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DISCUSSION PAPER

Midwest Evaluation
of the Adult Functioning
of Former Foster Youth:
Outcomes at Age 19

EXECUTIVE SUMMARY

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Acknowledgments

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Background

The transition to adulthood and self-sufficiency is never easy, but it is particularly challenging for the approximately 20,000 young adults who “age out” of foster care each year (U.S. Department of Health and Human Services, 1999). Many of these young people are unable to turn to their parents or other family members for financial and/or emotional support. Nor can they count on the state for continuing support once they have been discharged from care. Consequently, the transition to young adulthood is a challenge they face largely on their own.

It was not until 1986, when Congress amended the Social Security Act to include the Title IV-E Independent Living Program to make federal funding available to help states prepare their foster youth for independent living, that federal child welfare policy acknowledged the needs of these young people.¹ Unfortunately, federal funding did not keep pace with the growing number of eligible foster youth, and only a fraction of those eligible for services actually received them (U.S. Department for Health and Human Services, 1999).² More than a decade after the Title IV-E Independent Living Program was established, there was little evidence that the outcomes of former foster youth had significantly improved, and what little data were available seemed to indicate that many if not most were still not adequately prepared to live as independent young adults (U.S. Department of Health and Human Services, 1999).

Congress responded to these concerns by passing the Foster Care Independence Act of 1999, replacing the Title IV-E Independent Living Program with the

¹ States could use their independent living funds to provide educational services for young adults working towards a high school diploma or GED, employment services for young adults who needed vocational training or career planning, and housing services for young adults who wanted help finding a place to live. However, a provision in the law prohibited states from using their Title IV-E funds for independent living subsidies or transitional housing.

² Under the original legislation, federally funded independent living services could only be provided to Title IV-E eligible young adults between the ages of 16 and 18. The eligible population was expanded in 1988 to include all 16- to 18-year-old foster youth regardless of their Title IV-E eligibility status and to former foster youth who had been discharged from care within the past 6 months. Starting in 1990, states had the option of providing independent living services to former foster youth until age 21.

John H. Chafee Foster Care Independence Program, which doubled the maximum amount of money available to states each year to \$140 million.³ In addition to giving states a fiscal incentive to enhance their independent living programs, the Foster Care Independence Act mandates that states provide the U.S. Department of Health and Human Services (DHHS) with data on a variety of outcome measures, including educational attainment, employment, avoidance of dependency, homelessness, non-marital childbirth, incarceration, and high-risk behaviors, so that meaningful assessments can be made of how these vulnerable young people are faring as they approach adulthood. It also requires DHHS to conduct evaluations of innovative or potentially significant state efforts to prepare foster youth for independent living. The law was later amended to authorize Congress to appropriate up to \$60 million for payments to states for post-secondary educational and training vouchers of up to \$5,000 for youth likely to experience difficulty during the transition to adulthood after the age of 18.

The Midwest Study

This is a summary of Chapin Hall's second report from the Midwest Evaluation of the Adult Functioning of Former Foster Youth ("The Midwest Study"), a longitudinal study that is following young people in Illinois, Iowa, and Wisconsin as they "age out" of the child welfare system and transition to adulthood. The Midwest Study is unique in being the only large-scale longitudinal examination of the transition to adulthood for foster youth who came of age after the passage of the Foster Care Independence Act of 1999. Unfortunately, at the time this report was being written, DHHS had yet to issue regulations that would give direction to states in regard to tracking outcomes for former foster youth (U.S. Government Accounting Office, 2004). Thus, the Midwest Study may for some time be the most important source of information on the young-adult outcomes of former foster youth. The three states involved in the study have both urban and rural out-of-home care populations and exhibit contrasting policy and service delivery environments, providing an excellent context for studying the transition to adulthood for foster youth and the impact of child welfare interventions on outcomes during the transition.

