



CHAPIN HALL
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EXECUTIVE SUMMARY

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the Adult Functioning
of Former Foster Youth:
Outcomes at Age 21

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Midwest Evaluation of the Adult Functioning of Former Foster Youth: *Outcomes at Age 21*

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INTRODUCTION

For most young people, the transition to adulthood is a gradual process (Goldschieder & Goldscheider, 1999; Settersten, Furstenberg, & Rumbaut, 2005), and many continue to receive financial and emotional support from their parents well past age 18. Approximately 55 percent of young men and 46 percent of young women between 18 and 24 years old were living at home with one or both of their parents in 2003 (Fields, 2003). Recent estimates also suggest that parents provide their young adult children with material assistance totaling approximately \$38,000 between the ages of 18 and 34 (Schoeni & Ross, 2004).

A very different situation is faced by young people for whom the state has been their parent. Too old for the child welfare system, but often not yet ready to live as independent young adults, the approximately 24,000 foster youth who “age out” of care each year (U.S. Department of Health and Human Services, 2006) are expected to make it on their own long before the vast majority of their peers.

The federal government has been providing states with money specifically to help prepare their foster youth for this transition to adulthood since the Title IV-E Independent Living Program was created in 1986. The Foster Care Independence Act of 1999, which created the John Chafee Foster Care Independence Program, doubled the amount of federal money available to states to \$140 million per year, expanded eligibility for services, broadened the purposes for which the funds can be used to include room and board, and granted states the option of extending Medicaid coverage to former foster youth until age 21. It was subsequently amended to include vouchers for postsecondary education and training.

The Midwest Evaluation of the Adult Functioning of Former Foster Youth (hereafter referred to as the Midwest Study) is a prospective study that was designed, in part, to provide a comprehensive picture of how foster youth making the transition to adulthood are faring post-Chafee.

BACKGROUND AND OVERVIEW OF STUDY

Baseline interviews were conducted with 732 foster youth who were 17 or 18 years old between May 2002 and March 2003. Youth were eligible for the study if they were still in care at age 17, if they had entered care prior to their sixteenth birthday and if their primary reason for placement was abuse and/or neglect.¹ Eighty-two percent ($n = 603$) of these 732 study participants were re-interviewed between March and December 2004 when most ($n = 575$) were 19 years old. This report is based on a third wave of survey data collected between March 2006 and January 2007 from 81 percent ($n = 591$) of the 732 study participants at age 21.²

Two earlier reports (Courtney et al., 2005; Courtney, Terao, & Bost, 2004) described what was learned from the first two waves of survey data. *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 21* describes what the young adults told us about themselves and their experiences at age 21 across a variety of domains, including living arrangements, relationships with family of origin, social support, receipt of independent living services, education, employment, economic well-being, receipt of government benefits, physical and mental well-being, health and mental health service utilization, sexual behaviors, pregnancy, marriage and cohabitation, parenting, and criminal justice system involvement.

As in the earlier reports, we make comparisons between our sample of young adults who “aged out” of foster care and a nationally representative sample of 21-year-olds who participated in the National Longitudinal Study of Adolescent Health, henceforth referred to as Add Health (Harris et al., 2003). These comparisons provide a sense of how the former foster youth were faring during the transition to adulthood relative to their peers.

¹ Youth with developmental disabilities or severe mental illness that made it impossible for them to participate in the initial interviews and youth who were incarcerated or in a psychiatric hospital were excluded from participation. Youth were also ineligible to participate if they were on the run or otherwise missing from their out-of-home care placement over the course of the field period for the initial interviews or if they were in a placement out of state.

² Data for one of the young adults were not discovered until after all of the analyses for this report had been completed. Thus, we only report outcomes for 590.

Most of the young adults in the Midwest Study sample had been living in fairly stable living arrangements since their discharge from care. Nevertheless, one-third had lived in at least three different places, including 20 percent who had lived in four or more.

DEMOGRAPHIC CHARACTERISTICS

Approximately two-thirds of these young adults identified themselves as belonging to a racial or ethnic minority group, primarily African American, and the young women outnumbered the young men. On average, they had been “out of care” for a mean of 26 months and a median of 30 months when they were interviewed. However, young adults from Illinois had been out of care for significantly fewer months (mean = 17.2) than young adults from either Iowa (mean = 38.4) or Wisconsin (mean = 41.5). This difference reflects the fact that Illinois is the only one of the three states that allows foster youth to remain under the care and supervision of the court until age 21.

LIVING ARRANGEMENTS

The largest percentage of young adults in the Midwest Study were living in their “own place.” Although they were as likely as young adults in Add Health to be living in their own place, young adults in the Midwest Study were much less likely to be living with their biological parents and much more likely to be living with other relatives. Importantly, 7 percent of the total sample (14% of the males and 1% of the females) were incarcerated when they completed the interview.

Most of the young adults in the Midwest Study sample had been living in fairly stable living arrangements since their discharge from care. Nevertheless, one-third had lived in at least three different places, including 20 percent who had lived in four or more. Eighteen percent had been homeless at least once since exiting care, and more than half of these young adults had been homeless more than once.

