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CENTER FOR CHILDREN
AT THE UNIVERSITY OF CHICAGO

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

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INTRODUCTION

The transition to young adulthood is never easy, and it is particularly difficult for the approximately 20,000 foster youth who "age out" of 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 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 that many of these youth face largely on their own.

For many years, the needs of these young people were for the most part ignored by federal child welfare policy. It was not until 1986, when Congress amended the Social Security Act to include the Title IV-E Independent Living Program, that federal funding to help states prepare young people in foster care for independent living became available.[1] Unfortunately, federal funding did not keep pace with the growing number of eligible foster youth, and only a fraction of those who were eligible for services actually received them (U.S. Department of 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 (U.S. Department of Health and Human Services, 1999). On the contrary, what little data there were

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[1] States could use their independent living funds to provide educational services for youth working toward a high school diploma or GED, employment services for youth who needed vocational training or career planning, and housing services for youth 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 (Allen, Bonner & Greenan 1988; Barth, 1990).

[2] Under the original legislation, federally funded independent living services could only be provided to Title IV-E eligible youth between 16 and 18 years old. 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 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 they reach age 21.

seemed to indicate that former foster youth were still not adequately prepared to live independently. Congress responded by passing the Foster Care Independence Act of 1999. Title I of this legislation replaced the Title IV-E Independent Living Program with the John H. Chafee Foster Care Independence Program, which doubled the maximum amount of money that states could draw down each year to $140 million.[3] The law was later amended to authorize Congress to appropriate up to $60 million for payments to states for postsecondary 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.

In addition to giving states a fiscal incentive to enhance their independent living programs, the Foster Care Independence Act requires states to provide the U.S. Department of Health and Human Services with data on a variety of outcome measures (e.g., educational attainment, employment, avoidance of dependency, homelessness, non-marital childbirth, incarceration, and high-risk behaviors) and requires the U.S. Department of Health and Human Services to conduct evaluations of innovative or potentially significant state efforts to prepare foster youth for independent living.[4]

To better understand how foster youth are experiencing the transition to adulthood in the context of the Foster Care Independence Act, the Midwest Evaluation of the Adult Functioning

[3] States are now required to use at least some portion of their funds to provide follow-up services to former foster youth who have already aged out, and states 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 foster youth 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-old former foster youth, and eliminated the prohibition against contracting with private, for-profit independent living services providers using federal funds.

[4] Because there have been so few methodologically sound evaluations of independent living programs (U.S. Department of Health and Human Services, 1999; U.S. General Accounting Office, 1999), relatively little is known about their effects on the self-sufficiency of former foster youth. Several program evaluations, including prospective studies with random assignment, are currently in the field.

of Former Foster Youth is following foster youth as they "age out" of the child welfare system in Wisconsin, Iowa, and Illinois. This longitudinal study is a collaborative effort among the public child welfare agencies in those three states, Chapin Hall Center for Children at the University of Chicago, and the University of Wisconsin Survey Center. Its purpose is to provide states with the first comprehensive view of how former foster youth are faring as they transition to adulthood.

BACKGROUND AND OVERVIEW OF STUDY

Planning for this project began in early 2001 when the public child welfare agencies in Illinois, Iowa, and Wisconsin agreed to use some of their federal Chafee funds to study the outcomes of youth who age out of care. Chapin Hall Center for Children at the University of Chicago assumed primary responsibility for overseeing the project, constructing the survey instruments, analyzing the data, and preparing reports for the participating states. Each state provided Chapin Hall with a list of all of the youth who met the study's eligibility criteria from which a sample could be selected, and the University of Wisconsin Survey Center was contracted to conduct in-person interviews with the selected youth.

Youth were eligible for inclusion in the study if they were in the care of the public child welfare agency, if the primary reason for their placement was abuse and/or neglect, if they were 17 years old, and if they had entered care prior to their sixteenth birthday. They were ineligible to participate (1) if they had a developmental disability or severe mental illness, (2) if they were incarcerated or in a psychiatric hospital, (3) if they had run away or were otherwise missing from their placement over the data collection period, or (4) if they were in an out-of-state

placement. All of the eligible youth in Iowa and Wisconsin who fit the study criteria were included in the sample. In Illinois, which has a larger out-of-home care population, a sample of approximately 67 percent of the youth who met the criteria was selected randomly. Altogether, the three-state sample included 767 youth.

Base-line interviews were completed with a total of 732 youth (63 in Iowa, 474 in Illinois, and 195 in Wisconsin) between May 2002 and March 2003, for an overall response rate of 95.8 percent.[5] The youth were 17 or 18 years old at the time they were interviewed. Among the reasons eligible youth were not interviewed were the care provider's refusal to participate, the youth's refusal to participate, or an inability to make contact with the youth. This first interview focused on the experiences of the youth while in care and covered such domains as 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. 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*.

Follow-up interviews were completed between March and December 2004. Altogether, 82 percent, or 603 of the 732 youth (386 from Illinois, 54 from Iowa, and 163 from Wisconsin), from whom base-line data were collected were re-interviewed. This second interview covered

[5] Although the wave 1 report was also based on a sample of 732 youth, 4 of those youth were subsequently dropped from the sample because they failed to meet all of the eligibility criteria. This loss was offset by the recovery of wave 1 data for 4 additional cases. The existence of these 4 youth was revealed during preliminary analysis of the wave 2 data.

many of the same domains as the first but focused on the period since the base-line data were collected.

Forty-seven percent (*N* = 282) of the young adults who participated in this second wave of interviews were still in care, while 53 percent (*N* = 321) were not. All but two of the young adults who were still in care were state wards in Illinois. This reflects the fact that Illinois courts allow foster youth to remain wards of the state until their twenty-first birthday.[6] Study participants will be interviewed a third time between their twenty-first and twenty-second birthdays, by which time they will all have been discharged.

This report focuses on the 386 young adults in the Illinois sample who completed a second interview.[7] Nearly three-quarters of these young adults (*N* = 280) were still in care. The follow-up interviews were conducted a mean of 563 days and a median of 554 days, or about 18 months, after the first. The mean and median were slightly lower for those still in care (558 and 547 days, respectively) and slightly higher for those no longer in care (577 and 567 days, respectively). At least some of this difference, which is not statistically significant, is probably due to the greater availability of information from administrative records and caseworkers about the location of those still in care.

The next section of this report presents results pertaining to the following domains:

- Demographic characteristics
- Most recent out-of-home care placement

[6] In contrast, courts in Iowa and Wisconsin generally discharge youth from care on their eighteenth and almost never later than their nineteenth birthday

[7] The full wave 2 report, which includes data from all three states, can be found at www.chapinhall.org/article_abstract.aspx?ar=1355&L2=61&L3=130.

- Current living arrangements
- Relationships with family of origin
- Social support
- Receipt of independent living services
- Education
- Employment
- Economic hardships
- Receipt of government benefits
- Health and mental health status and service utilization
- Sexual behaviors
- Pregnancy
- Marriage and cohabitation
- Children and parenting
- Delinquency and criminal justice system involvement

Throughout the report, we make three types of comparisons. First, we compare the outcomes of the 280 young adults who were still in care with the outcomes of the 106 who were not. Second, we compare the outcomes of the 261 young adults who had received foster care services within Cook County (referred to as the Cook County sample), Illinois' largest urban area, with the outcomes of the 125 young adults who had received foster care services in counties outside of Cook (referred to as the non-Cook County sample). And third, we compare the young adults in our Illinois sample with a nationally representative sample of 19-year-olds from the National Longitudinal Study of Adolescent Health (henceforth referred to as "Add Health").

Add Health is a federally funded study that was intended to examine how social contexts (families, friends, peers, schools, neighborhoods, and communities) 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 and then again, with these same adolescents, in 1996. Study participants were interviewed a third time, when they were 18 to 26 years old, in order to explore the relationship between adolescent health behaviors and young adult outcomes. The data cited in this report are based on the sample of 19-year-olds who participated in that third wave of data collection.[8]

DEMOGRAPHIC CHARACTERISTICS

Table 1 shows the demographic characteristics of the 386 young adults in our wave 2 Illinois sample. It also compares the demographic characteristics of the 280 young adults who were still in care when they completed their wave 2 interview with the demographic characteristics of the 106 young adults who were no longer in care.

Table 1. Demographic Characteristics of Illinois Sample at Wave 2

	Total *N* = 386		Still in Care *N* = 280		No Longer in Care *N* = 106	
	#	%	#	%	#	%
Age						
19	365	94.6	267	95.4	98	92.5
20	21	5.4	13	4.6	8	7.5
Gender						
Male	170	44.0	116	41.4	52	49.1
Female	216	56.0	164	58.6	54	50.9
Race						
White	77	20.1	40	14.4	37	35.2
African American	267	69.7	207	74.5	60	57.1
Native American	1	0.3	0	0.0	1	1.0
Multiracial	36	9.4	29	10.4	7	6.7
Don't know	2	0.5	2	0.7	0	0.0

[8] Several groups were over-sampled (e.g., African American youth from highly educated families or a parent with a college degree), but only youth in the core sample were included in our analyses.

