Youth in Foster Care

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ABSTRACT

This project was conducted with youth who have participated in the Northwood Children’s Services Therapeutic Foster Care program since its inception. It was a mailed survey to which nine youth responded. Generally speaking, the youth rated their experiences positively.

Introduction

Problem Statement

Northwood Children’s Services, the partnering agency for this study, provides a variety of services for youth with emotional and behavioral problems in Duluth, Minnesota. For this research project, Northwood Children’s Services wanted to acquire feedback about the therapeutic foster care services it offers. Program staff wanted to learn more about client satisfaction, what services clients wish were offered, and how this related to the best practice therapeutic foster care literature.

Description of Problem Background

The history of foster care, defined as children placed in informal out-of-home placements, can be traced back to both ancient Jewish practices and Native American practices. Orphaned children were placed in the care of other relatives in extended family units, when parents were unable to care for their children. While this system worked within smaller close-knit communities, American colonists in the late 1700s developed another route to care for impoverished or neglected children. They placed children in the care of a master artisan within a community as apprentices to learn the trade of the “foster parent” until they reached the age of 21 years. While this taught orphaned youth a trade to carry into a self-sufficient adulthood, many children were oppressed and abused in their placements (Everett, 1997).

Eventually the numbers of children orphaned or abandoned outstripped the numbers of institutions able to serve the growing need for their placement. Some children from larger cities were placed in almshouses, which were criticized as unsuitable. Notorious for providing minimal benevolent care, almshouses did not provide sufficient education or proper care to these youth. Soon after, in response to the growing need for proper care of a children’s welfare, orphanages were built (Everett, 1997).

In 1853, Charles Loring Brace, secretary for the New York Children’s Aid Society, originated the family foster care movement. Brace believed in voluntarily “rescuing” youth who were abandoned by parents. He sent these youth from larger cities, deemed unhealthy and filled with dangerous influences, via “orphan trains”, to smaller towns to be in the care of farmers and trades people (viewed as providing a healthy lifestyle). The youth were expected to work in exchange for care. The New York Children’s Aid Society remained the primary guardian for the children and could remove a child from a placement whenever it was deemed necessary (Everett, 1997). There were abuses associated with this arrangement at times as well.

While Charles Loring Brace initiated concern for better care for children, Charles Birtwell, director for the Boston Children’s Aid Society, carried such care a step further in the late 1800s, stressing that the needs of a child should be addressed when considering a placement outside of family. Family reunification was to always be a priority. Children were carefully matched with appropriate foster
families, and continuous supervision of the home ensured proper care for each child (Everett, 1997).

Reform in the foster care system has been continuous since the early 1900s. Federal and state initiatives and policies have been pieced together in order to provide services and support to youth in care. Under the Social Security Act of 1935, numerous funding policies have been adapted, amended, and abolished (Everett, 1997). There has been a proliferation of rules, regulations and funding streams dedicated to provision of out-of-home placements. Some of these have included:

- **Title IV-A of the Social Security Act of 1935:** Passed in 1961 to ensure poor African American children from Louisiana that were denied aid would receive sufficient care outside of their homes.
- **Title IV-B of the Social Security Act of 1935:** Approved in the 1970s to aid the government in taking a more active role in the quality of child welfare services offered (Everett, 1997).
- **Title XX:** Enacted in 1974 to provide states with funding for a variety of social services, including child welfare. This allowed states to have more control over the services and funding for local programs.
- **Adoption Assistance and Child Welfare Act:** Accepted in 1980 and established popular ideas and framework that have maintained as the current goals of the child welfare system.
- **Title IV-E (formerly Title IV-A):** Enacted in the 1990s, serves as a permanent funding source for stipends paid to foster parents, adoption subsidies, and administrative costs.
- **Title IV-B Amendment:** Set up to offer federal matching grants to states for direct services, training, and research in child welfare programs on a permanent basis starting in the 1990s (Everett, 1997).

Therapeutic foster care (TFC) was developed in the second half of the 20th century, as a specialized, more modern form of traditional foster care services designed to address youth placed out-of-home because of emotional and behavioral problems. Rather than being placed in residential treatment facilities, youth were placed into the care of well-trained families who provided a more stable, natural living environment. In order to ensure a more stable environment as well as a smooth transition in and out of care, youth were often placed in their immediate communities to keep them near their families, social and support networks, and schools (Idaho Department of Health and Welfare, 2003).

