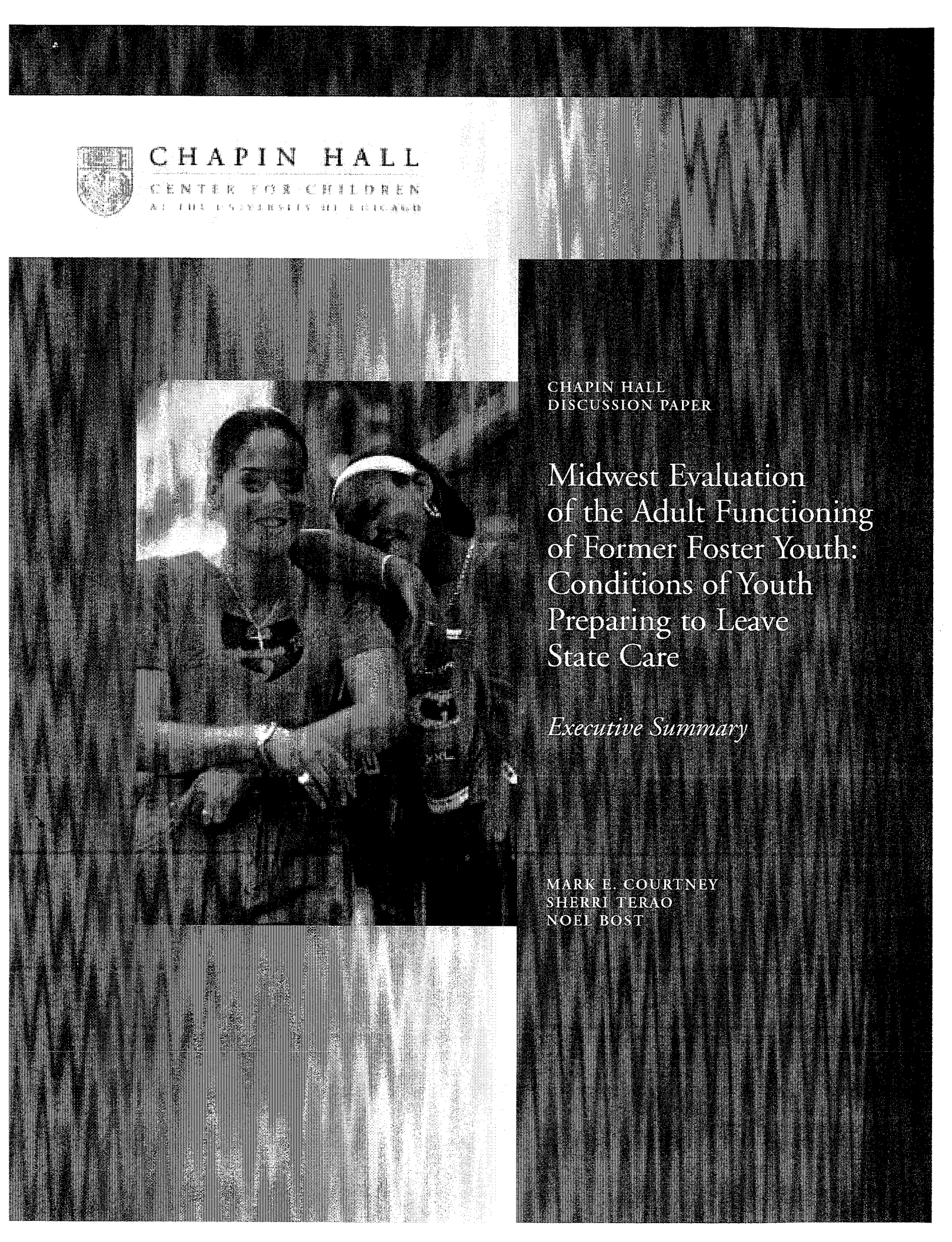

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CENTER FOR CHILDREN

AT THE UNIVERSITY OF CHICAGO

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DISCUSSION PAPER

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

Executive Summary

MARK E. COURTNEY
SHERRI TERAO
NOEL BOST

Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes of Youth Preparing to Leave State Care