Hispanic Identity						
Yes	26	6.8	20	7.2	6	5.7
No	356	93.0	257	92.4	99	94.3
Don't know	1	0.3	1	0.4	0	0.0
Missing	3		2		3	

These young adults were predominantly 19 years old and African American.[9] However, the young adults who were no longer in care were twice as likely as those still in care to identify themselves as White. Although females outnumbered males in the total sample, this was entirely due to an imbalance among those still in care.

There were two important differences between the sample of young adults who received foster care services in Cook County and the sample of young adults who received foster care services in counties outside of Cook. First, 87 percent of the young adults in the Cook County sample were still in care compared with only 42 percent of the young adults in the Other Counties sample. And second, the vast majority of the Cook County sample identified themselves as African American whereas a slim majority of the non-Cook County sample identified themselves as White. In part, this difference reflects the fact that Cook County accounts for three-quarters of Illinois's African American population (Fed Stats, 2005).

Table 2. Demographic Characteristics of Illinois Sample at Wave 2: Cook County Compared with Other Counties

	Total *N* = 386		Cook County *N* = 261		Other Counties *N* = 125	
	#	%	#	%	#	%
Care Status						
Still in care	280	72.5	227	87.0	53	42.4
No longer in care	106	27.5	34	13.0	72	56.6

[9] 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.

Age						
19	365	94.6	243	91.3	122	97.6
20	21	5.4	18	6.9	3	2.4
Gender						
Male	170	44.0	117	44.8	72	42.4
Female	216	56.0	144	55.2	53	57.6
Race						
White	77	20.1	13	5.0	64	52.0
African American	267	69.7	224	86.2	43	35.0
Native American	1	0.3	0	0.0	1	0.8
Multiracial	36	9.4	22	8.5	14	11.4
Don't know	2	0.5	1	0.4	1	0.8
Missing			1		2	
Hispanic Identity						
Yes	26	6.8	21	8.1	5	4.1
No	356	93.0	238	91.5	118	95.9
Don't know	1	0.3	1	0.4	0	0.0
Missing	3		1		2	

The 386 young adults who are the focus of this report represent 81 percent of the 477 study participants who comprise the Illinois base-line sample. The only significant difference between these young adults and the 91 who were not re-interviewed is that a higher percentage of the latter were male. One possible explanation for this disproportionality is that males are more likely to become involved with the criminal justice system (see Table 57 below as well as Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001). Although we were able to complete interviews with seventeen incarcerated Illinois males, there may have been others of whom we were unaware.

Table 3. Comparison of Wave 2 Study Participants to Non-Participants

	Total Wave 1 Illinois Sample (N = 477)		Interviewed at Wave 2 (N = 386)		Not Interviewed at Wave 2 (N = 91)	
	#	%	#	%	#	%
Gender						
Female	256	56.7	216	56.0	40	44.0
Male	221	46.3	170	44.0	51	56.0

Race						
African American	331	69.4	270	69.9	61	67.0
White	98	20.5	77	19.9	21	23.1
Multiracial	42	8.8	36	9.3	6	6.6
Other	2	0.4	1	0.3	1	1.1
Don't know	4	0.8	2	0.6	2	2.2
Hispanic Origin						
Non-Hispanic	438	91.8	359	93.0	79	86.8
Hispanic	37	7.8	26	6.7	11	12.1
Don't know	2	0.4	1	0.3	1	1.1
Age at Wave 1						
17	212	44.4	170	44.0	42	46.2
18	263	55.1	215	55.7	48	52.7
19	1	0.2	1	0.3	0	0
20	1	0.2	0	0	1	1.1
Wave 1 Living Situation						
Non-relative foster home	145	30.4	122	31.6	23	25.3
Relative foster home	160	33.5	124	32.1	36	39.6
Group home/residential treatment facility/child caring institution	100	21.0	82	21.2	18	19.8
Adoptive home	1	0.2	1	0.3	0	0.0
Independent living	48	10.1	38	9.8	10	11.0
Other	21	4.4	18	4.7	3	3.3
Missing	2	0.4	1	0.3	1	1.1

MOST RECENT PLACEMENT TYPE

Half of the young adults in our Illinois sample who were still in care were in some kind of supervised independent living situation, and nearly 40 percent were living with a foster family or in the home of a relative.[10] In contrast, only 9 percent of the young adults who were no longer in care reported that an independent living situation had been their last placement prior to discharge. The most likely explanation for this difference is that opportunities for independent living increase with age. Another possible explanation is that the current

[10] The three states provide a wide range of what are commonly referred to as "supervised independent living" and "transitional living" arrangements in which young people live in their own dwelling or together with other wards while being provided with varying degrees of supervision and support by a public and/or private child welfare agency.

placement of those still in care was derived from administrative data, whereas the last placement of those no longer in care was based on self-reports.[11]

Table 4. Most Recent Placement of Study Participants

	Current Placement of Those Still in Care *N* = 280		Last Placement of Those No Longer in Care *N* = 106	
	#	%	#	%
Non-relative foster home	55	19.6	17	16.0
Relative foster home	54	19.3	36	34.0
Group home/residential treatment facility/child caring institution	19	6.8	24	22.6
Adoptive home	0	0.0	1	.9
Independent living situation	140	50.0	10	9.4
Other	12	4.2	18	17.0
Total	280	100	106	100.0

CURRENT LIVING ARRANGEMENTS

Although the young adults in our Illinois sample had been placed in care because of abuse or neglect, more than a third of those who had been discharged were currently living with their biological parents or other relatives. A much smaller number were living with former foster parents to whom they were not related. Just a quarter described themselves as living in their "own place."

Table 5. Current Living Arrangements of Youth No Longer Care: Cook County Compared with Other Counties

	Total		Cook County		Other Counties	
	#	%	#	%	#	%
Own place	26	24.5	4	10.0	22	33.3
Home of biological parent(s)	17	16.0	7	17.5	10	15.2
Home of other relative	20	18.9	8	20.0	12	18.2
Home of non-relative foster parent(s)	8	7.5	2	5.0	6	9.1
Someone else's home	15	14.2	10	25.0	5	7.6
Group quarters (e.g., dormitories, barracks)	12	11.3	6	15.0	6	9.1
Homeless	2	1.9	0	0.0	2	3.0
Other	6	5.7	3	7.5	3	4.5
Total	97	100.0				

[11] Due to a problem with the wording of a question, those still in care were not asked about their current placement.

The primary difference between the young adults who had received foster care services in Cook County and those who had received foster care services outside of Cook County was that the Cook County young adults were less likely to report that they were living in their own place and more likely to report that they were living in someone else's home.

RELATIONSHIPS WITH FAMILY OF ORIGIN

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 closeness of their relationships with members of their family. Despite the fact that they had been removed from home because of abuse or neglect, or both, most reported feeling close to one or more members of their family, particularly grandparents, siblings, and biological mothers. In contrast, only 38 percent reported feeling close to their biological father.

Table 6. Closeness to Family Members by Care Status

	Total		Still in Care		No Longer in Care	
	#	%	#	%	#	%
Biological mother	*N* = 339		*N* = 243		*N* = 96	
Very close	127	37.5	86	35.4	41	42.7
Somewhat close	102	30.1	76	31.3	26	27.1
Not very close	40	11.8	33	13.6	7	7.3
Not at all close	70	20.6	48	19.8	22	22.9
Biological father	*N* = 324		*N* = 234		*N* = 90	
Very close	62	19.1	47	20.1	15	15.7
Somewhat close	61	18.8	42	17.9	19	21.1
Not very close	37	11.4	24	10.3	13	14.4
Not at all close	164	50.6	121	51.7	43	47.8
Stepmother	*N* = 88		*N* = 71		*N* = 17	
Very close	27	30.7	24	33.8	3	17.6
Somewhat close	22	25.0	16	22.5	6	35.3
Not very close	10	11.4	8	11.3	2	11.8
Not at all close	29	33.0	23	32.4	6	35.3
Stepfather	*N* = 76		*N* = 58		*N* = 28	
Very close	27	35.5	19	32.8	8	28.6
Somewhat close	12	15.8	12	20.7	10	35.7
Not very close	13	17.1	9	15.5	4	14.3
Not at all close	24	31.6	18	31.0	6	21.4

Grandparents	*N* = 301		*N* = 210		*N* = 91	
Very close	156	51.8	109	51.5	47	51.6
Somewhat close	59	19.6	41	19.5	18	19.8
Not very close	14	4.7	9	4.3	5	5.5
Not at all close	72	23.9	51	24.3	21	23.1
Siblings	*N* = 379		*N* = 273		*N* = 106	
Very close	250	66.0	176	64.5	74	69.8
Somewhat close	84	22.2	61	22.3	23	21.7
Not very close	14	3.7	12	4.4	2	1.9
Not at all close	31	8.2	24	8.8	7	6.6

SOCIAL SUPPORT

Young adults can receive various kinds of social support. Support can be emotional, such as having someone to share feelings with, or informational, such as having someone to turn to for advice. It can be tangible, such as material aid or help with a daily task, or affectionate, such as being shown love. It can also come in the form of positive social interaction, such as having other people to do things with.