The services and opportunities provided to youth in therapeutic foster care have varied from state to state. For example, in Arizona, standards have been placed upon TFC homes to provide high levels of interaction between parents and foster youth in daily living, well-trained foster parents, access to support services, possibility of permanent placement, involvement in the planning of services for the youth, and active communication and information sharing. Services offered have been planning for permanency placement, coordinating comprehensive care for successful, meaningful case management, stabilizing living environment, minimizing risks by having a crisis plan in place, and reducing the trauma of transitions (Arizona Department of Health Services, 2004).

Northwood Children’s Services, the partnering agency for this project, has defined its therapeutic foster care as “a unique, caring, and individualized program for young people whose special needs cannot be met in their own families, but who do not require the care of a residential treatment center” (Northwood Children’s Services, 2005). Similar to other such services, Northwood has placed youth with families matched to the special needs of each. Foster parents have received support and supervision from licensed social workers 24-hours a day. Other services provided to foster parents have been training and education, parental support, 24-hour on-call mental health services, child psychiatric services, and respite care within the community (Northwood Children’s Services, 2005).

As costs for child welfare services have escalated, the topic of cost-effective and well-delivered therapeutic foster care has gained importance. Federal money has been a major source of child welfare funding. How programs and organizations serve foster care youth, however, has varied from state to state. Tremendous needs relating to foster care issues have been identified over the years, because many foster care youth have left the system unprepared to take on successful adult responsibilities and roles. Not only have youth needed to learn the proper skills about how to live independently (skills ranging from finding an apartment or job to managing money or cooking), they also have needed services to help them succeed socially as adults.

The literature has often well described the provision of daily services to youth while in care. The
development of programming and implementation of service to assist youth in successfully transitioning out of the system at 18 has become a primary concern:

“States are working to help youth leaving foster care become healthy, productive adults by:
promoting stable, permanent connections to caring adults; assisting youth with the management of their physical and mental health needs; supporting economic success through education and employment programs; providing life skills training to help youth navigate the adult world; improving success to stable and safe housing; and structuring opportunities for youth to provide input on state policies and programs” (NGA Center for Best Practices, 2007, p. 1).

This statement has been typical of the current conversation, research, and findings about foster care. The development of a healthy, stable environment in all aspects of a youth’s life has become the base upon which later adult success has been founded. One of the most desperately needed changes in the direction of foster care programming has been that of assisting fostered youth to better develop the necessary tools to support a successful transition into adulthood. An agency wanting to support this goal in its foster care services must evaluate its services, discover what may be missing, and relate these findings to other effective measures already in place.

Statement Research Proposal and Rationale
The specific research questions to be addressed by this project were:
1) What can children in foster care tell Northwood staff about how effective they think the services they received from Northwood Children Services were?
2) What can clients and former clients of Northwood Children Services tell Northwood staff about other services that might be effective in working with them?
3) How does what the youth share compare with the best practice literature regarding services in foster care?

Research Design
Sample
The Youth in Foster Care Project (YFCP) was a cross-sectional study (O1). All current and former clients from the last five years who entered the therapeutic foster care program of Northwood Children’s Services were contacted for participation. Sixty current and former clients were contacted. Of this number, nine youth responded to the study, making the final return rate 15%.

Research Methodology
Data Collection
Collection of data. The Youth in Foster Care study was descriptive in nature. It described current and former clients’ opinions and perceptions about the services they received and other services they felt would be effective. Data was collected by means of a self-administered mailed survey. There was no identifying information on these surveys, making them anonymous. All surveys included a self-addressed stamped envelope for direct return to the student researcher.

Strengths and limitations of mailed surveys. This self-administered mailed survey data collection method was selected as it would maintain both participant anonymity and confidentiality. In addition, as many clients had aged out of care and/or returned home, it was deemed the easiest manner in which to reach them. It was also relatively inexpensive to conduct and fit into a shorter data collection time line.

While an anonymous and confidential survey did protect the identities of vulnerable clients, it does not guarantee a good return rate. Because the survey was voluntary, youth did not have to return it. To boost the return rate, other potential data collections methods were discussed at the outset; however, protection of vulnerability was seen as a higher priority than return rate by Northwood staff. Even though multiple mailings, as well as follow-up telephone calls and emails to foster parents were conducted, the return rate was exceedingly low. This low mailed survey return has been typical of a transient population and of an adolescent population (Elizabeth Blue, personal communication, March, 2007).
Data Analysis

The data was analyzed using the Minitab statistical package to produce descriptive statistics.