Executive Summary

Authors

Mark E. Courtney

Sherri Terao

Noel Bost

Chapin Hall Center for Children at the University of Chicago

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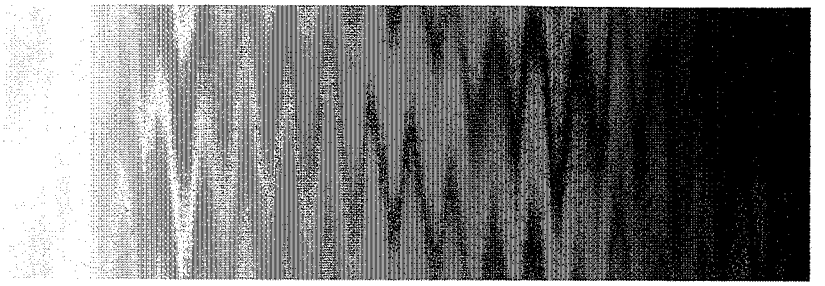


Introduction

Each year, about 20,000 adolescents leave the foster care system and attempt to live independently. Current federal child welfare funding provides very limited support to states for keeping youth in foster care past their eighteenth birthday. As a result, in all but a few jurisdictions, youth are discharged from foster care at the age of 18 or shortly thereafter; in other words, they "age out" of care, and are thus "on their own" at a relatively early stage in the transition to adulthood.

Independent living programs were developed to assist young people aging out of the foster care system. In principle, these programs were designed for teens who were very unlikely to return home or be adopted, for whom out-of-home care had become a permanent situation. In 1985, the Independent Living Initiative (Public Law 99-272) provided the first federal funds to states under Title IV-E of the Social Security Act to help adolescents develop skills needed for independent living, and funding was reauthorized indefinitely in 1993 (Public Law 103-66). Basic services outlined in the law included outreach programs to attract eligible youth, training in daily living skills, education and employment assistance, counseling, case management, and a written transitional independent living plan. Federal funds could not, however, be used for room and board. The Foster Care Independence Act (FCIA) of 1999 (Public Law 106-169) amended Title IV-E to create the John Chafee Foster Care Independence Program, giving states more funding and greater flexibility in providing support for youths making the transition to independent living. The FCIA doubled federal independent living services funding to $140 million per year, allowed states to use up to 30 percent of these funds for room and board, enabled states to assist young adults 18-21 years old who have left foster care, and permitted states to extend Medicaid eligibility to former foster children up to age 21.

There is currently a great deal of interest on the part of policymakers in the well-being of youth aging out of foster care — in whether or not they are receiving independent living services during care and in the years after they leave care, and

whether such services are helpful. Nevertheless, very few studies have focused on the transition to adulthood among foster youth.

This Executive Summary provides an overview of selected findings from the first of three waves of data collection from the Midwest Evaluation of the Adult Functioning of Former Foster Youth (hereafter referred to as the Midwest Study). The project will provide the first comprehensive look since the enactment of the Chafee Act at how former foster youth fare during the transition to adulthood, which may help guide states in their efforts to meet the overall purpose of the FCIA. Although the study is in its early stages and will provide more definitive evidence as it follows youth over the next few years, we believe that some early findings warrant attention from policymakers and program managers.

Overview of the Midwest Study

The Midwest Study is a collaborative effort of Chapin Hall Center for Children at the University of Chicago, the University of Wisconsin Survey Center, and the public child welfare agencies of Illinois, Iowa, and Wisconsin. Based on interviews with the youth themselves, the study follows the progress of a representative sample of foster youth in the participating states through age 21. The youth had all reached the age of 17 while placed in out-of-home care due to abuse or neglect, and had been in care for at least 1 year prior to their seventeenth birthday. This report details the findings of the first wave of the study, when youth were 17 years old and still under the jurisdiction of the state child welfare system. Future reports will cover the information from in-person interviews with youth when they reach their nineteenth and twenty-first birthdays. Interviews were conducted between May 2002 and March 2003. Of the 767 adolescents fielded for the study, 732 consented to participate and completed an in-person or telephone interview, for an overall response rate of 95.4 percent.

Characteristics of the Study Sample

The study sample was almost evenly split between male and female youth, and just fewer than 70 percent identified themselves as belonging to a racial minority group. Most youth came from single-parent families and the birth mother was the most common primary caregiver in their families of origin. Over 70 percent of the youth reported that their primary caregiver(s) experienced one or more problems that might have compromised their parenting, most commonly alcohol abuse, drug abuse, inadequate parenting skills, spousal abuse, and/or having a criminal record.