These four types of social support—emotional/informational, tangible, positive social interaction, and affectionate—were measured using the MOS Social Support Survey (Sherbourne & Stewart, 1991). This is a brief, multidimensional, self-administered, social support survey that was developed for patients in the Medical Outcomes Study (MOS), a 2-year study of patients with chronic conditions. Respondents indicate the availability of different types of social support on a 5-point scale (i.e., 1 = *none of the time*, 2 = *a little of the time*, 3 = *some of the time*, 4 = *most of the time*, and 5 = *all of the time*).

The mean score across all items for the young adults in our Illinois sample was 3.85. Table 7 shows the mean subscale scores for each of the four domains as well as mean scores on the

individual items. The scores for affectionate support and positive social interaction support were higher than the scores for emotional/informational support or tangible support. There were no significant differences in perceived social support between those who were still in care and those who were not.

Table 7. Perceived Social Support by Care Status

	Total		Still in Care		No Longer in Care	
Items	Mean	SD	Mean	SD	Mean	SD
Emotional/Informational Support						
Someone to listen to you	3.89	1.16	3.88	1.17	3.91	1.13
Someone to confide in	3.88	1.20	3.89	1.22	3.86	1.16
Someone to share your worries with	3.51	1.39	3.50	1.36	3.54	1.47
Someone to understand your problems	3.67	1.27	3.65	1.25	3.73	1.33
Someone to give you good advice	3.63	1.20	3.92	1.09	3.94	1.12
Someone to give you information	3.95	1.05	3.97	1.03	3.92	1.12
Someone to give you advice you really want	3.92	1.10	3.64	1.18	3.57	1.27
Someone to turn to for suggestions	3.84	1.13	3.87	1.11	3.78	1.18
Emotional/Informational Scale Score	3.79	0.98	3.79	0.96	3.78	1.02
Tangible Support						
Someone to help you if you were confined to bed	3.66	1.23	3.63	1.22	3.75	1.26
Someone to take you to the doctor	3.93	1.19	4.00	1.14	3.76	1.29
Someone to prepare your meals if you were unable to do it yourself	3.80	1.28	3.78	1.30	3.86	1.24
Someone to help with daily chores if you were sick	3.60	1.32	3.56	1.30	3.69	1.40
Tangible Support Scale Score	3.75	1.00	3.74	0.97	3.77	1.06
Positive Social Interaction Support						
Someone to have a good time with	4.17	1.04	4.07	1.14	4.16	1.14
Someone to get together with for relaxation	3.73	1.29	3.73	1.26	3.72	1.36
Someone to do something enjoyable with	4.06	1.03	4.11	1.00	4.08	1.04
Positive Social Interaction Scale Score	4.00	0.98	4.00	0.96	3.98	1.03
Affectionate Support						
Someone who shows you love and affection	4.12	1.014	4.09	1.17	4.22	1.10
Someone to love you and make you feel wanted	4.07	1.12	4.05	1.10	4.11	1.117
Someone who hugs you	3.88	1.32	3.89	1.31	3.86	1.34
Affectionate Support Scale Score	4.02	1.04				
Someone to help get your mind off things	3.81	1.14	3.81	1.11	3.82	1.21
Total MOS Score	3.85	0.90	3.84	0.88	3.86	0.95

INDEPENDENT LIVING SERVICES

The John H. Chafee Foster Care Independence Program provides federal funds to states to help prepare their current and former foster youth for the transition to independent living. Youth may receive services in six domains—education, vocational training or employment, budgeting and financial management, health education, housing, and youth development. These services can be provided by case managers, out-of-home care providers, or social service agencies.

Table 8 shows the percentage of young adults in our Illinois sample who reported that they had received at least one service in a particular domain *since their first interview*. Education was the only domain in which at least one-half of the young adults received some type of service, and across all six domains, those still in care were more likely to have received at least one service than those no longer in care.

Table 8. Receipt of Independent Living Services by Care Status

	Total *N* = 386		Still in Care *N* = 68		No Longer in Care *N* = 163	
	#	%	#	%	#	%
Educational services	198	51.3	169	60.4	29	27.4
Employment/vocational services	166	43.0	137	48.9	29	27.4
Budget and financial management services	150	38.9	129	46.1	21	19.8
Housing services	145	37.6	125	44.6	120	18.9
Health education services	153	39.6	127	45.4	26	24.5
Youth development services	92	24.0	82	29.3	10	9.4

There were also differences in the receipt of independent living services between the young adults who received foster care services in Cook County and those who received foster care services in counties outside of Cook. Specifically, the Cook County young adults were more likely to have received at least one service in each of the six domains. In part, this reflects the fact that most of the young adults in the Cook County sample were still in care compared with fewer than half of the young adults in the non-Cook County sample.

Table 9. Receipt of Independent Living Services: Cook County Compared with Other Counties

	Total *N* = 386		Cook County *N* = 261		Other Counties *N* = 125	
	#	%	#	%	#	%
Educational services	198	51.3	149	57.1	49	39.2
Employment/vocational services	166	43.0	128	49.0	38	30.4
Budget and financial management services	150	38.9	112	42.9	38	30.4
Housing services	145	37.6	111	42.5	34	27.2
Health education services	153	39.6	112	42.9	41	32.8
Youth development services	92	24.0	80	30.7	12	9.6

Table 10 lists the specific independent living services the young adults were asked about as well as the percentage who reported receipt of each. In most cases, fewer than one-quarter reported that they had received a specific service, and where differences existed, those still in care were more likely to have been recipients than those no longer in care.

Table 10. Receipt of Specific Independent Living Services by Care Status

	Total		Still in Care		No Longer in Care	
	#	%	#	%	#	%
Educational Services						
Career counseling	94	24.4	83	29.6	11	10.4
Study skills training	84	21.8	72	25.8	12	11.3
School-to-work support	83	21.7	69	24.9	14	13.2
GED preparation	45	11.7	41	14.7	4	3.8
SAT preparation	48	12.5	42	15.1	6	5.7
College application assistance	112	29.0	101	36.1	11	10.4
Financial aid/loan application assistance	113	29.3	99	35.4	14	13.2
Attend college fair	71	18.4	61	21.8	10	9.4
Employment/Vocational Services						
Vocational counseling	68	17.8	60	21.7	6	7.5
Resume writing workshop	70	18.9	63	22.5	7	6.7
Assistance identifying employers	64	16.6	55	19.7	9	8.5
Help completing job applications	110	28.6	89	31.8	21	20.0
Help developing interviewing skills	103	26.8	85	30.4	18	17.1
Help with job referral/placement	86	22.3	73	26.1	13	12.4
Help with use of career resources library	45	11.7	37	13.2	8	7.6
Explanation of benefits coverage	53	13.8	45	16.2	8	7.5
Help securing work permits/Social Security card	72	18.8	59	21.2	13	12.3
Given an explanation of workplace values	76	19.7	63	22.6	13	12.3
Received an internship	28	7.3	23	8.3	5	4.7
Summer employment programs	73	18.9	61	21.8	12	11.3