Design and Measurement Validity and Measurement Reliability

Using a cross-sectional study created certain problems with internal and external validity. Internal validity has been defined as the confidence the researcher has in whether or not one variable causes another to change (Rubin & Babbie, 2007). As this survey measured responses at one point in time, the researcher had no control over any influential historical events in a given client’s life or over the maturation of ideas within a client over time. The lack of a pre-test also created internal validity issues.

External validity, defined as the degree to which the researcher will be able to generalize the results beyond the study sample (Rubin & Babbie, 2007), depended upon the return rate of the survey. To determine how representative (generalizable) the data was depended upon how many surveys were returned for analysis. As previously mentioned, in this case, the return rate was 15%, which is considered a poor rate of return. The results from the survey were generalizable only to the actual respondents of the survey.

Measurement Reliability and Validity: Strengths and Limitations of the Survey

Reliability (consistency) within the survey itself had both strengths and weaknesses. The use of close-ended questions supported consistent responses by participants, because it asked the youth to be aware of or recall services they have received recently. However, the survey also asked some open-ended questions the youth appeared to answer incompletely or leave blank. Clear directions were provided on how to answer items on the survey. Also, the survey appeared uncluttered in an easy-to-read format.

The survey demonstrated various forms of measurement validity. Face validity, defined as whether a collection method appears to be a sensible way to measure a variable (Rubin & Babbie, 2007), was ensured by having the overall format and structuring of questions examined by experts (the course instructor and agency partner). On the other hand, the content validity of the survey, the extent to which a question may cover all possible meanings within the concept (Rubin & Babbie, 2007), was not as strong as some of the open-ended questions needed follow-up or related questions to get a the full concept under study. For example, the open-ended items asked youth where they might find services, but nothing that might have indicated they understood processes to access the services.

Ethical, Social Justice and Human Diversity Issues

Northwood Children’s Services mailed the survey to participants from its client list. The researcher did not have access to this mailing list. As all clients were eligible for participation in the study; no gender, age, ethnic, or racial groups were excluded. Since no identifying information was asked, there was minimal, if any, risk for participants if the information were to be accidentally disclosed. Social risk from participation did not occur, as the surveys were based on anonymous client feedback of services. To address these possible ethical concerns, the UW-Superior Institutional Review Board for the protection of Human Subjects examined and approved the YFCP, protocol #295.

Study participation was voluntary. An informed consent letter was provided to potential participants stating the purpose of the project, what risks may be involved as discussed above, and that participation is encouraged, but voluntary. If the subject chose to return the survey, then consent was assumed. No deception was used. Anonymity and confidentiality were both assured. All surveys were stored in a secure place when not in direct use by the researcher and were destroyed following the end of the project.

Because the YFCP surveyed a vulnerable population, services provided to the youth need to be critically examined and improved based upon client feedback and evidence from the literature. Voluntary participation in this project allowed and encouraged this at-risk group to utilize their voice about the services they have received and services they wished Northwood would offer. Offering a chance to anonymously fill out a survey provided clients empowerment to express their opinions in a way to help themselves and those in the future.
Results

Findings Analysis

Of the 60 current and former clients contacted, nine youth participated in this project. All nine participants were young men between the ages of 16 to 18 years. Although Northwood Children’s Services also serves girls and young women, none returned the survey. The questionnaire used a combination of open-ended questions, checklists and Likert scale items.

Close-Ended Items

Table one, below, illustrated the service status of the young men who participated, in relation to their ages.

Table #1: Service Status and Age

<table>
<thead>
<tr>
<th>Client Status</th>
<th>16 years old</th>
<th>17 years old</th>
<th>18 years old</th>
<th>ALL # (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current client</td>
<td>2 (33%)</td>
<td>1 (17%)</td>
<td>3 (50%)</td>
<td>6 (75%)</td>
</tr>
<tr>
<td>Former client</td>
<td>0</td>
<td>0</td>
<td>2 (100%)</td>
<td>2 (25%)</td>
</tr>
<tr>
<td>ALL (%)</td>
<td>2 (25%)</td>
<td>1 (12.50%)</td>
<td>6 (62.50%)</td>
<td>8 (100%)</td>
</tr>
</tbody>
</table>

Two 16-year-olds, one 17-year-old, and six 18-year-olds participated in this project. Six listed their service status as a current client, while two indicated they were former clients. One 18-year-old did not answer whether he was a current or former client. While Northwood Children’s Services can serve youth in therapeutic foster care from the ages of 13-21, the mean age of a youth participating in this study was 17.4 years of age.

