Youth Aging Out of Foster Care

Mark Courtney

Approximately 20,000 youth age out of foster care each year. With the exception of incarcerated youth, foster youth are the only group that is involuntarily separated from their families through government intervention. Although the primary purpose of this separation is to protect youth from harm by their caregivers, in removing them from their homes the state nevertheless assumes the responsibilities associated with parenting, including preparing them for independence. Although the state works to reunite children with their families, such reunions are not always possible. At the end of the day, then, it is government, acting as a parent, which decides when these 20,000 foster youth are ready to be on their own.

In his chapter in On Your Own without a Net: The Transition to Adulthood for Vulnerable Populations, edited by D. Wayne Osgood, E. Michael Foster, Constance Flanagan, and Gretchen Ruth (forthcoming, University of Chicago Press), Mark Courtney reviews the policies and programs that support former foster care youth as they make their way into adulthood. This brief summarizes his chapter, outlining how youth who have aged out of foster care fare, and the areas for improvement in the services that support them after they leave care.

Profile of Older Youth in Foster Care

Although several characteristics of older foster youth are unique, one pattern mirrors that of younger children: The majority are in care for a relatively short time. In a study of 12 states’ foster care systems, most of the youth who were in foster care on their 16th birthday, for example, had entered care in the prior year, and only 10% had entered care as preteens. Only about 7% of youth in out-of-home care in the United States in 2001, in fact, “aged out” of care; that is, they left care after the age of majority and were no longer wards of the state.

However, that is where the similarities end. Older youth (aged 16–18) are more likely to be living in group homes or institutions than the overall foster care population—the least “family-like” settings. Youth in these settings are also less likely to form the kind of lasting relationships with responsible adults that will help them move toward independence, given that congregate care facilities are typically staffed by relatively young shift workers with high turnover. Further, the outcomes of former foster youth during their transition to adulthood are sobering. A recent study by Courtney, for example, found that 37% of foster youth aged 17–20 had not completed high school degree or received a GED. They more often suffer from mental health problems, they more often become involved in crime or are victims of crime, and they are more frequently homeless. Courtney found, for example, that 12% of the youth reported being homeless at least once since leaving care. Perhaps not surprisingly, given these statistics, former foster youth are less likely to be employed than their peers; they are more likely to rely on public assistance; and they earn, on average, too little to escape poverty. Their family life also suffers. They are more likely to have children outside of marriage; if they do marry, they are more likely to have marital problems. They are also more

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2 F. Wulczyn and K Hislop, “Children in Substitute Care at Age 16: Selected Findings from Multistate Data Archive” (Chicago: Chapin Hall Center for Children at the University of Chicago, 2001).

socially isolated than their peers. These troubling outcomes, whether the result of the foster care experience or other, related factors (such as poverty and turbulent family life), deserve attention from the public and from policymakers.

**Support during the Transition to Adulthood**

The main program that supports youth during this transition is the Foster Care Independence Act of 1999, commonly known as the Chafee Act, after the late Senator John Chafee, an advocate for foster youth. The act provides $140 million in funding per year. The funding provides services (mental health services, life skills, mentoring, employment preparation, education, and others), stipends for housing, and extended Medicaid eligibility through age 21 at state option. The latter is especially valuable to foster youth, who often must contend with mental health issues arising from their traumatic pasts. Prior to the 1999 act, Medicaid was only available to former foster youth if they were eligible for other reasons (for example, they were poor young women with children), meaning that few were eligible. Given that former foster youth are less than half as likely to use mental health services after discharge from out-of-home care as they were while in care, this extension of Medicaid benefits is critical. The Chafee Act also provides states funding—$44.7 million in fiscal year 2004—for vouchers for education and training, including postsecondary training and education, to youth who have aged out of foster care or who have been adopted from the public foster care system after age 16.

On the surface, the package looks promising. However, only about two-fifths of eligible foster youth receive independent living services, and service availability varies widely between states and even between counties within states. Although the budget of $140 million is double that from prior programs, it still translates into at most about $1,400 per eligible youth per year, hardly enough to provide the supports envisioned. Even if states used all of the funds made available for housing, for example, they could only spend about $700 per youth per year. The Medicaid extensions, while valuable, are only in place in a handful of states. In addition, agencies providing services often try to reinvent the wheel, rather than looking to existing services and expertise. Many public agencies, for example, attempt to provide employment services to youth either directly or through private contracts, overlooking the existing workforce development agencies that have seasoned staff and longstanding relationships with local employers.

**A Better Way**

Perhaps the most important limitation of the current program is its target population: those who age out of foster care. As noted, only a few youth age out of foster care every year as a share of all those in care during their teens. A policy that focuses on these “emancipated” youth misses the many foster youth who are discharged from care before age 18 to their family of origin, usually a parent. These family ties often are severely strained, and many youth find themselves in need of another place to live or another caring adult in short order. In addition, these youth are some of the most vulnerable, given their longer turbulent family histories. The program also misses those who run away from foster care before they turn 18. This group is perhaps the most at-risk group on many levels, yet the majority of runaway youth simply fall through the cracks.

Rather than focusing only on youth who have aged out of care, Courtney suggests, policy should provide services to all youth who had spent time in care after age 16. After all, it is not just those who have left foster care who are at risk for poor outcomes. Given their clearly poorer outcomes, all older youth in care—not just those who have left the program—should warrant the attention of services and supports in helping them prepare for life on their own.

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