RELATIONSHIPS WITH FAMILY OF ORIGIN

Almost all of the young adults in the Midwest Study sample had maintained at least some family ties, and in many cases those ties were quite strong. Altogether, 94 percent reported feeling somewhat or very close to at least one biological family member, and 77 percent reported feeling very close. They were most likely to report feeling close to siblings and least likely to report feeling close to their fathers. Eighty-three percent of these young adults reported having contact with one or more biological family members at least once a week. Contact was most frequent with siblings and least frequent with fathers—the same family members to whom they reported feeling the most and least close.

SOCIAL SUPPORT

Although social support can play an important role during the transition to adulthood, relatively little is known about social support among young adults who have exited foster care. We measured perceptions of four types of social support (emotional/informational, tangible, positive social interaction, and affectionate) using the Medical Outcomes Study Social Support Survey (Sherbourne & Stewart, 1991). Overall, the young adults in the Midwest Study perceived themselves as having social support some or most of the time. In addition, between one-half and two-thirds reported that they had enough people in their social network to whom they could turn for different types of needs.

INDEPENDENT LIVING SERVICES

We asked the young adults in the Midwest Study about their receipt of independent living services since their most recent interview in each of six domains (education, vocational training or employment, budgeting and financial management, health education, housing, and youth development). There was no domain in which even one-third of these young adults had received any services, and 39 percent reported that there was training or assistance that would have helped them learn to live on their own that they did not receive. Moreover, despite the fact that *former* foster youth are eligible for Chafee-funded services until the age of 21, most of the young adults who received services did so before exiting care.

EDUCATION

Previous research suggests that foster youth approach the transition to adulthood with significant educational deficits (Blome, 1997; Courtney et al., 2001; McMillan & Tucker, 1999), and these deficits seem to continue into the early adult years. Nearly one-quarter of the young adults in the Midwest Study did not have a high school diploma or a GED by age 21 compared with just 11 percent of their Add Health peers. Conversely, only 30 percent of the Midwest Study young adults had completed any college compared with 53 percent of the young adults in Add Health.

Although just 2 percent of the young adults in the Midwest Study had even a two-year degree, only one-quarter were currently enrolled in school compared with 44 percent of their Add Health counterparts. Among those

Nearly one-quarter of the young adults in the Midwest Study did not have a high school diploma or a GED by age 21 compared with just 11 percent of their Add Health peers.

who were enrolled, young adults in the Midwest Study were more likely to be enrolled in a two-year college (56% vs. 25%) but less likely to be enrolled in a four-year college (28% vs. 71%) than young adults in Add Health.

The young women in the Midwest Study were more likely than the young men to be enrolled in school (28% vs. 20%) and to have completed at least one year of college (35% vs. 23%).

TABLE 1. HIGHEST COMPLETED GRADE: YOUNG ADULTS IN THE MIDWEST STUDY COMPARED WITH ADD HEALTH YOUNG ADULTS

	Midwest Study (<i>N</i> = 590)		Add-Health (<i>N</i> = 744)	
	#	%	#	%
No high school diploma or GED	135	23.0	80	10.8
High school diploma only	221	37.6	221	29.7
GED only	57	9.7	49	6.6
One or more years of college, but no degree	164	27.9	320	43.0
Two-year college degree	11	1.9	60	8.1
Four-year college degree	0	0.0	14	1.8
Missing/don't know	2			

Almost three-quarters of the young adults who were enrolled in a two- or four-year college reported that they had a scholarship to help them pay for school. The next most commonly cited sources of funding for college were student loans (44%) and earnings from employment (26%). Thirty-eight percent of the young adults who were not currently enrolled reported that at least one barrier was preventing them from continuing their education, and the most common barrier they cited was not having money to pay for school (49%).

EMPLOYMENT AND EARNINGS

Nearly all of the young adults in the Midwest Study reported that they had ever held a job, and 70 percent reported that they had worked at some point since their last interview. However, only half were currently employed, compared with 64 percent of their Add Health counterparts. Young adults who were currently employed reported working a mean of 35.4 and a median of 35 hours per week.

Their mean and median hourly wages were \$8.85 and \$8.00, respectively. Although these young adults worked about the same number of hours per week as their Add Health counterparts, the latter earned about \$1.00 more per hour.

A larger percentage of the young women (55%) than the young men (48%) reported being employed, but this difference was almost entirely driven by the gender difference in incarceration. Once the incarcerated young adults were excluded, the gap between young women (55%) and young men (56%) disappeared. However, young women who were employed worked fewer hours (34 vs. 38) on average and were paid less for each hour that they worked (\$8.10 vs. \$9.92) than employed young men.

INCOME AND ASSETS

Although more than three-quarters of the Midwest Study young adults reported having any income from employment during the past year, median earnings among those who had been employed were just \$5,450, compared with \$9,120 among their Add Health peers. This may help explain why only half had something as basic as a checking or savings account compared with 81 percent of the young adults in Add Health.