A greater percentage of youth reported a history of neglect (58.7 percent) than physical abuse (35.1 percent). Over one-quarter (27.1%) reported being sexually abused.

Demographic Profile of Study Sample

		Total (*N*=732)	
		Number	%
Median Age		17	
Gender	Male	358	48.9
	Female	374	51.1
Race	Caucasian	228	31.1
	African American	415	56.7
	Asian or Pacific Islander	4	.5
	American Indian or Native Alaskan	10	1.4
	Mixed Race	71	9.7
Ethnicity	Hispanic	67	8.7

Experiences in Care

Over one-third of all youth reported residing in traditional foster home placements without relatives, and just under one-third of youth reported living in relative foster care. Most of the rest of the youth indicated that they reside in group care/residential treatment centers and independent living arrangements. About four-fifths of the youth reported having a sibling in out-of-home care. Of youth with siblings in care, 23.6 percent reported living with at least one sibling, however only 5.1 percent reported living with *all* of their biological siblings in the current household.

Most youth experienced considerable instability while living in out-of-home care. For example, with respect to foster home placements, one-quarter of youth reported only one placement whereas over one-quarter experienced five or more. About two-thirds of all respondents had lived in at least one group home, residential treatment center, or child-caring institution. Less than one-quarter reported only one placement and about 14 percent had four or more. Nearly one-half reported having run away from out-of-home care and nearly two-thirds of

those who did run away did so on multiple occasions. Over one-quarter reported having wanted, at some point, to be adopted, and the same number had previously been in a placement in which the plan was for their foster parent to adopt them.

Interestingly most youth had positive things to say about their experiences in out-of-home care. For example, over one-half of our respondents agreed with the statement that they were "lucky" to be placed in out-of-home care. About three-fifths agreed that they were generally satisfied with their experiences in out-of-home care, and nearly four-fifths agreed with the statement "foster parents have been a help to me."

INDICATORS OF OUT-OF-HOME PLACEMENT INSTABILITY

Indicator	#	%
Five or more foster home placements	208	28.4
Re-entered care at least once	161	22.0
Ran away from care at least once	337	46.0

Youth were also asked about the number of contacts that they had with social workers over the past year. Although on average the youth are in fairly regular contact with their social workers, with the median number of social worker visits being once per month, one-quarter of the youth saw their worker five or fewer times over the course of a year. Approximately 57 percent of youth found social workers to be of help to them. A majority of respondents reported that they would ask their foster care agency for help with such needs as finances, employment, housing, and personal problems after they left the foster care system.

Relations With Family of Origin and Foster Parents

Youth generally identified a number of relationships in which they feel a strong sense of closeness. For example, three-fifths of youth reported feeling very close to their current foster family and over two-thirds reported feeling very close to relatives with whom they currently live. Almost two-thirds of responding youth reported feeling very close or somewhat close to their biological mothers, but they generally felt less close to their biological fathers. Over two-fifths of youth reported feeling very close to grandparents and two-thirds reported feeling very close to siblings. The closeness of youth with members of their family of origin is reflected in their level of contact with these family members. For example, the respondents report a median of 15 visits in the previous year with their birth mothers and 12 visits with their grandparent(s).

Closeness to Others

Would you say that you feel very close, somewhat close, not very close, or not at all close to...?	Percent that report feeling "very" or "somewhat" close
Your Current Foster Family	89.7
Relatives You Currently Live With	94.2
Your Biological Mother	63.6
Your Biological Father	35.9
Your Grandparents	71.9
Your Brothers and Sisters	75.8

Independent Living Services

During the interview, youth were asked whether they had received educational support services or training in such areas as money management, food preparation, personal health and hygiene, and finding housing, transportation, and employment. Even when assessed at this very general level of specificity, between one-third and one-half of youth had not received any service in a given service domain. Over one-third of youth reported wanting at least one independent living service that they had not received.