³ States are now required to use at least some portion of their funds to provide follow-up services to foster youth who already aged out of care, and are allowed to use up to 30 percent of their funds to pay for the room and board of 18- to 20-year-old former foster youth. The Foster Care Independence Act also increased the amount of assets that these young adults can accumulate and still be Title IV-E eligible from \$1,000 to \$10,000, gave states the option of extending Medicaid coverage to 18- to 20-year-olds, and eliminated the prohibition against contracting with private, for-profit independent living services providers using federal funds.

The Midwest Study involves three waves of survey data collection. For Wave One, 736 youth who were 17 or 18 years old and still under the jurisdiction of the state child welfare agency were interviewed between May 2002 and March 2003.⁴ All of the youth had entered care, primarily because of abuse or neglect, before their sixteenth birthday. That first interview focused on the experiences of the youth while in care and covered a variety of domains including education, employment, physical and mental health, social support, relationships with family, delinquency and contact with the criminal justice system, victimization, substance abuse, sexual behavior, and receipt of independent living services.⁵

This report is based on data from Wave Two interviews, administered between March and December 2004 to 603 (or 82%) of the 736 young adults who were interviewed at Wave One. The follow-up group includes 386 young adults from Illinois, 54 from Iowa, and 163 from Wisconsin. The second interview focused on the young adults' experiences during the time since the first interview, and—in the case of those discharged from foster care—included questions about their lives after leaving care. It also covered many of the same domains as the first interview. The study participants will be interviewed a third time between their twenty-first and twenty-second birthday, by which time all of them will have been discharged from care.

Throughout the report, we compare the outcomes of the 282 young adults (47%) who were still in care at the time of their second interview to the outcomes of the 321 (53%) who had already been discharged. Although we do not make between-state comparisons, it is important to note that all but two of the young adults still in care were wards in Illinois. This reflects the fact that Illinois courts allow wards to remain under the supervision of the child welfare agency through their twenty-first birthday, whereas courts in Iowa and Wisconsin generally discharge youth on their eighteenth birthday and almost never later than their nineteenth birthday. Altogether, 72.5 percent of the Illinois respondents were still in care at

⁴ The first report was based on data from 732 youth. Wave One data was later recovered for four additional cases. The existence of these youth was revealed during preliminary analysis of the Wave Two data.

⁵ Those data were summarized in an earlier report entitled *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Conditions of Youth Preparing to Leave Care*.

the time of their follow-up interview. We also compare our sample of young adults to a nationally representative group of 19-year-olds who were part of the National Longitudinal Study of Adolescent Health (referred to as “Add Health”).⁶

This report provides a description of the well-being of the participants in the Midwest Study at the point at which they have been “young adults” for about a year. The report also examines their experiences in the approximately 22 months since we first interviewed them. The picture that emerges is complex, but the broad outlines are clear. These young adults are not faring as well as their same-age counterparts across a number of important dimensions. Although some of these young adults are in stable situations and moving forward with their education or employed in promising jobs, more of them are having significant difficulties during the early stages of the transition to adulthood. Too many are neither employed nor in school, have children that they are not able to parent, suffer from persistent mental illness or substance use disorders, find themselves without basic necessities, become homeless, or end up involved with the criminal justice system.

Those study participants who chose to remain under the care and supervision of the child welfare system experienced better outcomes than those who chose to or were forced to leave care. For example, at the time of our second interview, young adults who had left care were over 50 percent more likely than their peers still in care to be unemployed and out of school.

It is noteworthy that most of these young adults maintain relationships with members of their family of origin, with many finding themselves living with family at age 19.

Demographic Characteristics of Study Participants⁷

The vast majority of the young adults (95.4%) were 19 years old, and, as in many other studies of young adults exiting foster care, females (54.1%) outnumbered males. Just fewer than 70 percent of the sample identified themselves as belonging to a racial or ethnic minority group, mostly African American.

⁶ Add Health is a federally funded study that was intended to examine how social contexts influence the health-related behaviors of adolescents. In-home interviews were completed with a nationally representative sample of students in grades 7 through 12 in 1994, who were then interviewed again in 1996 and in 2002. The data cited in this report are based on the sample of 19-year-olds who participated in that third wave of data collection.