Budget/Financial Management Services							
Money management courses	91	23.6	78	28.0	13	12.3	
Assistance with tax returns	53	13.7	46	16.4	7	6.6	
Training on use of a budget	117	30.3	101	36.1	16	15.1	
Training on opening a checking and savings account	105	27.2	88	31.4	17	16.9	
Training on balancing a checkbook	95	24.6	80	28.6	15	14.2	
Developing consumer awareness	56	14.7	46	16.7	10	9.4	
Accessing information on credit	56	14.5	49	17.5	7	6.6	
Housing Services							
Assistance with finding an apartment	106	27.5	95	33.9	11	10.4	
Help with completing apartment application	70	16.1	62	22.1	8	7.5	
Learning about security deposits and utilities	81	21.0	71	25.4	10	9.4	
Handling landlord complaints	72	18.7	66	23.6	6	5.7	
Training on health and safety standards	84	21.8	73	26.1	11	10.4	
Tenants' rights and responsibilities training	78	20.2	70	25.0	8	7.5	
Meal planning and preparation training	92	23.8	77	27.5	15	14.2	
Cleaning classes	59	15.3	49	17.5	10	9.4	
Courses on home maintenance and repairs	52	13.5	45	16.2	7	6.6	
Health Education Services							
Training on personal care needs (basic hygiene)	78	20.2	64	22.9	14	13.2	
Training on nutritional needs	90	23.3	73	26.1	17	16.0	
Training on health/fitness	80	20.7	68	24.3	12	11.3	
Training on preventive and routine health care	84	21.8	70	25.1	14	13.2	
Accessing health/dental insurance information	69	17.9	62	22.2	7	6.6	
Courses on first aid	69	17.9	57	20.4	12	11.3	
Maintaining personal health records	73	19.0	64	22.9	9	8.6	
Information on birth control and family planning	111	28.8	94	33.6	17	16.0	
Education on substance abuse	118	28.5	91	32.5	19	17.9	
Youth Development Services							
Youth conferences	45	11.7	42	15.1	3	2.8	**
Youth leadership activities	51	13.3	45	16.2	6	5.7	*
Mentoring services	60	15.6	52	18.6	8	7.5	*

Although states can use some of their Chafee funds to provide independent living subsidies to current or former foster youth, only 27 percent of the young adults in our Illinois sample reported that they had received an independent subsidy, and only 20 percent reported that they were currently receiving one.[12] As was the case with the receipt of services, receipt of an independent living subsidy was more common among those still in care.

[12] States can now use up to 30 percent of their Chafee funds to pay for the room and board of 18- to 20-year-old former foster youth.

Table 11. Receipt of Independent Living Subsidies by Care Status

	Total			Still in Care			No Longer in Care		
	N	#	%	*N*	#	%	*N*	#	%
Ever received an independent living subsidy	383	104	27.2	277	86	31.0	106	18	17.0
Currently receiving an independent living subsidy	383	77	20.1	277	75	27.1	106	2	1.9

It was also more common among the Cook County young adults.

Table 12. Receipt of Independent Living Subsidies:
Cook County Compared with Other Counties

	Total			Cook County			Other Counties		
	N	#	%	*N*	#	%	*N*	#	%
Ever received an independent living subsidy	383	104	27.2	259	79	30.5	124	25	20.2
Currently receiving an independent living subsidy	383	77	20.1	259	64	24.7	124	13	10.5

EDUCATION

Many foster youth approach the transition to adulthood with significant educational deficits (Courtney, Terao, & Bost, 2004), and these deficits are evident in the educational attainment of our study participants at age 19. Although all of the young adults in our Illinois sample were at least 19 years old when the follow-up interviews were completed, 40 percent had neither a high school diploma nor a GED compared with just 9 percent of 19-year-olds in the Add Health sample (see Table 13). They were even less likely to have a high school diploma or GED if they were no longer in care than if they were still in care.

Table 13. Educational Attainment:
Three-State Illinois Sample Compared with Add Health Sample

	Three-State Study Illinois Sample						Add Health Sample	
	Total		Still in Care		No Longer in Care			
	#	%	#	%	#	%	#	%
High school diploma	210	54.7	162	58.3	48	44.3	434	86.6
GED	22	5.7	11	3.9	11	10.4	20	4.0
Neither	152	39.6	105	37.8	47	45.3	47	9.4
Total	384		278		106		501	
Missing	2		2		0		1	

They were also less likely to have a high school diploma or GED if they had received foster care services in Cook County than if they had received foster care services in counties outside of Cook.

Table 14. Educational Attainment: Cook County Compared with Other Counties

	Total		Cook County		Other Counties	
	#	%	#	%	#	%
High school diploma	210	54.7	138	53.1	79	63.7
GED	22	5.7	9	3.5	13	10.5
Neither	152	39.6	113	43.5	32	25.8
Total	384		260	53.1	124	
Missing	2		1		1	

More than half of the young adults in our Illinois sample were currently enrolled in school or in a training program. In this respect, they were similar to their Add Health counterparts. However, differences emerge when the types of programs in which they were enrolled are compared. Specifically, they were much more likely to be enrolled in a regular high school or GED program and much less likely to be enrolled in a 2- or 4-year college than Add Health 19-year-olds.[13]

[13] Add Health figures do not include enrollment in GED programs.

Table 15. Current School Enrollment:
Three-State Illinois Sample Compared with Add Health Sample

	Three-State Study Illinois Sample			Add Health Sample		
	#	% of Sample	% of Enrolled	#	% of Sample	% of Enrolled
Enrolled in educational program	206	56.0	-	295	59.0	-
Type of Program						
High school or GED program*	67	17.4	32.5	6	1.2	2.0
2-year college	82	21.2	39.8	101	20.1	34.2
4-year college	32	8.3	15.5	182	36.3	61.7
Vocational training**	35	9.1	17.0	-	-	-
Other	0	0.0	0.0	5	1.0	1.7
Missing	0	0.0	0.0	1	0.2	0.2

*Add Health figures do not include enrollment in GED programs.
** Add Health data do not distinguish between current and prior enrollment in vocational training programs.

Two-thirds of the young adults who were still in care were currently enrolled in school or a training program compared with just 20 percent of those who had left (see Table 16). Although those still in care were more likely to have a high school diploma or GED, they were twice as likely to be enrolled in a regular high school or GED program and four times as likely to be enrolled in a 2- or 4-year college.

Table 16. Current Enrollment in School or Training Programs by Care Status

	Still in Care			No Longer in Care		
	#	% of Sample	% of Enrolled	#	% of Sample	% of Enrolled
Enrolled in a program	186	66.4		30	20.3	
Type of Program						
High school or GED program	57	20.4	30.7	10	9.4	33.3
2-year college	75	26.8	40.3	7	6.6	23.3
4-year college	30	10.7	16.1	2	1.9	6.7
Vocational training program	24	8.6	12.9	11	10.4	36.7

Young adults who had received foster care services in Cook County were more likely to be enrolled in school than those who had received foster care services in counties outside of Cook. Although some of this difference can be explained by the fact that the Cook County young

adults were less likely to have a high school diploma or GED, the Cook County young adults were also more likely to be enrolled in a 2- or 4-year college.

Table 17. Current School Enrollment: Cook County Compared with Other Counties

	Cook County			Other Counties		
	#	% of Sample	% of Enrolled	#	% of Sample	% of Enrolled
Enrolled in educational program	165	63.2		51	40.8	
Type of Program						
High school or GED program	58	22.2	35.2	9	7.2	17.6
2-year college	59	22.6	35.8	23	18.4	45.1
4-year college	25	9.6	15.2	7	5.6	13.7
Vocational training	23	8.8	13.9	12	9.6	23.5

EMPLOYMENT AND EARNINGS

More than 90 percent of the young adults in our Illinois sample reported that they had ever held a job, and 60 percent reported that they had worked for pay during the past year. However, they were much less likely to be currently employed than their 19-year-old Add Health counterparts. Moreover, there was virtually no difference in employment rates between the young adults who were still in care and those who were not. That only one-third of those still in care were currently employed might be explained by the fact that many were enrolled in school and/or by the fact that they were not expected to support themselves. More concerning are the nearly two-thirds of those no longer in care who were not employed. Although some of these young adults were also enrolled in school, the state was not responsible for their support.

Table 18. Employment:
Three-State Illinois Sample Compared with Add Health Sample

	Three-State Illinois Sample						Add Health Sample	
	Total		Still in Care		No Longer in Care			
	#	%	#	%	#	%	#	%
Ever held a job	350	90.9	259	92.5	91	86.7	482	96.0
Worked for pay during the past year	232	60.1	172	61.4	60	56.6	-	-
Currently employed	131	33.9	93	33.2	38	35.8	292	58.2

Tables 19, 20, and 21 show the number of hours the young adults in our Illinois sample were working each week, the hourly wages they were paid if they were employed, and the number of months they had been working at their current job if they were employed. On average, these young adults were working about the same number of hours per week (mean = 30.3) as 19-year-olds in the Add Health sample who were employed (mean = 31.1). The young adults who were still in care were working fewer hours per week than the young adults who had left. This could reflect the higher rate of school enrollment among those still in care.

Table 19. Hours Worked per Week at Current Job by Care Status

	Total		Still in Care		No Longer in Care	
	#	%	#	%	#	%
Less than 20 hours	22	16.9	19	20.7	3	7.9
20 to 39 hours	64	49.3	50	54.3	14	36.8
40 hours	39	30.0	20	21.7	19	50.0
More than 40 hours	5	3.8	3	3.3	2	5.3
Total	130		92		38	
Missing	1		1		0	
Mean	30.0		27.9		35.1	
Median	30.0		29.5		40.0	

On average, the young adults in our Illinois sample earned less per hour (mean = $7.38) than their 19-year-old Add Health counterparts (mean = $7.64), but those no longer in care had a lower hourly wage than those who remained.