ECONOMIC HARDSHIPS

The precarious economic situation of these young adults was further reflected in the material hardships they reported. Half reported experiencing at least one of five material hardships, and they were more likely to experience one or more of these hardships than their Add Health peers. In addition, more than one-quarter ($n = 147$) could be categorized as having low or very low food security.³

The precarious economic situation of these young adults was further reflected in the material hardships they reported....more than one-quarter could be categorized as having low or very low food security.

³ Food security was measured using six items taken from the USDA's measure of food insecurity (Blumberg, et al., 1999; Bickel et al., 2000).

TABLE 2. ECONOMIC HARDSHIPS DURING THE PAST YEAR

	Midwest Study ^a			Add Health			
	<i>N</i>	#	%	<i>N</i>	#	%	
Not enough money to pay rent	555	147	26.5	734	63	8.6	*
Not enough money to pay utility bill	555	147	26.5	736	80	10.9	*
Gas or electricity shut off	556	46	8.3	737	45	6.1	
Phone service disconnected ^b	555	182	32.8	740	141	19.1	*
Evicted	556	46	8.3	738	10	1.4	*
At least one hardship	556	275	49.5	741	204	27.5	*
Mean number of hardships		1.02			.46		*

^a Data on economic hardships were not collected from the thirty-four Midwest Study young adults who had been incarcerated for at least 3 months at the time of their wave 3 interview.

^b Add Health study participants were asked if they had been without phone service for any reason.

* Denotes statistically significant difference between Midwest Study and Add Health participants.

RECEIPT OF GOVERNMENT BENEFITS

Many of the young adults in the Midwest Study have relied on government benefits to help support themselves. Where gender differences were found, females were more likely to report receiving benefits since their last interview and currently. Three-quarters of the young women ($n = 232$) and just over one-third of the young men ($n = 84$) had received benefits from one or more need-based government programs (excluding unemployment insurance) since their last interview. Among the young women who were living with at least one child, that figure was 96 percent ($n = 151$). Two-thirds of the young women ($n = 200$) and 22 percent of the young men ($n = 53$) were currently receiving benefits from one or more need-based government programs. Among females who were living with at least one child, that figure was 86 percent ($n = 137$).

See table on next page.

TABLE 3. RECEIPT OF GOVERNMENT BENEFITS SINCE MOST RECENT INTERVIEW^a

	Females			Males			
	n	#	%	n	#	%	
Unemployment insurance	312	23	7.4	243	19	7.8	
Supplemental Security Income (SSI)	312	39	12.5	240	32	13.3	
Food stamps	311	197	63.3	242	54	22.3	*
Public housing/rental assistance	312	44	14.1	242	14	5.8	*
TANF ^{b,c}	157	31	19.6	31	0	0.0	*
WIC ^d	156	122	78.2				

a Data on the receipt of government benefits were not collected from the 34 Midwest Study young adults—33 males and one female—who had been incarcerated for at least 3 months at the time of their wave 3 interview.

b Parents living with at least one child.

c Only the difference in TANF receipt since the last interview is statistically significant.

d Female parents living with at least one child.

* Denotes statistically significant difference between males and females in the Midwest Study.

PHYSICAL HEALTH AND ACCESS TO HEALTH CARE SERVICES

The vast majority of young adults in the Midwest Study described their health as good to excellent and indicated that they had no chronic health conditions or disabilities. Nevertheless, they were more likely than their Add Health counterparts to describe their health as being fair or poor (14% vs. 4%) and to identify themselves as having a disability (11% vs. 5%).

Only half of the young adults reported that they currently had medical insurance and only 39 percent had insurance for dental care. In both cases, most of those who were insured were covered by Medicaid. Approximately one-fifth of the young adults reported that they had not received medical care and a similar proportion reported that they had not received dental care when they thought they needed it during the past year. Not having insurance was the main reason cited for not receiving care.

Young adults in the Midwest Study were less likely to have health insurance (51%) than their Add Health peers (76%). Moreover, most of the young adults in the Midwest Study who had health insurance were covered by Medicaid (70%) whereas most of their insured Add Health peers were covered by their parents' insurance (48%) or an employer-provided plan (30%). Interestingly, despite being more likely

to have health insurance, young adults in Add Health were more likely to report that there had been a time during the past year when they did not receive needed medical care (24%) than the former foster youth (18%).

MENTAL HEALTH AND UTILIZATION OF MENTAL HEALTH SERVICES

Eleven percent of the young adults in the Midwest Study sample had received counseling, 13 percent had received psychotropic medication, and 4 percent had received treatment for a substance abuse problem since their last interview. By comparison, 7 percent of their Add Health counterparts had received counseling and 2 percent had received treatment for a substance abuse problem during the past year.

Young men in the Midwest Study were more than twice as likely to have an alcohol or other drug diagnosis as their female counterparts (23% vs. 9%).⁴ By contrast, young women were far more likely than their male counterparts to have a diagnosis of depression or post traumatic stress disorder (14% vs. 5%).