⁷ Unless otherwise noted, any discrepancies between the sample sizes reported in the tables and the overall sample size are due to missing data on particular survey items.

Current Living Situation

The table below shows the different living arrangements of the young people in our sample. Half of those still in care were in some kind of supervised independent living situation at the time of our follow-up interviews, and nearly 40 percent were living with a foster family or in the home of a relative. Nearly two-thirds of those no longer in care reported that their last placement was in a relative or non-relative foster home, only 6 percent reported that they had been discharged from an independent living situation. Of the 321 young adults who were no longer in care at the time of their second interview, 29 percent reported that they were living in their “own place” and 35 percent reported that they were living with their biological parents (17%) or with other relatives (18%). Another 10 percent reported that they were living with foster parents to whom they were not related (13%). That a significant number of these young adults had returned to live with their family of origin is consistent with what many of the young adults told us about the nature and importance of their relationships with family.

Current Living Arrangements of Study Participants

	Still in Care ^a (N = 282)		No Longer in Care (N = 321)	
	#	%	#	%
Own place	-	-	92	28.7
Supervised independent living setting	140	49.6	-	-
Home of biological parent(s)	-	-	54	16.8
Home of other relatives	54	19.1	57	17.8
Home of non-relative foster parent(s)	57	20.2	32	10.0
Someone else's home	-	-	38	11.8
Group quarters	19 ^b	6.7	29 ^c	9.0
Homeless	-	-	2	.6
Other	12	4.3	17	5.3
Total	282	100.0	321	100.0

^a Information about current placement of those still in care based on administrative data.

^b Includes group homes, residential treatment facilities and child caring institutions.

^c Includes dormitories and barracks, for example.

Relationships with Family of Origin and Social Support

Despite the fact that the young adults in our study had been removed from the care of their parents, most reported being close to one or more members of their family of origin. The young adults generally reported the strongest sense of closeness to grandparents and siblings. For example, 63 percent of study participants reported feeling very close to siblings and one-half reported feeling very close to grandparents. Although over two-thirds of the young adults reported feeling somewhat close or very close to their biological mothers, they reported feeling much less close to their biological fathers.

Young adults may draw support of various types from outside their families that can be important during the transition to adulthood. We gathered information about four types of social support using a brief, multidimensional social support survey. They are emotional/informational support (that is, having someone to share and understand feelings with or being offered advice, information, or guidance), tangible support (or material help), positive social interaction (such as having people to do fun and relaxing things with), and affectionate support (such as love). Overall, the young adults reported receiving social support “some” or “most” of the time and a greater likelihood of receiving affectionate support and positive social interaction than emotional/informational or tangible support. There were no differences between study participants still in care and those no longer in care with respect to perceived availability of social support.

Independent Living Services

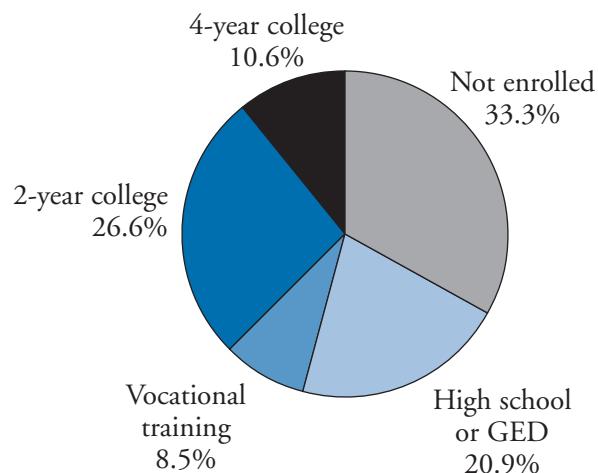
The John H. Chafee Foster Care Independence Program provides states with federal funds for independent living services for current and former wards of the state. These services may be provided by case managers, out-of-home care providers, or social service agencies, to prepare young people to make the transition to independent living. The services fall into six domains: educational support, employment services or training, budget and financial management services, health education services, help finding and maintaining housing, and services to promote youth development. Just over one-half of our study participants received some form of educational support, but fewer than one-half received any service in the remaining domains. Across all six domains, significantly more young adults still in care reported receiving at least one type of service or support than their peers who had left care. For most specific services within each domain, those still in care were significantly more likely to report receiving the service than their peers who had left out-of-home care. Females were more likely to report receiving some of the services and supports than their male counterparts.