Receipt of Independent Living Services

Category	Received at least one service of this type	
	#	%
Educational Support	436	59.6
Employment/Vocational Support	495	67.5
Budget and Financial Management Services	412	56.2
Housing Services	379	51.7
Health Education Services	505	68.9
Youth Development Services	338	46.1

Mental Health and Mental Health Care Services

Mental health diagnostic information was gathered using the Composite International Diagnostic Interview (CIDI), a highly structured interview that renders both lifetime and current psychiatric diagnoses. The disorders assessed during this study were major depression, panic disorder, social phobia, generalized anxiety disorder, post-traumatic stress disorder, alcohol abuse, alcohol dependence, and substance abuse and dependence. These diagnoses pertain to what are commonly referred to as "affective" and substance use disorders. Below we provide data on delinquent behavior, which in our study serves as a proxy for "externalizing" mental health problems. Altogether, 230 (31.4%) of our respondents suffer from one or more affective or substance use disorders. Not surprisingly, over one-third of our respondents reported receiving some kind of psychological or emotional counseling, nearly one-quarter used prescribed drugs for a psychological or psychiatric condition, and 7 percent had spent at least one night in a psychiatric hospital in the past year.

Another indicator of their mental health is the youth's optimism regarding their future. Approximately 90 percent of the sample reported they were "fairly" or "very" optimistic about the future.

Health Status and Health Care Services

Our questions about the health status and behaviors of foster youth were drawn from the National Longitudinal Study of Adolescent Health (Add Health), a national, longitudinal study of the multiple contexts of adolescents' lives and how these affect health and health-related behaviors. In some cases, we are able to compare the responses of our respondents to those of 17-year-olds in the Add Health Study. Foster youth and Add Health youth give similar reports of their general health and the frequency that health problems interrupted their daily routines. The two groups were also about equally likely to receive routine medical or dental care. However, foster youth reported a greater number of serious injuries than their peers and were much more likely than the national sample to have received psychological or emotional counseling, family planning services, and substance abuse counseling. Similarly, almost one-quarter of the foster youth reported having been tested or treated for sexually transmitted diseases, more than four times the proportion reported by the national sample.

Comparison of Health Care Utilization, Foster Youth Sample vs. Add Health Sample

	3 States		*Add Health*
Responses	#	%	%
Routine physical examination in the last year	612	83.6	80.0
Received psychological or emotional counseling	267	36.5	13.0
Tested or treated for sexually transmitted disease	175	23.9	6.0
Received family planning and counseling services	109	14.9	6.0
Received substance abuse counseling in the last year	99	13.5	2.5

Approximately one-third of female respondents endorsed a history of pregnancy, with over two-thirds of these reporting pregnancies that were unwanted. Foster youth were much more likely than the national sample to have been pregnant (32.6%) and to have carried a pregnancy to term (51.7% of those who had been pregnant), but less likely to have had an abortion (9% of pregnancies). Twenty percent (n = 75) of the females reported having at least one child, whereas this was the case for only 7 percent of the males (n = 25).

Education

Our respondents had high educational aspirations: Most hoped and expected to graduate from college. However, given the educational challenges they face, this may be difficult, at least in the relatively near term. Nearly half of the respondents reported having, at some point during the course of their educational experience, been placed in special education, suggesting that a considerable number of youth have received attention to learning difficulties. Adolescents in our study were at higher risk for grade retention, more than twice as likely to be suspended, and nearly four times as likely to be expelled from school as their peers. Changes in foster care placements pose a number of potential problems for youth in care. One risk in particular is school changes. Although 20 percent of our respondents reported no school changes, over one-third reported experiencing five or more school changes. Our respondents were reading on average at a seventh-grade level. Not surprisingly given these challenges, youth in our sample were both more likely to receive failing grades, and less likely to receive "As," than their peers.