Youth were then asked to identify all the services they had received from Northwood Children’s Foster Care Services.

Table #2: Please identify all of the services you have received from Northwood Children’s Foster Care Services.

<table>
<thead>
<tr>
<th>Services Received</th>
<th># (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health referral(s) for outside psychiatric services</td>
<td>4 (44.44%)</td>
</tr>
<tr>
<td>In-home mental services</td>
<td>2 (22.22%)</td>
</tr>
<tr>
<td>Medical referral</td>
<td>5 (55.56%)</td>
</tr>
<tr>
<td>Crisis intervention</td>
<td>3 (33.33%)</td>
</tr>
<tr>
<td>Therapeutic foster care services</td>
<td>5 (55.56%)</td>
</tr>
<tr>
<td>Respite care</td>
<td>4 (44.44%)</td>
</tr>
<tr>
<td>Independent living skills education</td>
<td>6 (66.67%)</td>
</tr>
<tr>
<td>Family reunification services</td>
<td>4 (44.44%)</td>
</tr>
</tbody>
</table>

Medical referrals, therapeutic foster care services, and independent living skills education were the services noted as most often received. All three of these were identified as such by more than half of the respondents.
Table #3: At this time, how well do you feel you can/could access, on your own, services that you would need to live independently?

<table>
<thead>
<tr>
<th>Access to Services Rating Scale</th>
<th>16 years old</th>
<th>17 years old</th>
<th>18 years old</th>
<th>ALL # (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Very well able to access services</td>
<td>0</td>
<td>1 (33%)</td>
<td>2 (67%)</td>
<td>3 (50%)</td>
</tr>
<tr>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2 (100%)</td>
<td>2 (22%)</td>
</tr>
<tr>
<td>3</td>
<td>1 (50%)</td>
<td>0</td>
<td>1 (50%)</td>
<td>2 (22%)</td>
</tr>
<tr>
<td>4</td>
<td>1 (50%)</td>
<td>0</td>
<td>1 (50%)</td>
<td>2 (22%)</td>
</tr>
<tr>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6-Not at all able to access</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Seven of nine respondents (78%) rated themselves as able to access services. Five of the six 18-year-olds (83%) rated themselves as able to access services. The average answer for all ages was 2.3 on a scale of “1” through “6.” Responses ranged from “1” to “4.”

Table #4: How well do you feel you know where in the community to find needed resources?

<table>
<thead>
<tr>
<th>Access to Resources Rating Scale</th>
<th>16 years old</th>
<th>17 years old</th>
<th>18 years old</th>
<th>ALL # (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Very well able to access services</td>
<td>0</td>
<td>1 (25%)</td>
<td>3 (75%)</td>
<td>4 (44%)</td>
</tr>
<tr>
<td>2</td>
<td>1 (33%)</td>
<td>0</td>
<td>2 (67%)</td>
<td>3 (33%)</td>
</tr>
<tr>
<td>3</td>
<td>1 (50%)</td>
<td>0</td>
<td>1 (50%)</td>
<td>2 (22%)</td>
</tr>
<tr>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6-Not at all able to access</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

All nine respondents (100%) felt they knew where to access community resources. Responses ranged from “1” to “3,” while the mean score was a 1.8. This mean indicated that on average, the youth indicated confidence in their ability to find necessary community resources.

Table #5: How well does/did Northwood Children’s Services help you find mental health resources?