SEXUAL BEHAVIORS

More than 90 percent of the young women and young men in the Midwest Study sample reported that they had had sexual intercourse, and more than 70 percent had had sexual intercourse during the past year. Regardless of gender, nearly 60 percent of the young adults who had sexual intercourse during the past year reported using contraception and nearly half reported using condoms either all or most of the time.

Females in the Midwest Study were more likely to have had sexual intercourse and, in general, were more likely to have engaged in behaviors that put them at high risk for becoming pregnant or contracting an STD than their Add Health counterparts. Males in the Midwest Study were more likely to have had sexual intercourse during the past year, were less likely to have used birth control when they had sexual intercourse and were more likely to have been paid by someone to have sex than those in Add Health. Despite these differences, young adults in the two samples were quite similar with respect to the median age at which they first had sexual intercourse as well as the number of sexual partners they had had.

⁴ We assessed both mental health and substance use problems among the young adults in the Midwest Study sample using the 12-month version of the Composite International Diagnostic Interview (CIDI; World Health Organization, 1998). This highly structured interview, designed for use by nonclinicians, generates psychiatric diagnoses based on the criteria listed in the Diagnostic and Statistical Manual of Mental Disorders, 4th ed. (DSM-IV, 1994).

PREGNANCY

Seventy-one percent of the young women in the Midwest Study reported having been pregnant, and half had been pregnant since their most recent interview. Repeat pregnancies were more the rule than the exception.

Among those who had ever been pregnant, 62 percent had been pregnant more than once. By comparison, only one-third of the Add Health females had ever been pregnant and a majority of those females had been pregnant only once. Half of the young men in the Midwest Study reported that they had ever gotten a female pregnant compared with 19 percent of their Add Health counterparts. In fact, 38 percent had gotten a female pregnant since their most recent interview. Only one-third of the females and one-fifth of the males had received either family planning services or information about birth control since their last interview.

MARRIAGE, COHABITATION, AND RELATIONSHIPS

Nearly one-third of the young women and more than one-fifth of the young men in the Midwest Study sample were either married or cohabiting (living with a partner in a marriage-like relationship). Although they were as likely to be married or cohabiting as the males and females in Add Health, young adults in the Midwest Study sample were more likely to be cohabiting than married whereas Add Health young adults were more likely to be married than cohabiting.

CHILDREN AND PARENTING

At age 21, more than half of the young women and nearly one-third of the young men in the Midwest Study had at least one child. Nearly all of these young women, but just over one-third of these young men, reported that one or more of their children were living with them. Both male and female young adults in the Midwest Study were more than twice as likely to have at least one living child but were less likely to be living with one or more of their children than their Add Health counterparts.

Nearly half of the young women who had a child not living with them reported that a child was in a foster or adoptive home (46%) or was living with relatives (42%) whereas nearly all of the young men who had a child not living with them reported that the child was living with its other parent (96%), and nearly one-third reported that a child was living with maternal relatives.

Seventy-one percent of the young women in the Midwest Study reported having been pregnant.... Repeat pregnancies were more the rule than the exception among those who had ever been pregnant.... By comparison, only one-third of the Add Health females had ever been pregnant and a majority of those females had been pregnant only once.

Many of these young parents identified their biological mother or another relative as both a source of information about parenting and as someone who had taught them how to be a good parent. Others identified their foster mother or a friend.

In general, the young parents who were living with at least one biological child did not appear to be experiencing high levels of parenting stress. Their mean score on a parenting stress scale was 1.58 out of a possible 5, with 5 corresponding to high stress levels; there was no difference in scores between the young mothers (mean = 1.6) and the young fathers (1.4).⁵ Nevertheless, most also acknowledged that being a parent was harder than they had expected.

Both young mothers and young fathers were most likely to report using nonviolent modes of discipline, such as time outs or grounding, as well as “shouting, screaming or yelling.”⁶ The most common type of physical discipline—spanking a child with a bare hand—was reported by one-third of the young fathers and nearly half of the young mothers. Very few of these young parents reported using a more severe type of physical discipline.

CRIMINAL BEHAVIOR AND CRIMINAL JUSTICE SYSTEM INVOLVEMENT

Young men in the Midwest Study were more likely to report engaging in a variety of criminal behaviors during the past 12 months than young women, and nearly all of these gender differences were statistically significant. Young men in the Midwest Study sample were most likely to report belonging to a gang and taking part in a group fight; young women were most likely to report belonging to a gang and deliberately damaging someone else’s property.

Where statistically significant differences between the young men in the Midwest Study sample and their Add Health counterparts were found, the criminal behavior was more likely to have been reported by the former foster youth. The only statistically significant difference between young women in the Midwest Study and young women in Add Health is that the former were more likely to report having pulled a knife or gun on someone.

⁵ We measured parenting stress with a 9-item scale ($\alpha = .78$) that has been used in studies of other low-income parents (Bos, Polit, & Quint, 1997; Courtney et al., 2005; Dworsky et al., 2007; Huston et al., 2003).