Table 20. Hourly Wages at Current Job by Care Status

	Total		Still in Care		No Longer in Care	
	#	%	#	%	#	%
Less than $5.15	2	1.8	1	1.2	1	3.1
$5.15 to $5.99	14	12.3	13	15.9	1	3.1
$6.00 to $6.99	36	31.6	20	24.4	16	50.0
$7.00 to $7.99	31	27.2	23	28.0	8	25.0
$8.00 to $8.99	10	8.8	6	7.3	4	12.5
$9.00 to $9.99	8	7.0	8	9.8	0	0.0
$10.00 to $10.99	9	7.9	8	9.8	1	3.1
$11.00 to $11.99	2	1.8	2	2.4	0	0.0
$12.00 or more	2	1.8	1	1.2	1	3.1
Total	114		82		32	
Mean	7.38		7.49		7.10	
Median	7.00		7.00		6.50	
Missing	2		0		2	

The young adults in our sample who were currently employed had held their job for a mean of 9 months and a median of 4 months. Just over one-quarter had been working at that job for at least one year. Interestingly, remaining in care seemed to be associated with greater job stability. The young adults who were still in care had held their jobs for a longer period of time and were more likely to have been working at their current job for at least a year than the young adults who had left.

Table 21. Months Worked at Current Job

	Total		Still in Care		No Longer in Care	
Months worked	#	%				
< 3 months	56	43.1	36	39.1	20	52.6
3 to 6 months	20	15.4	14	15.2	6	15.8
6 to 12 months	19	14.6	13	14.1	6	15.8
12 to 24 months	21	16.2	18	19.6	3	7.9
> 24 months	14	10.8	11	11.9	3	7.9
Total	130		92		38	
Missing	1		1		0	
Mean	9.30		10.27		6.95	
Median	3.96		4.50		2.17	

There were also differences in labor market outcomes between the young adults who had received foster care services in Cook County and those who had received foster care services in

counties outside of Cook. The young adults in the Cook County sample were less likely to have been employed in the past or to be employed currently. They were also working fewer hours per week if they were employed. However, their hourly wages were higher and they had held their jobs slightly longer than the non-Cook County young adults.[14]

Table 22. Employment and Earnings: Cook County Compared with Other Counties

	Cook County		Other Counties	
	#	%	#	%
Ever held a job	231	88.8	119	95.2
Worked for pay during the past year	153	58.6	79	63.2
Currently employed	81	31.0	50	40.0
	Mean	Median	Mean	Median
Hours worked per week	28.8	30.0	30.9	35.0
Hourly wage	7.48	7.00	7.23	6.55
Months worked at job	9.80	3.96	8.49	3.78

Although 70 percent of the young adults in our Illinois sample reported income from employment during the past year, it is unlikely that many of those who were employed could support themselves.[15] Nearly 80 percent earned less than $5,000, and 92.5 percent earned less than $10,000. Moreover, those still in care were no more likely to report earnings of less than $5,000 (or less than $10,000) than those who were not. By comparison, 79 percent of the 19-year-olds in the Add Health sample who were employed during the calendar year prior to the year of their third interview, either 2000 or 2001, reported earnings of $10,000 or less.[16]

[14] Because the cost of living in Chicago (Cook County) is higher than the cost of living in the rest of the state, the "purchasing power" of the two groups may have been about the same.
[15] These figures do not agree with the data shown in Table 18. Specifically, 232 respondents indicated that they had worked during the past year but 260 reported at least some income from employment.
[16] The Add Health study uses the following categories: less than $10,000; $10,000 to $14,999; $15,000 to $19,999; $20,000 to $29,999; $30,000 to $39,999; $40,000 to $49,999; $50,000 to $74,999; and $75,000 or more. The categories we used are shown in Table 19.

Table 23. Income from Employment During the Past Year by Care Status

	Total		Still in Care		No Longer in Care	
	#	%	#	%	#	%
Any income from employment during the past year	260	70.3	189	69.0	71	74.0
Amount of income from employment (among those employed)						
$5,000 or less	200	79.4	146	80.2	54	77.1
$5,001 to $10,000	33	13.1	22	12.1	11	15.7
$10,001 to $25,000	16	6.3	13	7.1	3	4.3
$25,001 to $50,000	3	1.2	1	0.5	2	2.9
Missing	8		7		1	

ECONOMIC HARDSHIPS

Given their low rates of employment and the low wages of those who were employed, it should not be surprising that 54 percent of the young adults in our Illinois sample reported experiencing at least one of the first seven hardships listed in Table 24. In general, the young adults in our Illinois sample were more likely to experience economic hardships than were 19-year-olds in the Add Health sample.[17]

Table 24. Economic Hardships:
Three-State Illinois Sample Compared with Add Health Sample

	Three-State Illinois Sample			Add Health Sample	
	N	#	%	#	%
(1) Not enough money to buy clothing	379	142	37.5	-	-
(2) Not enough money to pay rent	376	35	9.3	28	5.6
(3) Not enough money to pay utility bill	379	12	3.2	33	6.6
(4) Gas or electricity shut off	378	32	8.5	16	3.2
(5) Phone service disconnected*	380	85	22.4	70	13.9
(6) Evicted	380	7	1.8	4	.8
(7) Sometimes/often not enough food to eat	380	24	6.3	-	-
Mean number of hardships (1) – (7)	376	0.89		-	-
Ever homeless post-discharge**	98	16	16.3	-	-

*Add Health asked participants if they had been without phone service for any reason.
*Only asked of respondents who were no longer in care.

[17] The Add Health question was more encompassing in that it asked whether the respondent had been without phone service for any reason.

Four of the hardships were more likely to be reported by those no longer in care, and those no longer in care also reported more hardships overall.

Table 25. Economic Hardships by Care Status

	Still in Care			No Longer in Care		
	N	#	%	*N*	#	%
(1) Not enough money to buy clothing	278	100	36.0	101	42	41.6
(2) Not enough money to pay rent	275	13	4.7	101	22	21.8
(3) Not enough money to pay utility bill	277	3	1.1	102	9	8.8
(4) Gas or electricity shut off	276	18	6.5	102	14	13.7
(5) Phone service disconnected	278	56	20.1	102	29	28.4
(6) Evicted	278	5	1.8	102	2	2.0
(7) Sometimes or often not enough food to eat	278	10	3.6	102	14	13.7
Mean number of hardships (1) – (7)	275	0.73		101	1.31	
Ever homeless post-discharge*	-	-	-	98	16	16.3

*Only asked of respondents who were no longer in care.

The differences between the young adults who had received foster care services in Cook County and those who had received foster care services in counties outside of Cook were even more consistent. In general, the Cook County young adults were less likely to have experienced these hardships and they tended to experience fewer total hardships than the non-Cook County young adults.

Table 26. Economic Hardships

	Cook County			Other Counties		
	N	#	%	*N*	#	%
(1) Not enough money to buy clothing	255	91	35.7	124	51	41.1
(2) Not enough money to pay rent/mortgage	252	10	4.0	124	25	20.2
(3) Not enough money to pay utility bill	255	2	0.8	124	10	8.1
(4) Gas or electricity shut off	254	14	5.5	124	18	14.5
(5) Phone service disconnected	256	52	20.3	124	33	26.6
(6) Evicted	256	4	1.6	124	3	2.4
(7) Sometimes or often not enough food to eat	256	9	3.5	124	15	12.1
Mean number of hardships (1) – (7)		0.71			1.25	
(8) Ever homeless post-discharge*	36	3	8.3	70	13	18.6

*Only asked of respondents who were no longer in care.

Two other important indicators of economic hardship are homelessness and housing instability. Although only 2 of the 106 young adults in our Illinois sample who were no longer in care

reported that they were currently homeless, 14 percent reported that they had been homeless at least once since they were discharged.[18] In addition, 37 percent reported that their living arrangements had changed more than twice during that period of time.

Indebtedness can also be a sign of economic hardship. Eleven percent of the young adults in our Illinois sample reported that they had borrowed at least $200 from family or friends since their last interview, and 20 percent reported that they had some other form of debt, excluding student loans, auto loans, and mortgages. Both forms of indebtedness were about twice as likely to be reported by those no longer in care.