Education

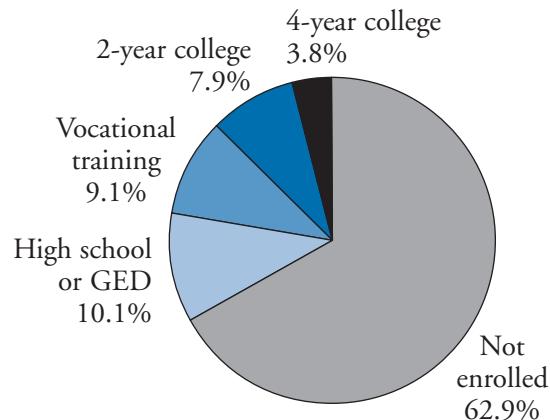
Many foster youth approach the transition to adulthood with significant educational deficits, and the lasting effects of these deficits are evident in the educational attainment of our study participants at age 19. Over one-third of the young people in the Midwest Study sample had received neither a high school diploma nor a GED, compared to fewer than 10 percent of their same-age peers in the Add Health sample. Nineteen-year-olds in the national sample were significantly more likely to be enrolled in an educational program than the young adults in our study, and 39 percent of our respondents who were currently enrolled in school were enrolled in a regular high school or GED program, compared to fewer than 2 percent of the national sample. Conversely, 62 percent of the 19-year-olds in the national sample who were enrolled in school were enrolled in a 4-year college compared to only 18 percent of the young adults in our study.

Educational outcomes of young adults who remained under the care and supervision of the child welfare system were much better than those of young adults who had left care. For example, those still in care were more than twice as likely to be enrolled in a school or training program as those who had been discharged. In addition, the young adults still in care who had a high school diploma or GED were over three times as likely as their counterparts who were no longer in care to be enrolled in a 2- or 4-year college. These findings suggest that allowing young adults to remain in care after the age of majority may afford them

Current School Enrollment of Young Adults Still in Care



Current School Enrollment of Young Adults No Longer in Care



the opportunity to make up for some educational deficits associated with their maltreatment history and the school mobility that many of them experience while in out-of-home care (Smithgall, Gladden, Howard, Goerge, and Courtney, 2004).

Employment and Earnings

Although the vast majority (92.2%) of the young adults in our study reported that they had held a job at some point in time, and three-quarters reported that they had worked for pay during the past year, their employment was often sporadic and seldom provided them with financial security. Only 40 percent of the young adults in the Midwest Study were currently employed, considerably less than the 58.2 percent of the 19-year-olds in the Add Health sample. In contrast, there was no significant difference between the employed young adults in our sample and the employed 19-year-olds in the national sample in the number of hours worked per week or hourly wages earned. What is particularly striking about the employment of these young adults is just how little they earned during the past year: Of the study participants who reported any income from employment during the past year, more than three-quarters earned less than \$5,000, and 90 percent earned less than \$10,000. Young adults in our sample were significantly more likely to report earnings of \$10,000 or less than their same-age peers in the Add Health sample.