⁶ We administered the revised Parent-Child Conflict Tactics Scale (Strauss et al., 1998), a measure that has been used in many studies to assess the extent to which parents employ various modes of discipline (i.e., nonviolent discipline, psychological aggression, minor physical assault, severe physical assault, and very severe physical assault) with their children.

Although not all criminal behavior results in criminal justice system involvement, young adults in the Midwest Study reported a high level of recent involvement with the criminal justice system since their most recent interview. Thirty percent reported being arrested, 15 percent reported being convicted of a crime, and 29 percent reported being incarcerated. However, the level of criminal justice involvement was significantly higher among the young men. Males were more likely to be involved in drug-related and violent crimes than in property crimes; females were more likely to be involved in property and violent crimes than in drug-related crimes. However, a fairly large percentage of the criminal justice system involvement these young adults reported was for other reasons such as probation violations or traffic-related offenses.⁷

Both males and females in the Midwest Study reported significantly higher levels of criminal justice system involvement than males and females in Add Health. Specifically, they were more likely to report ever being arrested, ever being convicted, and ever being arrested as an adult. In fact, *females* in the Midwest Study were significantly more likely than *males* in Add Health to report ever being arrested (54% vs. 20%), ever being convicted (22% vs. 12%), and being arrested as an adult (30% vs. 8%).

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TABLE 4. SELF-REPORTED ARRESTS AND CONVICTIONS BY GENDER: YOUNG ADULTS IN THE MIDWEST STUDY COMPARED WITH ADD HEALTH YOUNG ADULTS

	Males				*	Females				
	Midwest Study		Add Health			Midwest Study		Add Health		
	<i>(n=257)^a</i>		<i>(n=348)</i>			<i>(n= 287)^a</i>		<i>(n=396)</i>		
	#	%	#	%		#	%	#	%	
Ever arrested	198	77.0	70	20.1	*	155	54.0	17	4.3	*
Arrested since age 18 ^b	142	55.3	26	7.5	*	85	29.6	2	.5	*
Ever convicted	123	47.9	42	12.1	*	64	22.3	5	1.3	*
Convicted since age 18 ^b	83	32.3	36	10.3	*	35	12.2	5	1.3	*

a Data were missing for the 19 non-incarcerated young men and 27 non-incarcerated young women who did not complete the ACASI portion of the interview.

b The Add Health figures reflect arrests and convictions since age 18. The Midwest Study figures represent arrests since the wave 1 interview, when 328 respondents were 17 and 216 respondents were 18 years old.

* Denotes statistically significant difference between Midwest Study and Add Health participants.

⁷ Preliminary analysis of official arrest data suggests that many arrests are for traffic-related offenses or probation violations.

VICTIMIZATION

Young adults in the Midwest Study were asked about both criminal and sexual victimization since their last interview. Twenty-six percent of the males and 10 percent of the females reported having been a victim of a violent crime. Nine percent of the young women and 7 percent of the young men reported that they had experienced at least one of seven types of sexual victimization.

CIVIC PARTICIPATION

Young adults in the Midwest Study were less likely than their Add Health counterparts to report performing any unpaid volunteer or community service work during the past twelve months. There was relatively little difference between the two samples in their level of political participation. Nearly three-quarters of the young adults in both samples reported being registered to vote, but less than half reported voting in the 2004 election.

RELIGION

Although young adults in the Midwest Study were much less likely to have attended religious services during the past twelve months than their Add Health counterparts, they were as likely to report that their religious faith was at least very important to them.

FEELINGS ABOUT THE TRANSITION TO ADULTHOOD

Although the transition from adolescence to adulthood has become longer, more complex, and less orderly (Setterstein et al., 2005), most research on this transition has focused on youth in the general population. Less is known about how it is experienced by vulnerable populations such as youth exiting foster care. Approximately two-thirds of the young adults in the Midwest Study thought they became socially mature and took on adult responsibilities faster than others their age. In this respect, they were not very different from their Add Health peers. They were, however, more likely to think of themselves as being adults most or all of the time.

LIFE SATISFACTION AND FUTURE ORIENTATION

Slightly more than three-quarters of the young adults in the Midwest Study reported feeling satisfied or very satisfied with their lives as a whole. More than half reported that life has been better or much better since they exited foster care; relatively few reported that it had gotten worse or much worse. Most also reported feeling fairly to very optimistic about their futures.

However, when asked about their likelihood of experiencing particular events (living to age 35, married within 10 years, having a middle-class income by age 30, divorced by age 35), they were less optimistic than their Add Health counterparts.

MENTORING

Although a majority of these young adults reported that they had maintained a positive relationship with a caring adult since age 14, they were less likely to do so than their Add Health counterparts. Those who had a mentor were most likely to describe their mentor as a friend, a family member or a teacher/counselor/coach. Seventy percent of the young adults who had a mentor reported that they still had monthly contact with their mentor which may explain why nearly three-quarters of the Midwest Study young adults who had a mentor felt quite or very close to him or her.