Table 27. Indebtedness by Care Status

	Total			Still in Care			No Longer in Care		
	N	#	%	*N*	#	%	*N*	#	%
Borrowed at least $200 from family or friends since last interview	374	40	10.7	276	20	7.2	98	20	20.4
Any other debt (excluding student loans, auto loans and mortgage)	374	74	19.8	276	40	14.5	98	34	34.7
Total amount of debt									
$1 - $1,000		54	76.1		28	73.7		26	78.8
$1,001 - $2,500		7	9.9		3	7.9		4	12.1
$2,501 - $5,000		9	12.7		7	18.4		2	6.1
More than $5,000		1	1.4		0	0.0		1	3.0
Missing		3			2			1	
Any savings/checking account?	372	162	43.5	275	132	48.0	97	30	30.9

Although money management is an important part of living independently, fewer than half of the young adults in our Illinois sample—and less than a third of those no longer in care-reported that they had a savings or checking account. This is considerably lower than the nearly 82 percent of the 19-year-olds in the Add Health sample reported who that they did.

[18] Those still in care were not asked about homelessness.

Finally, our survey instrument included a set of twelve items from the USDA's measure of food security (Bickel, Nord, Price, Hamilton & Cook, 2000). These items and the percentage of young adults in our Illinois sample who responded affirmatively to each are shown in Table 20. Four were experienced by at least 20 percent, and those no longer in care were twice as likely to have responded affirmatively to seven as those no longer in care.

Table 28. Food Insecurity by Care Status

	Total			Still in Care			No Longer in Care		
	N	#	%	*N*	#	%	*N*	#	%
(1) Got food or borrowed money for food from friends or family	379	78	20.6	278	49	17.6	101	29	28.7
(2) Put off paying bill to buy food	380	34	8.9	278	19	6.8	102	15	14.7
(3) Received emergency food	380	31	8.2	278	14	5.0	102	17	16.7
(4) Received a meal from a soup kitchen	380	13	3.4	278	8	2.9	102	5	4.9
(5) Cut size of meals because you could not afford more	380	31	8.2	278	15	5.4	102	16	15.7
(6) Did not eat for a whole day because there was not enough money for food	380	18	4.7	278	8	2.9	102	10	9.8
(7) Did not eat as much as you thought you should because you did not have enough money for food	380	33	8.7	278	17	6.1	102	16	15.7
(8) Hungry but didn't eat because could not afford food	380	30	7.9	278	15	5.4	102	15	14.7
(9) Lost weight because didn't have enough food	379	21	5.5	278	9	3.2	101	12	11.9
(10) Sometimes or often worried about running out of food because could not afford more	380	115	30.3	278	83	29.9	102	32	31.4
(11) Sometimes or often food didn't last and could not afford more	380	95	25.0	278	65	23.4	102	30	29.4
(12) Sometimes or often could not afford to eat balanced meals	380	84	22.1	278	62	22.3	102	22	21.6
Mean score on 5-item food security measure		0.72			0.63			0.97	
Categorized as food insecure*	380	88	23.2	278	63	22.5	102	25	24.5

*Responded affirmatively to at least two of these five items from the short form of the USDA's food insecurity measure: (5), (6), (7), (11), and (12).

We used five of these items to construct a food security composite score similar to the short form of the USDA's food security measure, and study participants who responded affirmatively to at least two of these five items were categorized as *food insecure*. Overall, nearly a quarter of the young adults in our Illinois sample, including 25 percent of the Cook County sample and

20 percent of the non-Cook County sample, were categorized this way. Although those no longer in care responded affirmatively to significantly more of these items than those still in care, they were no more likely to be categorized as food insecure.

RECEIPT OF GOVERNMENT BENEFITS

That many of the young adults were not able to support themselves is apparent from the percentage who received the various government benefits listed in Table 21.[19] Thirty-two percent (*n* = 125) had received one or more of the government benefits since their first interview, and 23 percent (*n* = 89) were currently receiving one or more.[20] Excluding unemployment insurance and workers' compensation, where eligibility is dependent upon prior labor market participation, 31 percent (*n* = 120) had received one or more need-based government benefits since their first interview and 22.5 percent (*n* = 87) were currently receiving one or more.

Table 29. Receipt of Government Benefits

	N	% Ever Received	% Currently Receiving	% Add Health Sample
Unemployment insurance	380	1.8	0.3	
Workers' compensation	380	1.1	0.5	
Food stamps	380	18.4	15.0	2.8
Public housing/rental assistance	379	5.5	2.6	
Low-income family assistance (TANF)[a]	98	4.1	3.1	22.4
Other welfare payments	380	5.8	3.2	
WIC[b]	72	90.3	55.6	

[a]As a percentage of young adults living with at least one child.
[b]As a percentage of females living with at least one child.

[19] Although the young people in the Add Health sample were asked about other government benefits they might have received (e.g., unemployment insurance, workers compensation, and housing assistance), the questions referred to the past year, whereas our questions referred to the period since the first interview.
[20] The question about "other welfare payments" was introduced in the following way: "Now I'd like to ask you about other welfare programs, such as SSI, general assistance payments, emergency assistance payments, or Cuban/Haitian or Indian assistance payments."

To put some of these figures in perspective, the young adults in our Illinois sample were six times as likely to be receiving food stamps as19-year-olds in the Add Health sample. However, they were much less likely to be TANF recipients if they were living with at least one child than were their Add Health counterparts.

Both young adults still in care and those no longer in care reported some benefit receipt. Not surprisingly, however, those no longer in care were more likely to report that they had received and or were currently receiving food stamps or other welfare payments than those still in care. Although those no longer in care were also more likely to report that they had lived in public housing or received rental assistance, they were no more likely than those still in care to report being current public housing residents or rental assistance recipients.

Table 30. Receipt of Government Benefits by Care Status

	Still in Care			No Longer in Care		
	N	% Ever Received	% Currently Receiving	*N*	% Ever Received	% Currently Receiving
Unemployment insurance	278	1.8	0.0	102	2.0	1.0
Workers' compensation	278	1.4	0.7	102	0.0	0.0
Food stamps	278	12.2	10.8	102	35.3	26.5
Public housing/rental assistance	278	3.6	1.8	101	10.9	5.0
Low-income family assistance (TANF)[a]	69	2.9	2.9	29	6.9	3.4
Other welfare payments	278	2.2	1.4	102	15.7	7.8
WIC[b]	51	92.2	54.9	21	85.7	57.1

[a]As a percentage of young adults living with at least one child.
[b]As a percentage of females living with at least one child.

There were some differences in benefit receipt between the males and females in our Illinois sample. Altogether, 45 percent of the females (n = 97) and 16.5 percent of the males (n = 28) in our Illinois sample had received one or more of the government benefits listed in Table 26 since their first interview. Thirty-six percent of females (n = 77) and 7 percent of males (n = 12) were currently receiving one or more. Excluding unemployment insurance and workers'

compensation, 44 percent of the females (*n* = 95) and 15 percent of the males (*n* = 25) had received one or more of the need-based government benefits since their first interview, and 36 percent of the females (*n* = 77) and 6 percent of the males (*n* = 10) were currently receiving one or more.

Table 31. Receipt of Government Benefits by Gender

	Females			Males		
	N	% Ever Received	% Currently Receiving	*N*	% Ever Received	% Currently Receiving
Unemployment insurance	216	1.9	0.0	164	1.8	0.6
Workers' compensation	216	0.9	0.5	164	1.2	0.6
Food stamps	216	27.3	23.6	164	6.7	3.7
Public housing/rental assistance	215	6.0	3.7	164	4.9	1.2
Low-income family assistance (TANF)[a]	72	5.9	4.8	26	0.0	0.0
Other welfare payments	216	6.0	4.6	164	5.5	1.2
WIC[b]	72	92.6	58.3	-	-	-

[a]As a percentage of young adults living with at least one child.
[b]As a percentage of females living with at least one child.

The largest gender differences in benefit receipt involved food stamps and TANF. Most notably, females were four times as likely as males to report that they had ever received food stamps, and six times as likely to report that they were current food stamp recipients. In addition, although there were some males in the Illinois sample who were living with their children, none reported any TANF receipt.

There were also differences in government benefit receipt between the young adults who had received foster care services in Cook County and those who had received foster care services in counties outside of Cook. Most notably, young adults in the non-Cook County sample were more than twice as likely to have received food stamps and nearly twice as likely to be receiving food stamps as young adults in the Cook County sample.

Table 32. Receipt of Government Benefits: Cook County Compared with Other Counties

	Cook County *N* = 93		Other Counties *N* = 70	
	Ever Received	Currently Receiving	Ever Received	Currently Receiving
Unemployment insurance	2.0	0.0	1.6	0.8
Food stamps	12.9	11.7	29.8	21.8
Public housing/rental assistance	3.1	1.6	10.6	4.9
Low-income family assistance (TANF)[a]	4.0	4.0	4.3	0.0
Low-income family assistance (TANF)[b]	5.5	5.5	5.9	0.0
Other welfare payments	3.9	2.7	9.7	4.0
WIC[b]	89.1	52.7	94.1	64.7

[a]As a percentage of young adults living with at least one child (*N* = 98).
[b]As a percentage of females living with at least one child (*N* = 72).