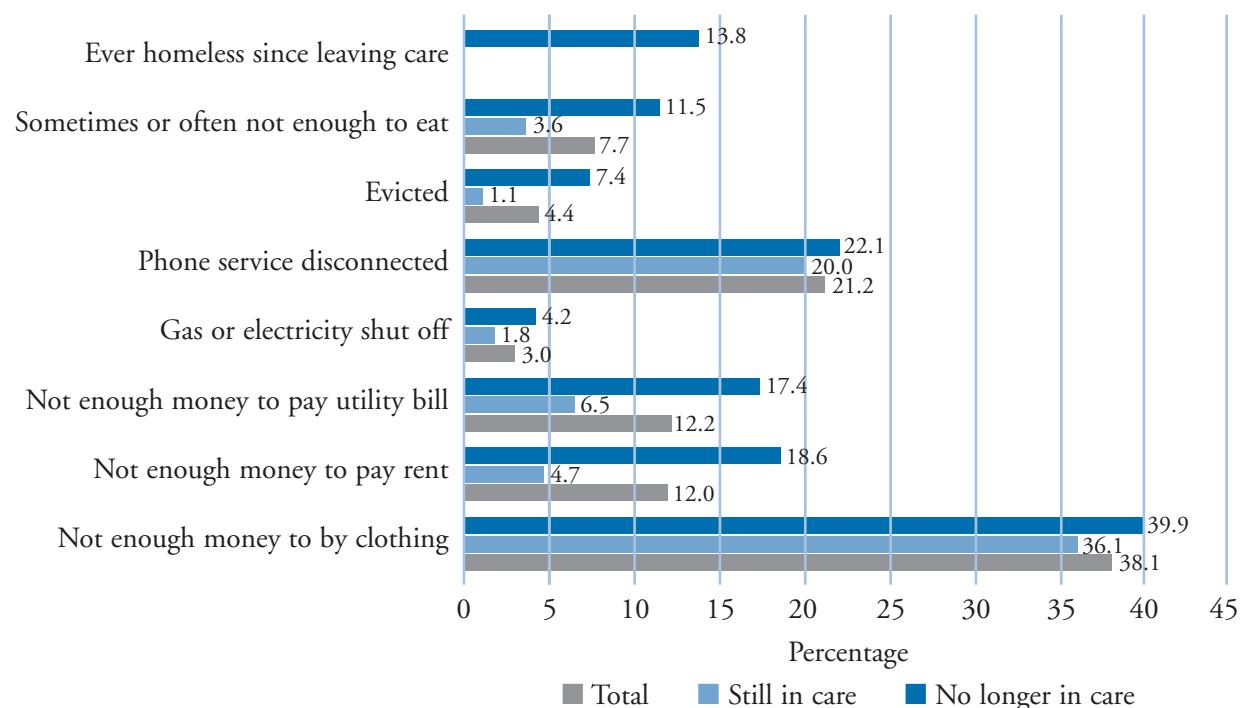
The young adults in the Midwest Study who had already been discharged from care were more likely to have worked for pay during the past year and more likely to be employed when they were interviewed than their peers who remained in care. In part, this difference could reflect the fact that study participants still in care were more likely to be enrolled in school. It is also important to note that, despite this difference, fewer than half of the young adults no longer in care were currently employed.

Economic Insecurity

Not surprisingly, given their educational deficits, limited employment, and inability to rely on family for meeting basic needs, many of the young adults in the Midwest Study reported experiencing one or more recent indicators of economic hardship. The interviews explored economic hardships, indebtedness, lack of food, and housing instability and homelessness. Over half of our respondents reported at least one of the hardships listed in the figure below, and those no longer in care were

more likely to report hardships than their still-in-care counterparts. In addition, a quarter of our respondents were categorized as food insecure on a composite measure of food security. Although only two of our study participants were homeless at the time of our interview, about one in seven of those no longer in care reported that they had been homeless at least once since they were discharged, and more than one-third reported that their living arrangements had changed twice or more during that period.

Economic Hardships Experienced by Study Participants



The young adults in the Midwest Study were twice as likely as 19-year-olds in the Add Health sample to report not having enough money to pay their rent or mortgage, twice as likely to report being unable to pay a utility bill, 1.5 times as likely to report having their phone service disconnected, and four times as likely to report being evicted. Although money management is an important part of living independently, only 46 percent of the young adults in our sample had a savings or checking account, compared to nearly 82 percent of their peers in the national sample.