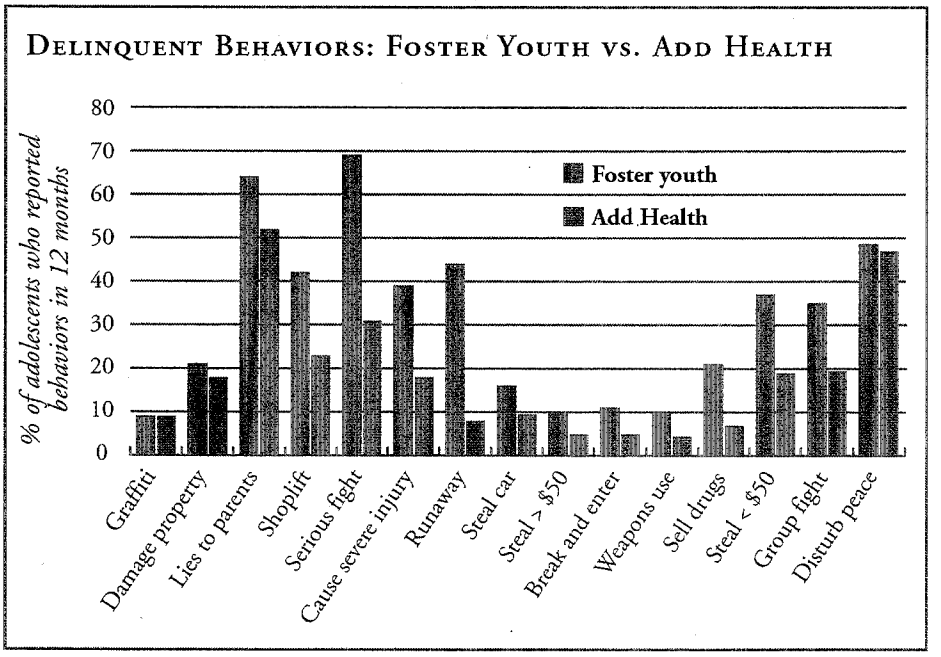
Indicators of Educational Challenges Facing the Foster Youth	#	%
Ever placed in special education	347	47.3
Ever repeated a grade	272	37.2
Missed at least one month of school due to foster care placement	131	17.9
Changed schools at least once due to foster care placement	582	79.5
Received out-of-school suspension	489	66.8
Expelled from school	121	16.5

Employment

At the time of the interview, over one-third of our respondents were employed, and almost one-half had ever worked for pay, making them slightly more likely than their peers to have work experience. The majority of the youth who were currently employed worked at least half-time. Job training programs appear to have played an important role in these youths' employment, with over one-quarter reporting that they obtained their current job through some kind of training program.

Delinquency

For our study, we used 15 items from the Add Health survey to assess the frequency of delinquent behaviors among our sample. Our sample consistently exceeded the national norms in terms of frequency of delinquency. The differences are particularly marked on items regarding theft, serious fighting and causing injury, and running away.



In addition to questions regarding delinquency, we asked respondents about their history of arrest, conviction for committing a crime, and overnight stay in a correctional facility. Over one-half of our sample experienced one or more of these outcomes, with over half having a history of arrest, over one-third having spent the night in a correctional facility, and one-fifth reporting being convicted of a crime. Males were much more likely than females to experience these kinds of direct involvement with the juvenile justice system.

The likelihood of involvement in violent activity, as either a victim or perpetrator, is high for this population. Over two-fifths of the males studied reported a history of perpetrating violence, and over one-half of males endorsed a history of victimization. Similarly, over two-fifths of females studied reported a history of perpetrating violence, and nearly one-third endorsed a history of victimization.

Early Lessons

The longitudinal nature of the Midwest Study is one of its notable strengths. Its primary purpose is to better understand what happens to foster youth after they leave state care. Thus, the findings of the next two waves of interviews, when our respondents are 19 and 21 respectively, will be the most informative. Nevertheless, we believe that what the youth have already told us can help inform child welfare policy and practice.

The abuse and neglect the youth reported, and their characterization of the myriad problems faced by their families of origin, call for renewed efforts to strengthen basic preventive services and supports for struggling families. Substance abuse, family violence, and mental illness were common problems among the youth's primary caregivers. This study cannot say with any certainty that these families would have been helped by the provision of services targeted to their needs. Indeed, it is possible that many of the families did receive help prior to losing custody of their children. Nevertheless, effective interventions do exist to help families with many of the problems these adolescents describe, and every effort should be made to ensure that families receive such help, preferably before they become involved with the child welfare system.

This study also speaks to needed improvements in out-of-home care. Too many youth in our study experienced placement instability that was clearly a cause of school mobility and may also have contributed to the behavioral and emotional problems they experienced. Although our data cannot speak directly to the causes

of placement mobility, such instability likely reflects poor decision making on the part of child welfare authorities regarding the type of placement (i.e., foster family home, kinship foster home, residential care) and therapeutic services a child should receive. Better initial and ongoing assessment of the needs of children in out-of-home care, tied to more thoughtful placement decision making and service provision, may reduce placement instability.