HEALTH AND MENTAL HEALTH STATUS AND SERVICE UTILIZATION

The young adults in our Illinois sample were asked a series of questions designed to assess their current physical well-being. Because many of these questions were drawn from the National Longitudinal Study of Adolescent Health, we are able to compare their health with the health of 19-year-olds in the nationally representative Add Health sample.

Compared with 19-year-olds in the Add Health sample, the adults in our Illinois sample were more than twice as likely to describe their health as “fair” or “poor.” They were more likely to report that they had been hospitalized during the past 5 years and more likely to have been hospitalized more than once. There were also differences in the reasons for their most recent hospitalizations. Specifically, the young adults in our sample were more likely to report that their most recent hospitalization had been for drug use or emotional problems and less likely to report that it had been for an illness or an accident/injury.

Table 33: Health Status: Three-State Illinois Sample Compared to Add Health Sample

	Three-State Illinois Sample *N* = 603		Add Health Sample *N* = 502	
	#	%	#	%
Description of general health				
Excellent	124	32.1	170	33.9
Very good	112	29.0	207	41.2
Good	105	27.2	100	19.9
Fair	41	10.6	21	4.2
Poor	4	1.0	4	0.8
Health limits any vigorous activities				
Not at all limited	291	75.4	387	77.4
Limited a little	72	18.7	93	18.6
Limited a lot	23	6.0	20	4.00
Health limits any moderate activities				
Not at all limited	347	89.9	476	95.0
Limited a little	26	6.7	23	4.6
Limited a lot	13	3.4	2	0.4
Number of emergency room visits during the past 5 years				
0	162	44.5	200	41.0
1-2	150	41.2	180	36.9
3-5	36	9.9	82	16.8
6-8	9	2.5	12	2.5
9+	7	1.9	14	2.9
Number of hospitalizations during the past 5 years				
0	116	30.7	396	81.5
1	134	35.4	71	14.6
2-3	74	19.6	24	4.9
4-5	18	4.8	4	0.8
6+	36	9.5	1	0.2
Length of time since most recent hospitalization				
Within the past 3 months	34	21.5	11	11.0
4-6 months ago	20	12.7	15	15.0
7-9 months ago	15	9.5	11	11.0
10-12 months ago	10	6.3	9	9.0
More than 1 but less than 2 years ago	30	19.0	22	22.0
At least 2 years ago	49	31.0	32	32.0
Reason for most recent hospitalization				
Illness	28	17.6	27	27.0
Injury or accident	28	17.6	23	23.0
Drug use or emotional problem	23	14.5	4	4.0
Pregnancy-related	62	39.0	40	40.0
Elective surgery	4	2.5	5	5.0
Other	14	8.8	1	1.0

There were some differences between the young adults who were still in care and those who had been discharged. Specifically, young adults no longer in care were twice as likely to describe their health as fair or poor and nearly twice as likely to report that they had been hospitalized during the past year. They also reported more emergency room visits during the past 5 years.

Table 34. Health Status by Care Status

	Still in Care *N* = 280		No Longer in Care *N* = 186	
	#	%	#	%
Description of general health				
Excellent	97	34.6	27	25.5
Very good	86	30.7	26	24.5
Good	70	25.0	35	33.0
Fair	23	8.2	18	17.0
Poor	4	1.4	0	0.0
Health limits any vigorous activities				
Not at all limited	211	75.4	80	75.5
Limited a little	53	18.9	19	17.9
Limited a lot	16	5.7	7	6.6
Health limits any moderate activities				
Not at all limited	250	89.3	97	91.5
Limited a little	18	6.4	8	7.5
Limited a lot	12	4.3	1	0.9
Seriousness of worst injury during the past year				
Very minor	123	47.3	39	37.5
Minor	101	38.8	49	47.1
Serious	24	9.2	12	11.5
Very serious	5	1.9	4	3.8
Extremely serious	7	2.7	0	0.0
Number of ER visits during the past 5 years				
0	92	33.6	24	23.1
1-2	95	34.7	39	37.5
3-5	58	21.2	16	15.4
6-8	6	2.2	12	11.5
9+	23	8.4	13	12.5
Number of hospitalizations during the past 5 years				
0	167	59.6	60	56.6
1	71	25.4	26	24.5
2-3	28	10.0	14	13.2
4-5	5	1.8	4	3.8
6+	9	3.2	2	1.9

Length of time since most recent hospitalization				
Within the past 3 months	22	19.5	12	26.7
4-6 months ago	13	11.5	7	15.6
7-9 months ago	9	8.0	6	13.3
10-12 months ago	4	3.5	6	13.3
More than 1 but less than 2 years ago	22	19.5	8	17.8
At least 2 years ago	43	38.1	6	13.3
Reason for most recent hospitalization				
Illness	21	18.6	7	15.2
Injury or accident	20	17.7	8	17.4
Drug use or emotional problem	19	16.8	4	8.7
Pregnancy-related	44	38.9	18	39.1
Elective surgery	1	0.9	3	6.5
Other	8	7.1	6	13.0

We asked the young adults in our Illinois sample about how frequently they had experienced a variety of health problems during the past year. That several of these health problems were reported more frequently by those no longer in care may be a reflection of the stress associated with the transition to independent living, especially in the absence of sufficient social supports.

Table 35. Frequency of Health Problems During the Past Year by Care Status

	Total		Still in Care		No Longer in Care	
	#	%	#	%	#	%
Headache						
Never	51	13.2	34	12.1	17	16.0
Just a few times	242	62.7	180	64.3	62	58.5
About once per week	53	13.7	38	13.6	15	14.2
Almost every day	29	7.5	23	8.2	6	5.7
Every day	11	2.8	5	1.8	6	5.7
Stomachache						
Never	67	17.4	48	17.1	19	17.9
Just a few times	253	65.5	184	65.7	69	65.1
About once per week	40	10.4	36	12.9	4	3.8
Almost every day	23	6.0	10	3.6	13	12.3
Every day	3	0.8	2	0.7	1	0.9
Sore throat or cough						
Never	88	22.8	64	22.9	24	22.6
Just a few times	281	72.8	205	73.2	76	71.7
About once per week	15	3.9	10	3.6	5	4.7
Almost every day	2	0.5	1	0.4	1	0.9
Every day	0	0.0	0	0.0	0	0.0

Very tired						
Never	141	36.5	99	35.4	42	39.6
Just a few times	149	38.6	112	40.0	37	34.9
About once per week	42	10.9	31	11.1	11	10.4
Almost every day	35	9.1	29	10.4	6	5.7
Every day	19	4.9	9	3.2	10	9.4
Skin problems						
Never	208	53.9	158	56.4	50	47.2
Just a few times	123	31.9	86	30.7	37	34.9
About once per week	18	4.7	13	4.6	5	4.7
Almost every day	14	3.6	8	2.9	6	5.7
Every day	23	6.0	15	5.4	8	7.5
Muscle or joint aches						
Never	146	37.8	105	37.5	41	38.7
Just a few times	162	42.0	124	44.3	38	35.8
About once per week	50	13.0	38	13.6	12	11.3
Almost every day	20	5.2	11	3.9	9	8.5
Every day	8	2.1	2	0.7	6	5.7
Trouble sleeping						
Never	196	50.8	142	50.7	54	50.9
Just a few times	104	26.9	81	28.9	23	21.7
About once per week	36	9.3	29	10.4	7	6.6
Almost every day	34	8.8	18	6.4	16	15.1
Every day	16	4.1	10	3.6	6	5.7
Trouble relaxing						
Never	195	50.5	150	53.6	45	42.5
Just a few times	119	30.8	86	30.7	33	31.1
About once per week	32	8.3	24	8.6	8	7.5
Almost every day	27	7.0	15	5.4	12	11.3
Every day	13	3.4	5	1.8	8	7.5
Moodiness						
Never	88	22.8	69	24.6	19	17.9
Just a few times	166	43.0	127	45.4	39	36.8
About once per week	58	15.0	40	14.3	18	17.0
Almost every day	44	11.4	32	11.4	12	11.3
Every day	30	7.8	12	4.3	18	17.0
Menstrual cramps (females only)						
Never	62	28.8	51	31.1	13	24.1
Just a few times	111	51.6	80	48.8	32	59.3
About once per week	10	4.7	8	4.9	2	3.7
Almost every day	22	10.2	17	10.4	5	9.3
Every day	10	4.7	8	4.9	2	3.7

Research on the utilization of mental health services as well as clinical assessments suggest that mental health problems are more prevalent among youth in foster care than among their same-age peers in the general population (Leslie, Landsverk, Ezzet-Lofstrom, Tschann, Slymen, &

Garland, 2000). The risk of developing mental health problems may be especially high for those making the transition from foster care to independent living, particularly if they do not have adequate social supports after their discharge.[21]

We assessed the mental health of the young adults in our Illinois sample using the Composite International Diagnostic Interview (CIDI, World Health Organization, 1998). The CIDI is a highly structured interview designed for use by non-clinicians that generates both lifetime and current (i.e., past 12 months) psychiatric diagnoses according to the criteria listed in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV). The items included in our second interview were taken from the lifetime version of the CIDI.