Receipt of Government Benefits

Reflecting the fact that many of these young people were unable to support themselves without government assistance, nearly half (48.5%) of female study participants and 24.5 percent of male study participants had received one or more government benefits since their first interview, and 37 percent of females and 11 percent of males were currently receiving one or more. This included food stamps, public housing/rental assistance, low-income family assistance (TANF), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Supplemental Security Income (SSI), general assistance payments, emergency assistance payments, or Cuban/Haitian or Indian assistance payments. Young adults no longer in care were more likely than those still in care to have received these forms of government assistance and were also more likely to report that they were current recipients.

Health and Mental Health Status and Service Utilization

Over three-quarters of the young adults in our study described their health as good to excellent. Nevertheless, one-quarter indicated that health conditions limit their ability to engage in vigorous activity and 10 percent indicated that health conditions limit their ability to engage in moderate activity. The young adults in our sample reported more health problems and were more likely to report that health conditions limited their ability to engage in moderate activity than their peers in the Add Health sample. They also reported more emergency room visits and more hospitalizations during the past 5 years. Finally, the young adults in our sample were less likely than those in the Add Health sample to report that their most recent hospitalization had been due to illness, injury, or accident and more likely to report that it had been due to drug use or emotional problems.

One-third of all the young adults we interviewed were found to suffer from depression, dysthymia, post-traumatic stress disorder (PTSD), social phobia, alcohol abuse, alcohol dependence, substance abuse, or substance dependence. Alcohol and substance abuse were more prevalent among males, while major depression and PTSD were more prevalent among females. Compared to young adults still in care, respondents no longer in care had higher lifetime prevalence rates of alcohol dependence, alcohol abuse, substance dependence, and substance abuse. Much of the difference in self-reported alcohol and substance dependence and abuse between young adults still in care and those no longer in care appears to be due to relatively recent problems among the latter.

Remaining in care increased the likelihood that young adults in the Midwest Study would receive the medical, dental, and psychological care they perceived they needed. Those still in care were more likely to report having health insurance, having had a medical examination, and having visited a dentist since their first interview than those who had left care. Conversely, young adults no longer in care were significantly more likely than those still in care to report not receiving medical care or dental care that they thought they needed. The main barriers preventing the study participants from receiving care were the perceived cost of care and being uninsured. Over one-fifth of the young adults reported receiving psychological or emotional counseling, with young adults still in care being twice as likely as those no longer in care to receive these services. The young adults in our study were more than twice as likely as 19-year-olds in the Add Health sample to have received psychological or emotional counseling and to have attended a substance abuse treatment program.

Sexual Behaviors

We asked the study participants about sexual behaviors, including “safe sex” and risky sexual behaviors. A majority of the young adults in our sample reported that they had ever had sexual intercourse, with the females being more likely to have done so than the females in the Add Health sample. However, both males and females in our study reported less-frequent sexual intercourse in the past year than their same-age peers in the Add Health study. There were no differences between the males in our sample and the Add Health males with respect to any of the sexual risk behaviors about which we asked. However, the females in our study were more likely than their Add Health counterparts to report using a condom the last time they had sexual intercourse and having had a sexual partner with an STD during the past 12 months.

Pregnancy History

By approximately 19 years of age, nearly half of the females in our study had ever been pregnant, a significantly higher percentage than for 19-year-old females in the Add Health study, of which only 20 percent had ever been pregnant. Although young women still in care reported fewer pregnancies between our first and second interviews than those who had left out-of-home care, a higher percentage reported ending a pregnancy in an abortion.