CONNECTEDNESS

Because youth aging out of foster care have been identified as being at high risk of becoming disconnected young adults (Levin-Epstein & Greenberg, 2003; Wald & Martinez, 2003; Youth Transition Funders Group, 2004), that is, neither working nor enrolled in school (Haveman & Wolfe, 1994; Sheehy et al., 2001; Sum et al., 2002), we looked at the percentage of young adults in the Midwest Study who were connected to employment or to education at ages 19 and 21. Females were more likely to be connected and experienced a greater increase in connectedness over time. At age 19, 54 percent of the males and 59 percent of the females were either working or enrolled in school. By age 21, these figures had risen to 60 percent and 69 percent, respectively.

Although many young adults combine work or school with parenthood, we broadened our definition of connectedness to include young adults who were parenting (living with one or more of their own children). With this more inclusive definition, the percentage of young women who were connected was considerably higher at both points in time. When parenting is included in our definition, we see a much smaller effect on connectedness among the young men because they were much less likely to be parenting even if they had a child.

TABLE 5: CONNECTEDNESS AT AGES 19 AND 21 BY GENDER (N = 512)

	Females				Males			
	Age 19		Age 21		Age 19		Age 21	
	#	%	#	%	#	%	#	%
Working or enrolled in school	164	58.6	194	69.3	125	53.9	138	59.5
Working, enrolled in school or parenting	215	76.8	247	88.2	127	54.7	147	63.4

The percentage of young adults enrolled in school or in a training program fell over time, but the decline was considerably larger among the young men.

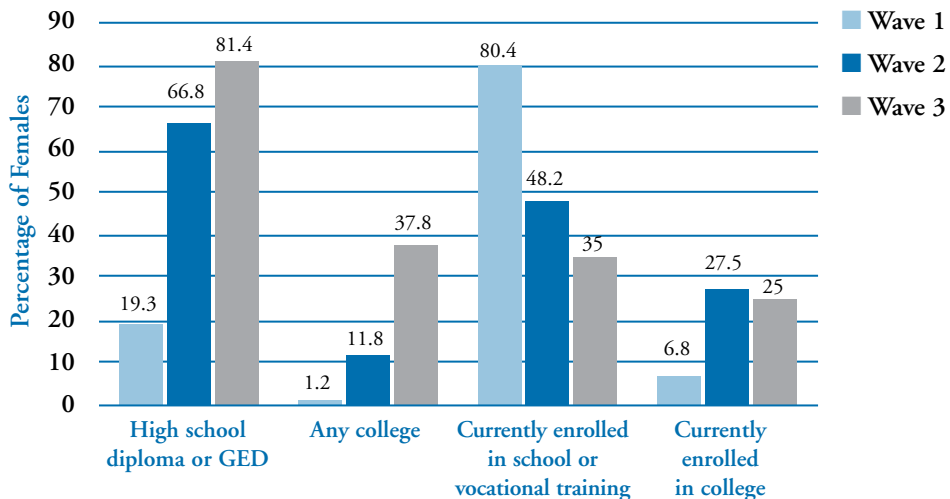
TRENDS OVER TIME

We looked at nine outcomes that are often cited as important markers during the transition to adulthood to see if any trends could be observed among the 512 young adults (70% of the original sample) who were interviewed at all three waves. Results are shown separately for females and for males.

Trends in School Enrollment and Educational Attainment.

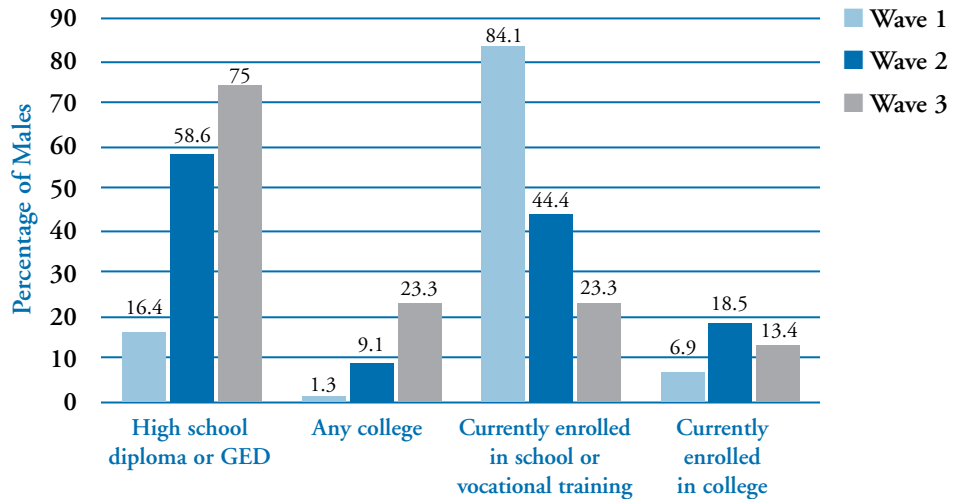
There was a large increase in the percentage of young adults who had a high school diploma or GED over time (see Figures 1 and 2). By age 21, 81 percent of the young women and three-quarters of the young men had a high school diploma or a GED. There was a much smaller increase (in absolute terms) in the percentage of young adults who had ever attended college, and the percentage enrolled in college peaked at age 19. Young women (38%) were

FIGURE 1. TRENDS IN YOUNG WOMEN’S SCHOOL ENROLLMENT AND EDUCATIONAL ATTAINMENT



more likely than young men (23%) to have ever attended college by age 21. The percentage of young adults enrolled in school or in vocational training fell over time, but the decline was considerably larger among the young men.