<table>
<thead>
<tr>
<th>Mental Health Access Rating Scale</th>
<th>16 years old</th>
<th>17 years old</th>
<th>18 years old</th>
<th>ALL # (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Very well able to access services</td>
<td>1 (%)</td>
<td>1 (%)</td>
<td>3 (75%)</td>
<td>5 (56%)</td>
</tr>
<tr>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1 (100%)</td>
<td>1 (11%)</td>
</tr>
<tr>
<td>3</td>
<td>1 (50%)</td>
<td>0</td>
<td>1 (50%)</td>
<td>2 (22%)</td>
</tr>
<tr>
<td>4</td>
<td>0</td>
<td>0</td>
<td>1 (100%)</td>
<td>1 (11%)</td>
</tr>
<tr>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6-Not at all able to access</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Eight of the nine respondents (89%) felt Northwood Children’s Services had assisted them in accessing mental health resources. Five of the six 18-year-olds (83%) felt Northwood Children’s Services had assisted them in accessing mental health resources. The overall average response was 1.9, indicating
that, on average, the youth felt Northwood Children’s Services were helping youth find any necessary mental health resources while in care. Responses ranged from “1” to “4.”

Table #6: When you need help, who do you go to? Check all that apply.

<table>
<thead>
<tr>
<th>People to Help</th>
<th># (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>5 (55.56%)</td>
</tr>
<tr>
<td>Northwood staff</td>
<td>4 (44.44%)</td>
</tr>
<tr>
<td>Counselor/therapist</td>
<td>2 (22.22%)</td>
</tr>
<tr>
<td>Northwood social worker</td>
<td>1 (11.11%)</td>
</tr>
<tr>
<td>Probation officer</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Foster family</td>
<td>4 (44.44%)</td>
</tr>
<tr>
<td>Friends</td>
<td>7 (77.78%)</td>
</tr>
<tr>
<td>County social worker</td>
<td>1 (11.11%)</td>
</tr>
<tr>
<td>Medical doctor</td>
<td>2 (22.22%)</td>
</tr>
<tr>
<td>Other (see below)</td>
<td>3 (33.33%)</td>
</tr>
</tbody>
</table>

Respondents noted most often that they turned to friends (78%) when in need of help. Family was selected as the second most often chosen (56%). It appears that although youth were in out-of-home care, they went to their friends and family for help, with over half of the youth indicating these two choices. After those two, Northwood staff and the foster family were tied as often chosen resources for assistance, at 44% each. When “Other” was selected, youth wrote: “No one,” “usually me,” and “ONE” [Oh No 18 Program].

Table #7: Of the services you have received at Northwood Children’s Services, what have you found to be helpful? Check all that apply.

<table>
<thead>
<tr>
<th>Services Received</th>
<th>Found It Helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health referral(s) for outside psychiatric services</td>
<td>5 (55.56%)</td>
</tr>
<tr>
<td>In-home mental services</td>
<td>1 (11.11%)</td>
</tr>
<tr>
<td>Medical referral</td>
<td>2 (22.22%)</td>
</tr>
<tr>
<td>Crisis intervention</td>
<td>1 (11.11%)</td>
</tr>
<tr>
<td>Therapeutic foster care services</td>
<td>2 (22.22%)</td>
</tr>
<tr>
<td>Respite care</td>
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</tr>
<tr>
<td>Independent living skills education</td>
<td>4 (44.44%)</td>
</tr>
<tr>
<td>Family reunification services</td>
<td>3 (33.33%)</td>
</tr>
<tr>
<td>Other (see below)</td>
<td>1 (11.11%)</td>
</tr>
</tbody>
</table>

Youth most often chose mental health referral(s) for outside psychiatric services (56%), respite care (44%), and independent living skills education (44%) as services provided by Northwood Children’s Services that were helpful. One “N/A” was placed in the other category.
While Table 2 showed which services the youth had received, five youth indicated mental health referrals as a beneficial service though only four indicated they had received that service.

Furthermore, four youth had indicated that they had received respite care while with Northwood Children’s Services, and all four indicated this service to be helpful.

Also noteworthy, five youth received medical referrals but only two indicated this service to be helpful.

Additionally, five youth indicated they were or had been in the therapeutic foster care program, and again, only two found this service to be helpful.

Next, information was sought about what barriers the youth experience when seeking services in the outside community. Fortunately as illustrated in Table #8a (below), youth did not indicate any major concerns with seeking outside services from the list of barriers.

Table #8a: What do you see as barriers to you accessing outside services in the community? Check all that apply.