Marriage, Cohabitation, and Children

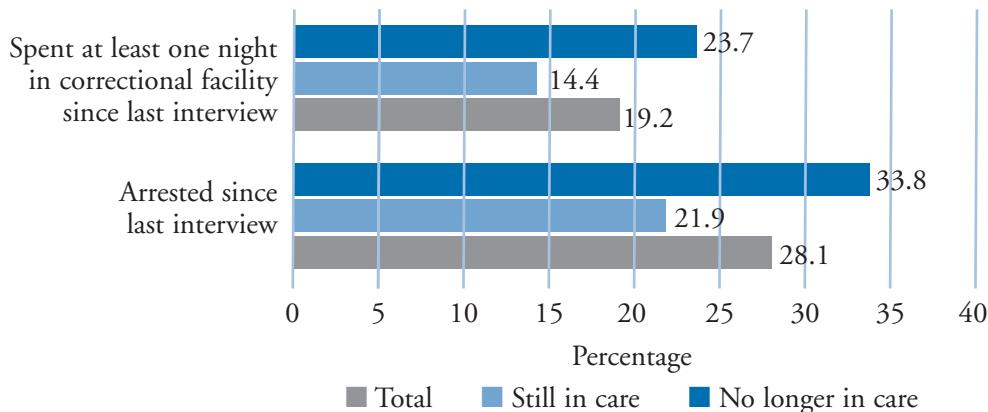
The young adults in our sample were significantly less likely to be married or cohabiting than their same-age peers in the Add Health sample. Very few of the young adults in the Midwest Study were married (1.7%), and only a small percentage (8.3%) was cohabiting. Being married or living with a partner in a marriage-like relationship was more common among young adults who had been discharged from care than among those still in care. However, the relationship between gender, care status, and marriage or cohabitation is complex, with females who had left care being the only group that was very likely to be married or cohabiting (20.9%).

The young adults in our study were over twice as likely as 19-year-olds in the Add Health sample to have at least one child, but were no less likely than their counterparts in the national sample to be living with their child if they had one. Nearly a quarter of the young adults in the Midwest Study reported that they had at least one living child — 31.6 percent of females and 13.8 percent of males. Of the 141 study participants who reported having at least one child, 73 percent were living with one or more of their children. Participants who had a child and were still in care were as likely to report living with at least one of their children as those who had a child and had been discharged, but females who had a child were more likely to report living with one or more of their children than their male counterparts.

Delinquency and Violent Behavior

Males in our sample were more likely than their Add Health counterparts to report engaging in group fights, using a weapon in a fight, and belonging to a gang. Likewise, females in our sample were more likely than their same-age peers to report damaging property, using or threatening to use a weapon, engaging in group fights, using a weapon in a fight, dealing with stolen property, and hurting someone badly enough to require medical attention, but less likely to report belonging to a gang or owning a handgun. Overall, the young adults in our sample reported a high level of criminal justice system involvement, as shown in the figure below. Twenty-eight percent of the young adults reported being arrested, and nearly one-fifth reported being incarcerated since their first interview. Young adults no longer in care were more likely than young adults still in care to report these problems. Not surprisingly, the males reported a significantly higher level of criminal justice system involvement than the females.

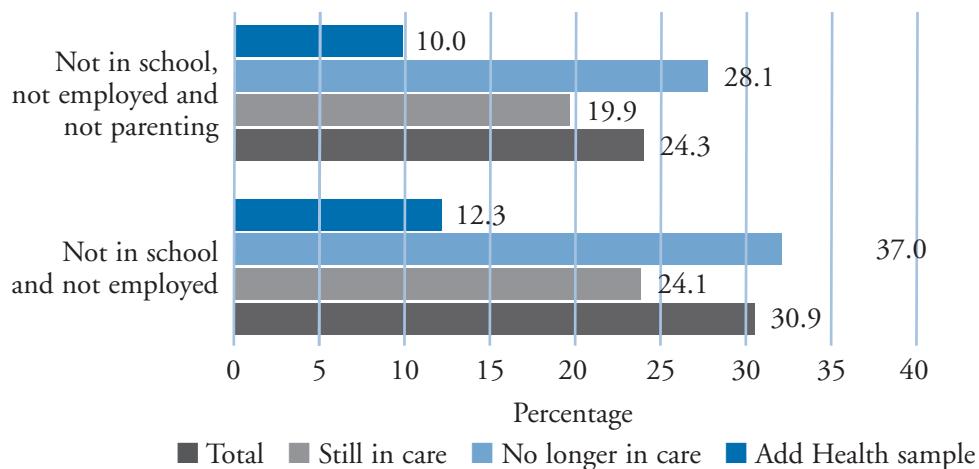
Recent Criminal Justice System Involvement