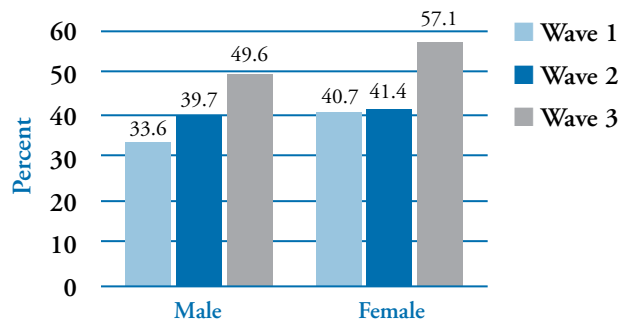
FIGURE 2. TRENDS IN YOUNG MEN'S SCHOOL ENROLLMENT AND EDUCATIONAL ATTAINMENT



Trends in Employment

There was an increase in the percentage of both young women and young men who were currently employed over time (See Figure 3). However, a significant percentage of these young adults were still not working when they were 21 years old.

FIGURE 3. TRENDS IN CURRENT EMPLOYMENT BY GENDER



Trends in Family Formation

Only a small percentage of these young adults were married by age 21, and females were more likely to be married than males at both waves 2 and 3 (see Figures 4 and 5). Cohabitation was much more common, especially at wave 3, when 32 percent of the young women and 22 percent of the young men were married or cohabiting.⁸ About 20 percent of the young women and 6 percent of the young men were already parents at wave 1. Those percentages had more than doubled for the young women to 55 percent and more than quadrupled for the young men to 29 percent by age 21.

FIGURE 4. TRENDS IN YOUNG WOMEN'S FAMILY FORMATION

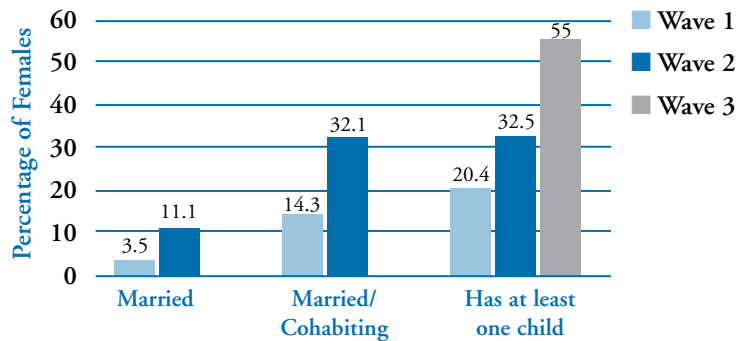
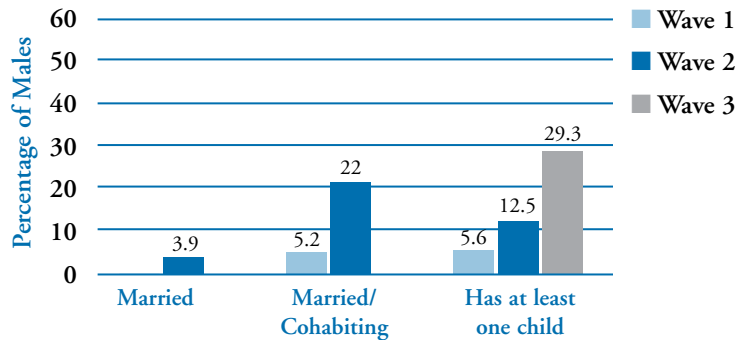


FIGURE 5. TRENDS IN YOUNG MEN'S FAMILY FORMATION

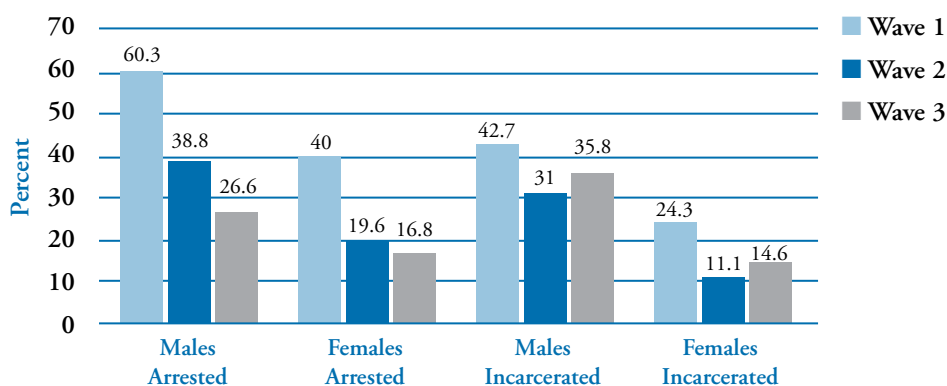


⁸ We do not have information about cohabitation at wave 1.

