negative family impact, providing additional concrete assistance in locating housing and employment, providing an improved transitional safety net for those with
the fewest life skills, and ensuring that former foster youth have access to health and mental health care during their move to self-sufficiency. At this point in time, however, more research is clearly necessary to distinguish which services are most useful for improving the lot of young adults forced to make the difficult transition from out-of-home care to being on their own.

Notes

1. These four studies are those by Meier (1965), Festinger (1983), Barth (1990), and Cook, Fleishman, and Grimes (1991). In addition, a well-designed study by Edmund Mech and his colleagues at the University of Illinois should provide much new information on foster youth who age out of care when its results are eventually published.

2. As noted later, the condition for loss of eligibility due to age is not always strictly met, because some young people, aware that their discharge date is imminent, may leave out-of-home care before that date.

3. An early study by Meier (1965) was based on a very small sample (N = 66); the population targeted for the study was not specified, data collection about the current circumstances of sample members took place about 10 years after departure from care, and no documentation was provided specifying or accounting for sample attrition. A more recent investigation (Barth, 1990) was also based on a small sample (N = 62) that was described by the investigator as "very accidental" (p. 423). The federally funded study conducted by Westat (Cook et al., 1991), though targeted largely on youths who aged out of care, suffered from severe sample attrition.

4. Although Festinger (1983) indicated that the attrition from her sample was about 30%, it may be much larger depending on the parameters of the original sampling frame, information that cannot be derived from the published work on the study.

5. Adjudicated delinquents under the supervision of juvenile corrections departments were excluded from the study.

6. The names used in the vignettes have been changed to protect the confidentiality of Foster Youth Transitions to Adulthood participants.

7. Each item was scored as follows: 1 = very strongly disagree; 2 = strongly disagree; 3 = disagree; 4 = neither agree or disagree; 5 = agree; 6 = strongly agree; 7 = very strongly agree.

8. Statistics on placement are taken from the postdischarge interviews since some of the youth experienced additional placements after our first interview with them.
9. In the following discussion, indication that respondents agreed with a statement means that they answered either agree, strongly agree, or very strongly agree to the statement. Likewise, an indication of disagree of respondents with a statement implies that they answered either disagree, strongly disagree, or very strongly disagree to the statement.

10. Nine sample members were not asked the question since they had responded to a pretest version of the survey that did not include questions about mental health and social services.

11. The number of sample members of other races/ethnicities was too small to make meaningful comparisons across groups.

12. If use of public assistance is included as an indicator of difficulty in successfully achieving independence, then fully 55% of the sample (56% of males; 54% of females) experienced one or more of these challenges.

13. One approach for such assistance might be an “account” of time, from which young people who have aged out of care could draw as they encounter housing and employment problems. The life of the account could be limited to a set duration of time following discharge, and the time drawn could be for as little as one day at a time or as much as the total time in the account.

References


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