Disconnected Youth

Increasing attention has been paid in recent years to so-called disconnected youth. Although terms and definitions vary, the term is generally used to refer to youth who are out of school and out of work (Youth Transition Funders Group, 2004). According to the figure below, the young adults in the Midwest Study were over twice as likely as their peers to be disconnected from the worlds of work and education. Leaving care before the age of 19 increased even more the risk of not having such connections; those who left care were 50 percent more likely than those who remained in care and three times more likely other 19-year-olds to be unemployed and out of school. A desire to attend college, closeness to at least one family member, and general satisfaction with their experiences in out-of-home care increased the likelihood of employment or education for these young people. Not surprisingly, prior incarceration decreased prospects for engagement in work or schooling.

Disconnected Young Adults



Summary and Next Steps

In summary, youth making the transition to adulthood from foster care are faring worse than their same-age peers — in many cases much worse — across a number of domains of functioning. They approach the age of majority with significant educational deficits and relatively few of them appear to be on a path that will provide them with the skills necessary to thrive in today's economy. They are less likely to be employed than their peers and earnings from employment provide few of them with the means to make ends meet. This is reflected in the economic hardships many of them face and the need that many of them have for government assistance. A large number continue to struggle with health and mental health problems. Too many of them have children for whom they cannot provide a home. They are much more likely than their peers to find themselves involved with the criminal justice system.

The young adults in the Midwest Study also have notable strengths. It is important to note that some of them are moving through college and others have stable employment and living situations. Most of the young adults in the Midwest Study continue to have strong ties to family. This is evident in their attitudes towards their family members and the fact that many went to live with members of their extended family after leaving out-of-home care. In addition, over one in ten of those who have left care have been able to continue to live with their foster parents, one indication of the continued support many of them receive from adults they met through the child welfare system. The young adults in the Midwest Study also report generally high levels of perceived social support.

Going forward, continuing analysis of data from the Midwest Study will seek to dig deeper into the experiences of these young people to answer questions that are of interest to practitioners and policymakers. In particular, we are interested in better understanding which characteristics of former foster youth distinguish those who are doing well during the transition to adulthood from those who are doing poorly across a number of distinct domains (e.g., education, employment, health, crime). In addition, we will examine the potential effects of independent living services on outcomes across these domains.

Although only longer-term follow-up of our study participants will make this entirely clear, it appears that allowing foster youth the option of remaining under the care and supervision of the child welfare system past the age of 18 offers significant advantages to them as they make the transition to adulthood.

Young adults still in care had received more independent living services to help them with the transition to adulthood than those who had left care. They had progressed further in their education. They were more likely to have access to health and mental health services. Females who remained in care were less likely to become pregnant than those who had left. Remaining in care was also associated with a decreased risk of economic hardship and criminal justice system involvement. It is still too early in our analyses to say much about how remaining in care confers these advantages. Perhaps the availability of stable housing allows young people to better cope with other responsibilities associated with this period in their lives. Remaining in care may also keep young people in contact with child welfare services professionals who can help provide access to services and supports that they need as they move towards adulthood. In any case, our findings call into question the wisdom of federal and state policies that result in foster youth being discharged from care at or shortly after their eighteenth birthday.

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Chapin Hall Center for Children

Chapin Hall Center for Children at the University of Chicago was established in 1985 as a research and development center dedicated to bringing sound information, rigorous analyses, innovative ideas, and an independent perspective to the ongoing public debate about the needs of children and the ways in which those needs can best be met.

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

Chapin Hall's work is shaped by a dual commitment to the worlds of research and policy. This requires that our work meet both the exacting standards of university research and the practical needs of policy and program development, and that we work to advance knowledge and to disseminate it.

Chapin Hall is committed to diversity not only of experience, discipline, and viewpoint, but also of race, ethnicity, gender, sexual orientation, and physical ability. Chapin Hall's commitment to all children, with special attention to those experiencing or at risk of serious problems, is reflected in the range of the Center's research projects and publications. The following represent the Center's major areas of endeavor:

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