<table>
<thead>
<tr>
<th>Barriers</th>
<th># (%): n=9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not know what services are available</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Do not know how I would be treated at another agency</td>
<td>2 (22.22%)</td>
</tr>
<tr>
<td>Do not know what specific services I am eligible for</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Do not have transportation</td>
<td>2 (22.22%)</td>
</tr>
<tr>
<td>Do not want to go by myself</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Do not know when services are open</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Do not know where services are located</td>
<td>1 (11.11%)</td>
</tr>
<tr>
<td>Do not want my friends to know I am seeking services</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Do not want my family to know I am seeking services</td>
<td>1 (11.11%)</td>
</tr>
<tr>
<td>Other (see below)</td>
<td>3 (33.33%)</td>
</tr>
</tbody>
</table>

Three youth answered “Other” as the most common barrier. Written-in answers included: “I don’t want to ‘nothing checked, but wrote in margin: “don’t know what you want me to do;” and “I am doing gost [just] fine “

Some barriers were chosen by two of the youth: not knowing how they would be treated at another agency and not having transportation. Still other barriers were chosen by one of the youth: not knowing where services are located and not wanting a family member to know they are seeking services. Overall, youth did not overwhelmingly indicate any major concerns about barriers.

Because respondents could select “all that applied,” they may have chosen more than one answer here. When broken down by age category, the respondents made the following choices. Table #8b:

<table>
<thead>
<tr>
<th>Barriers</th>
<th>16 Y.O.</th>
<th>17 Y.O.</th>
<th>18 Y.O.</th>
<th>ALL # (%): n=9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not know how I would be treated at another agency</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2 (22%)</td>
</tr>
<tr>
<td>Do not have transportation</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2 (22%)</td>
</tr>
<tr>
<td>Do not know where services are located</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1 (11%)</td>
</tr>
<tr>
<td>Do not want my family to know I am seeking services</td>
<td>0</td>
<td>0</td>
<td>1 (100%)</td>
<td>1 (11%)</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
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</tr>
<tr>
<td>Other (see Table 9a)</td>
<td>2</td>
<td>0</td>
<td>1 (33%)</td>
<td>3 (33%)</td>
</tr>
</tbody>
</table>

Of the noted barriers, two 18-year-olds indicated they were not sure how they would be treated at another agency. One 16-year-old indicated he was not sure where services were located. Transportation was an issue for both a 17-year-old and an 18-year-old. One surprising response from an 18-year-old indicated that he did not want his family to know he was seeking services.

**Open-Ended Items**

The following answers were provided to open-ended questions on the survey. The “Tell us one…” series of questions were asked in order to assess youths’ ability to identify services they may need to seek while living independently.

First they were asked to note one (non-family) place they could go for financial assistance if they needed it:

- Bank: get a loan
- Bank (5)
- No answer

Six youth indicated they would go to a bank first for financial assistance. However, it is not clear from their responses whether the youth understand the banking system, like how to open a checking or savings account or how to apply for a loan. Other responses included seeking assistance from a program or a friend.

Then, youth were asked to note one (non-family) place they could go for housing assistance if they needed it:

- Shelter
- Real estate
- Friend (2)
- Military
- Section 8
- Northwoods
- Bank
- Renaiassance [Renaissance]/HRA

Two youth revealed they would go to a friend if in need of housing assistance. Three youth indicated they would seek assistance from various programs within the community. One youth suggested he would join the military to receive housing assistance, even though typically recruits do not leave immediately upon signing up.
Next, youth were asked to note one (non-family) place they might receive assistance for finding a job:

- Job core (corps)
- Workforce
- The place
- City building
- Jobs
- Northwood
- ONE
- Military
- Newspaper / the internet

Five of the nine youth identified programs or locations to receive assistance in finding a job. However, the other four choices were vague or unclear as to the youth’s true intention.

Also, youth were asked to note one (non-family) place where they would be able to access mental health services:

- Don’t know
- HDC (2)
- Thapisest [therapist]
- Hospital (4)
- Miller Dwan

Eight of the nine youth knew where mental health resources could be accessed. Though, no clear idea from the responses indicated if the youth know how to get into these locations to receive the help or how to pay for services received.

The next two questions directly asked youth about any other one service they wished Northwood Children’s Services would offer and how the foster care services could be improved. First, youth were asked to note one service Northwood Children’s Services does not have right now that they wish was offered:

- Don’t know
- None (2)
- ?
- Driver’s Ed
- More trips
- No answer
- Nothing
- N/A

Two services written-in included driver’s education training and more trips. The seven other youth could not provide an exact service they wished Northwood Children’s Services would provide.