The level of mental health problems and delinquency reported by the youth participating in the Midwest Study are sobering. Although over one-third of the youth received some kind of help for behavioral and/or emotional problems, this help appears to be reaching only a fraction of the youth who need it. Future analysis of Midwest Study data will try to identify more specifically the gaps between the apparent need for mental or behavioral health services and provision of such services. In the meantime, it appears safe to say that significant unmet need exists.

Prior research suggests that children enter care with significant educational deficits. Nevertheless, many of the youth in this study had been in state care for many years, and their poor educational outcomes cannot be blamed entirely on their families of origin or the schools. Our findings highlight the role that involvement in foster care can play in school mobility, a significant predictor of school failure. Moreover, two-fifths of youth in the Midwest Study reported receiving no educational support services from the child welfare system, and few of those who received services got the kind of remedial help appropriate for youth reading far below grade level. Our findings suggest that child welfare authorities should pay much more attention to the educational needs of children in out-of-home care.

Although it is difficult to interpret the findings regarding receipt of independent living services, we believe that they warrant attention. Although many youth are receiving such services, many others are not. Because there is very little evidence regarding the effectiveness of independent living services, it is possible to remain unconcerned that many youth do not receive such help. Still, it is troubling that nearly three-quarters of our respondents have never received any career counseling, over one-half have never had help learning job interviewing skills, nearly two-thirds have no training in how to budget, and over three-quarters have not received training about tenants' rights and responsibilities. Our data suggest that child welfare agencies still have a way to go to ensure that youth about to age out of foster care have the basic skills in place to be reasonably successful living independently.

Finally, lest we focus only on the challenges faced by foster youth leaving care a nd what our data may say about how to help them overcome these challenges, we feel a need to draw attention to their strengths. We are struck by the optimism of this group in the face of great adversity. Not only were they generally optimistic, they also had very high aspirations in terms of their education. Their attitudes towards the child welfare system were, for the most part, positive, particularly regarding their caregivers. They intended to turn to the system for help in the future. We believe that the optimism and high aspirations of these youth, combined with their generally positive attitudes towards the child welfare system, provide a good foundation for service providers hoping to support them through the transition to adulthood.

Another potential resource for these youth, but one that may also pose risks, is the closeness many youth feel towards members of their families. Although these youth were, for obvious reasons, less connected to their families of origin than is the case for youth living at home, many of them were nonetheless close to members of their family. At least some of these relationships offer a potential source of support for the youth during the transition to adulthood. At the same time, many of these family members may suffer from the kinds of problems that necessitated the removal from home. Prior research shows that many youth will end up living with members of their family of origin when they leave out-of-home care. Although follow-up interviews with our respondents will better clarify the role that kin play in the transition to adulthood for foster youth, we feel confident in asserting that child welfare authorities should pay more attention to preparing youth to negotiate these relationships.

We would be remiss if we did not point out that there is little reason to believe that other states are operating their child welfare systems in ways that would lead to significantly different outcomes than those reported here. Thus, we believe that our concerns should be taken seriously by child welfare policymakers, managers, and advocates around the U.S. Indeed, by investing in tracking outcomes for children leaving their care systems, Illinois, Iowa, and Wisconsin have taken the lead in developing a clearer picture of the challenges that lie ahead as child welfare agencies try to better assist foster youth making the transition to adulthood. We cannot ignore the fact that our findings to date make a strong case for a shared responsibility between a range of public institutions for assisting foster youth in making the transition to adulthood. The education, health, mental health, disabilities, employment development, and justice systems all have a role to play in helping this vulnerable, but hopeful, population.

Chapin Hall Center for Children

Chapin Hall Center for Children is a policy research center dedicated to bringing sound information, rigorous analysis, innovative ideas, and an independent multi-disciplinary perspective to bear on policies and programs affecting children. Located at the University of Chicago, Chapin Hall brings the highest standards of scholarship and the intellectual resources of one of the world's great research universities to the challenges of policymakers and service providers struggling to ensure that children grow, thrive, and take their place in a formidable world. Working with lawmakers and government administrators, as well as on the front lines with program providers, Chapin Hall puts rigorous, non-partisan research in the hands of those who shape the programs and policies that affect all children in their daily lives.

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Chapin Hall
Center for Children
at the University of Chicago
1313 East 60th Street
Chicago, Illinois 60637

www.chapinhall.uchicago.edu