Trends in Criminal Justice System Involvement

Both young women and young men were much more likely to have been arrested prior to their wave 1 interview than between their wave 1 interview and their interview at age 19 (see Figure 6). They were even less likely to have been arrested between their interviews at age 19 and age 21. Although young adults of both genders were also more likely to have been incarcerated prior to their wave 1 interview than between their wave 1 interview and their interview at age 19, this downward trend did not continue after wave 2.

FIGURE 6. TRENDS CRIMINAL JUSTICE INVOLVEMENT BY GENDER



DISCUSSION AND NEXT STEPS

The descriptive findings presented here powerfully illustrate the inadequacy of society's efforts to date to ensure that young people for whom the state has become their parent make a successful transition to adulthood. On many dimensions that would be of concern to the average parent of a young adult in the United States, these young people are fairing poorly as a group. Compared with their peers, these young adults are on average less likely to have a high school diploma, less likely to be pursuing higher education, less likely to be earning a living wage, more likely to have experienced economic hardships, more likely to have had a child outside of wedlock, and more likely to have become involved with the criminal justice system.

To be sure, the young adults who have been participating in the Midwest Study are not a monolithic group. Some have made significant progress toward self-sufficiency. They are working or continuing their education. They have a stable place to live and have avoided both criminal justice system involvement and early parenthood. It is also important to acknowledge the strengths that many

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of these former foster youth appear to share. As a group, they continue to exhibit extraordinary optimism and high aspirations. In addition, many have maintained close relationships with members of their biological family.

The descriptive findings presented in this report raise further questions about the transition to adulthood among young people aging out of foster care. First, what are the predictors of transition outcomes for this vulnerable population? What risk or protective factors distinguish those on track to become self-sufficient young adults from those who seem to be headed down less promising pathways? What internal or external resources allowed the former to overcome the various challenges that typically confront youth aging out of foster care—in other words, what made them resilient? We will continue to conduct analyses to help answer these questions, and these answers may suggest avenues for intervention.

Second, do foster youth benefit during the transition to adulthood if the state continues its role as parent beyond age 18? Currently states are not entitled to IV-E federal reimbursement for services provided to foster youth who are older than 18. However, pending legislation (S. 1512) would extend the IV-E entitlement to foster youth until age 21.

The introduction of this legislation suggests that policymakers are beginning to rethink the government's responsibility to support foster youth during the transition to adulthood. The Midwest Study has much to contribute to the debate that is likely to arise over this issue. Indeed, it is the only study that can compare the outcomes of young adults in a state where foster youth can remain under the care and supervision of the child welfare system until age 21 (Illinois) to those of young adults in states where that has not been an option (Iowa and Wisconsin). We are in the process of examining whether extending care beyond age 18 leads to better outcomes during the transition to adulthood, and, if so, whether the benefits of doing so outweigh the costs. Preliminary analysis suggests that at least some of the apparent benefits of extending care continue through age 21.⁹

⁹ See Courtney, M., Dworsky, A., & Pollock, H. (2007). *When should the state cease parenting? Evidence from the Midwest Study*. Chicago: Chapin Hall Center for Children at the University of Chicago.

However, for at least some outcomes of interest, it may be too soon to observe an effect. One reason is that many of the Illinois youth did not exit care until just a few months before their wave 3 interview. Another is that certain benefits may only be realized after other outcomes have been achieved. In particular, our earlier analyses suggested that young adults were more likely to be enrolled in college if they were still in care at age 19. Although college enrollment should have positive effects on employment and earnings over the long term, there may be a tradeoff between postsecondary education and labor market outcomes at age 21, particularly if the college-educated young adults are still in school. Thus, it may be necessary to follow these young adults for several more years before any valid conclusions can be drawn about the potential benefits of extending foster care.

In the meantime, we believe that at least two of our findings warrant the immediate attention of the child welfare services community. First, there is sobering evidence that foster youth are not are not acquiring the life skills they will need during the transition to adulthood. Although the language of the Foster Care Independence Act makes clear that states should continue to provide independent living services to young people until age 21, even if they are no longer in care, our results suggest that all too often this is not happening.

Second, our data highlight the need for child welfare practitioners, policymakers, and the courts to pay closer attention to the family connections of foster youth. One-quarter of the young people in our study were living with a parent or other relative at age 21. Three-quarters felt very close to at least one biological family member and more than four-fifths were in contact with a member of their biological family at least once a week. In addition, many of these young people were receiving concrete assistance such as cash and childcare from their families. One need not believe that relationships between these young people and their families are uniformly beneficial to conclude that policymakers, child welfare practitioners, and the courts should give more consideration to their family ties.

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Chapin Hall focuses its work on all children and youth, while devoting special attention to children facing special risks or challenges, such as poverty, abuse and neglect, delinquency, and mental and physical illness. The contexts in which children are supported—primarily their families and communities—are of particular interest.

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