Finally, youth were asked to express their opinion on how Northwood Children’s Services could improve their foster care services:

- Don’t know
- No
- ?
- None
- Get a bigger van
- No answer (2)
- N/A
- The beds

Two youth provided answers that related to the daily living aspects of care, requesting better beds and a bigger van, rather than pinpointing any programming services that might affect their overall care or whether they reached their eventual goals of becoming functional adults. Most of the youth did not answer or could not think of a response on how Northwood Children’s Services could improve their foster care services.

Application of Findings

These youth responded to the survey in manner consistent with what was reported in the best practice literature. According to the literature, independent living skills education, family reunification, and referrals to agencies assisting youth to receive needed help, which received high satisfaction scores with this study group, have been receiving a push in the foster care system (NGA Center for Best Practices, 2007, p. 1). Training youth to be healthy, stable adults once they leave any form of foster care has been the primary goal outlined in the literature. The findings from this study conveyed an overall client satisfaction with the services Northwood Children’s Services provided to the nine youth who participated in this project. While these youth did not seem to recognize a need for additional support in this area, other area youth often have identified lack of a support network as a major barrier in their adult lives (Several members of the Foster Club All-Stars, personal communication, August 2, 2007).
Conclusion

Summary

The nine youth participants in foster care from Northwood Children’s Services indicated that they were generally satisfied with the services they have received. Respite care, independent living skills education, mental health referrals to outside agencies, and family reunification services were most often rated helpful. The nine youth did not identify additional programming services they wish Northwood Children’s Services would offer. For example, these youth did not identify the need to develop a support network around them in order to help them successfully transition out of care. Numerous reasons could have contributed to youth not identifying this on the survey, including misunderstanding of the survey’s goals, lack of willingness to acknowledge needing help, composition of survey items, and/or level of maturity of the youth participant.

Responses provided by the youth to open-ended items seemed to indicate a high level of concrete thinking and to be minimal, immature, or incomplete. For example, the youth identified a bank as a place to receive financial assistance. However, the youth, with their one or two word responses, did not indicate genuine understanding of whether they actually know how a banking system might be of real benefit to them financially. In another case, a youth went into minimal detail, saying he would get a loan. It is not clear from his very short response if he actually understands loan criteria or the loan application process. Again there could have been numerous reasons why youth gave such short responses. Whatever the reasons(s), it is clear that these youth needed additional assistance in the research process in being drawn out as to their opinions.

These youth may need additional supportive, step-by-step tutorials or experiences on how to navigate the various systems they identified in the survey. Programming geared towards youth who think concretely may need to be developed in order to better prepare a youth for independence. Many times throughout the “Tell us one…” portion of the survey, youth identified Northwood Children’s Services as a place to turn for assistance in a variety of services; Northwood may or may not be encouraging the youth to return in this fashion for assistance. For example, how much of these kinds of return visits for assistance is the agency prepared to take on in terms of time and staffing?

These youth may also need aid in navigating the various systems of concern to them. Some of the youth knew they could go to a variety of programs in the community for housing assistance, but may not have known how to actually request support. Furthermore, most youth said they knew where they could go to receive help with mental health issues, but may not have known how to make appointments on their own or how to handle billing and insurance issues. Developing programming to educate youth in the processes involved in seeking services post-care could fit well into the goal of preparing them for more adult responsibilities and roles.

Suggestions for future research

Northwood Children’s Services appears to be initiating an investment in continued research with the youth in the therapeutic foster care with the onset of this research project. In conducting future research, face-to-face interviews with a limited number of randomly chosen youth, conducted by a neutral, third-party interviewer, might draw more information from the youth. Also, in conducting face-to-face interviews, there might have been a higher return rate. In the future, additional questions should be asked about specific processes that would indicate that the youth were thinking about and/or mastering the goals for independent and appropriate transition into adult roles and responsibilities.
References
Appendices

A. Informed consent letter
B. Survey
Appendix A: Informed Consent Letter
Youth in Foster Care

Welcome to the Youth in Foster Care Survey! This is a research project sponsored by the University of Wisconsin-Superior McNair Scholar’s and Social Work Programs and Northwood Children’s Services.

- The purpose of this project is to collect information that will add to the professional understanding of foster care services provided by Northwood Children’s Services.
- Your contribution to this project will involve participating in the enclosed survey.
  - Included in the survey are questions regarding your views of the therapeutic foster care and any recommendations you have for change.
  - The survey has been designed so that there are no “right” or “wrong” answers.
- All answers given will be confidential and anonymous.
  - The surveys will have no identifying information on them.
  - Only the student researcher will see these surveys, as they are returned directly to her.
  - No Northwood staff will see the raw survey data; they will get a report based on summaries of what is on the surveys.
  - Your completed surveys will be kept in a locked file when the student researcher is not using them.
  - They will be destroyed after the report is complete.

You may be participating in this project while in care with Northwood Children’s Services or you may have been discharged recently. Because the survey is anonymous, we will not know whether or not you chose to complete the survey. This means that there can be no negative effect on your relationship with Northwood Children’s Services.

You will not receive any direct benefit from this particular study, but your participation in the survey study will benefit other youth who will be experiencing these foster care services in the future.

While we would like you to participate, it is completely your choice about whether or not you do. This is called voluntary participation.

By completing the enclosed survey and mailing it back to the student researcher, you are consenting to participate in the study. Please return the completed survey by Monday, July 30th.

If you should have concerns about your treatment as a subject in this study, please call or write:
Provost Christopher Markwood
Telephone: 715-394-8449
This research project has been approved by the UW-Superior Institutional Review Board for the Protection of Human Subjects, protocol #295.
Again, please do not put your name anywhere on this survey.

Thank you for your participation,

Nicole L. Patnaude       Melissa A. Winkler-Korte
UWS Social Work Student  Northwood Children’s Services
Appendix B: Survey
Northwood Children’s Services Youth in Foster Care Survey

Thank you for agreeing to participate in this study. Again, the purpose of this study is to find out more about the foster care services you are receiving or have received in the past from Northwood Children’s Services.

Please return this survey in the enclosed envelope by MONDAY, JULY 30th.

1) Please identify all of the services you have received from Northwood Children’s Foster Care Services.
   □ Mental health referral(s) for outside psychiatric services
   □ In-home mental services
   □ Medical referral
   □ Crisis intervention
   □ Therapeutic foster care services
   □ Other, please explain ____________________________

2) At this time, how well do you feel you can/could access, on your own, services that you would need to live independently?
   1  2  3  4  5  6
   Very well able to access
   Not at all able to access

3) How well do you feel you know where in the community to find needed resources?
   1  2  3  4  5  6
   Know very well
   Do not know well

4) Tell us one (non-family) place you could go for financial assistance if you needed it?
   Tell us one (non-family) place where you could find housing assistance?
   Tell us one (non-family) place where you might find assistance for getting a job?
   Tell us one (non-family) place where you would be able to access mental health services?

4) How well does/did Northwood Children’s Services help you find mental health resources?
   1  2  3  4  5  6
   Very well
   Not well at all
5) When you need help, who do you go to? Check all that apply.

- □ Family
- □ Northwood staff
- □ Counselor/therapist
- □ Probation officer
- □ Other, please explain ____________________________

- □ Foster family
- □ Friends
- □ County social worker
- □ Medical doctor
- □ Northwood social worker
- □ County social worker
- □ Medical doctor
- □ Northwood social worker
- □ County social worker
- □ Medical doctor

6) Of the services you have received at Northwood Children’s Services, what have you found to be helpful? Check all that apply.

- □ Mental health referral(s) for outside psychiatric services
- □ In-home mental services
- □ Medical referral
- □ Crisis intervention
- □ Therapeutic foster care services
- □ Other, please explain ____________________________

- □ Respite care
- □ Independent living skills education
- □ Family reunification services
- □ Other, please explain ____________________________

7) What do you see as barriers to you accessing outside services in the community? Check all that apply.

- □ Do not know what services are available
- □ Do not know how I would be treated at another agency
- □ Do not know what specific services I am eligible for
- □ Do not have transportation
- □ Do not want to go by myself
- □ Do not know when services are open
- □ Do not know where services are located
- □ Do not want my friends to know I am seeking services
- □ Do not want my family to know I am seeking services
- □ Other, please explain ____________________________

8) Tell us one service Northwood Children’s Services does not have right now that you wish they would provide?

9) How could Northwood Children’s Services improve their foster care services?

10) I am: □ in foster care right now □ a former foster care client □ male □ female

□ I am ________________ years old as of right now today.