Just under one-third of the young adults in our Illinois sample met the diagnostic criteria for one or more of the mental and behavioral health disorders listed in Table 36. The most prevalent were post-traumatic stress disorder (PTSD), substance abuse, alcohol abuse, and major depression. Importantly, the young adults no longer in care were more likely to meet the diagnostic criteria for at least one mental health problem and had higher lifetime prevalence rates of alcohol abuse, other drug abuse, and other drug dependence than their counterparts who were still in care.

[21] Consistent with this hypothesis, we asked the young adults in our sample who were no longer in care if they had experienced a psychiatric hospitalization since they were discharged. Six percent of those young adults indicated that they had. By comparison, only 3 percent of the 19-year-olds in the Add Health sample reported a psychiatric hospitalization during the past 5 years.

Table 36. Lifetime CIDI Diagnoses by Care Status

	Total		Still in Care		No Longer in Care	
	#	%	#	%	#	%
Alcohol dependence	13	3.4	6	2.1	7	6.6
Alcohol abuse	32	8.3	17	6.1	15	14.2
Substance dependence	11	2.8	6	2.1	5	4.7
Substance abuse	39	10.1	18	6.4	21	19.8
Post-traumatic stress disorder (PTSD)	50	13.0	35	12.5	15	14.2
Major depression	30	7.8	17	6.1	13	12.3
Dysthymia	0	0.0	0	0.0	0	0.0
Social phobia	2	0.5	2	0.7	0	0.0
Generalized anxiety disorder	0	0.0	0	0.0	0	0.0

Females were more likely than males to meet the diagnostic criteria for at least one mental or behavioral health disorder. They also had higher lifetime prevalence rates for PTSD and major depression.

Table 37. Lifetime CIDI Diagnoses by Gender

	Male		Female	
	#	%	#	%
Alcohol dependence	4	2.4	9	4.2
Alcohol abuse	18	10.6	14	6.5
Substance dependence	8	4.7	3	1.4
Substance abuse	20	11.8	19	8.8
Post-traumatic stress disorder (PTSD)	10	5.9	40	18.5
Major depression	5	3.0	25	11.6
Dysthymia	0	0.0	0	0.0
Social phobia	0	0.0	2	0.9
Generalized anxiety disorder	0	0.0	0	0.0

In addition to questions about their physical and mental health, we asked the young adults in our Illinois sample about their health and mental health care service utilization. In some respects, the young adults in our Illinois sample were faring better than their Add Health counterparts. They were more likely to report having health insurance and less likely to report that they did not receive medical care that they thought they needed. The two most common

barriers to getting medical care cited by the young adults in our Illinois sample were the perceived cost of care and being uninsured.

The other notable difference between the young adults in our Illinois sample and their Add Health counterparts involved their receipt of counseling and substance abuse treatment. The young adults in our Illinois sample were more than twice as likely to report that they had received counseling for a psychological or emotional problem and more likely to report that they had participated in a substance abuse treatment program. Although this could indicate greater unmet mental and behavioral health care needs among the Add Health sample, it probably reflects the high rate of mental and behavioral health problems among the young adults in our Illinois sample.

Table 38. Health and Mental Health Care Service Utilization: Three-State Illinois Sample Compared with Add Health Sample

	Three-State Illinois Sample			% Add Health Sample
	N	#	%	
Has health insurance	378	316	83.6	79.2
Medical exam within the past year	385	334	86.8	66.9
Dental exam within the past year	385	282	73.2	65.3
Did not receive needed medical care	386	28	7.3	17.4
Did not receive needed dental care	386	37	9.6	-
Received psychological or emotional counseling	385	93	24.2	9.2
Received substance abuse treatment	386	31	8.0	3.0
Received medication for emotional problems	385	60	15.6	-
Received family planning services[a]	386	52	13.5	
Female	216	37	17.1	
Male	170	15	8.8	

[a]Add Health study participants were asked about their use of birth control, and females were asked if their most recent gynecological exam had been for family planning purposes. However, there was no global question about the receipt of family planning services that was asked of everyone.

There were a number of differences in health and mental health care service utilization between the young adults who were still in care and those who had left. Most notably, young adults still in care were more likely to report that they had health insurance and less likely to report not

receiving medical care or dental care that they thought they needed. The young adults who were still in care were also twice as likely to report that they had received psychological or emotional counseling during the past year than those no longer in care. Given that the young adults who were no longer in care were more likely to meet the diagnostic criteria for at least one mental health problem than those still in care, this suggests the presence of unmet mental health care needs among these former foster youth.

Table 39. Health and Mental Health Care Service Utilization by Care Status

	Still in Care			No Longer in Care		
	N	#	%	*N*	#	%
Has health insurance	276	271	98.2	102	45	44.1
Medical exam within the past year	280	150	53.6	106	41	38.7
Dental exam within the past year	280	239	85.4	106	63	59.4
Did not receive needed medical care	280	12	4.3	106	16	15.1
Did not receive needed dental care	280	19	6.8	106	18	17.0
Received psychological or emotional counseling	279	79	28.2	106	14	13.3
Received substance abuse treatment	280	21	7.5	106	10	9.4
Received medication for emotional problems	280	43	15.4	105	17	16.2
Received family planning services	280	42	15.0	106	10	9.2
Male	162	31	19.1	54	6	11.1
Female	118	11	9.3	52	4	7.7

There were also differences in health and mental health care service utilization between the young adults who had received foster care services in Cook County and those who had received foster care services in counties outside of Cook. Specifically, young adults in the Cook County sample were more likely to report that they had health insurance-in part because they were more likely to still be in care-and conversely, less likely to report that they had not received medical or dental care that they thought they needed than were the non-Cook County young adults. However, the non-Cook County young adults were more likely to report that they had received counseling for a psychological or emotional problem or that they had been prescribed psychotropic medication than were the Cook County young adults.

Table 40. Health and Mental Health Care Service Utilization
Cook County Compared with Other Counties

	Cook County		Other Counties	
Has health insurance	238	93.3	78	63.4
Medical exam within the past year	233	89.6	101	80.8
Dental exam within the past year	203	78.1	79	63.2
Did not receive needed medical care	12	4.6	16	21.8
Did not receive needed dental care	21	8.0	16	12.8
Received psychological or emotional counseling	56	21.5	37	29.6
Received substance abuse treatment	24	9.2	7	5.6
Received medication for emotional problems	29	11.2	31	24.8
Received family planning services	36	13.8	16	12.8

SEXUAL BEHAVIORS

The young adults in our Illinois sample were asked a series of questions about their sexual behaviors. Because these questions were drawn from the wave 3 Add Health survey instrument, we can compare their self-reported behaviors to the behaviors reported by a nationally representative sample of 19-year-olds.

The vast majority of young adults in our Illinois sample identified themselves as exclusively heterosexual regardless of whether or not they were still in care. However, the females in our sample were less likely to identify themselves as exclusively heterosexual than either the males in our sample or their Add Health counterparts.

Table 41. Sexual Orientation by Gender:
Three-State Illinois Sample Compared with Add Health Sample

	Males				Females			
	Three-State Illinois Sample *N* = 170		Add Health Sample *N* = 214		Three-State Illinois Sample *N* = 216		Add Health Sample *N* = 288	
	#	%	#	%	#	%	#	%
100% heterosexual	140	90.3	197	92.1	152	78.4	252	87.5
Mostly heterosexual, but somewhat attracted to people of the same sex	4	2.6	5	2.3	21	10.8	21	7.3
Bisexual	1	0.6	2	0.9	8	4.1	7	2.4
Mostly homosexual, but somewhat attracted to people of the opposite sex	3	1.9	0	0.0	2	1.0	3	1.0
100% homosexual	4	2.6	4	1.9	6	3.1	1	0.3
Not sexually attracted to males or females	3	1.9	3	1.4	5	2.6	1	0.3
Missing	15		3		22		3	

Most of the males and females in our Illinois sample reported that they have had sexual intercourse. However, there were a number of gender differences in sexual behaviors. Females reported lower rates of condom use both during the past year and the last time they had sexual intercourse than their male counterparts. They were also twice as likely as males to report that one of their sexual partners had a sexually transmitted disease (STD). Although the median age at first sexual intercourse was a year earlier for males and males had a higher median number of sexual partners, females reported having sexual intercourse more frequently during the past year. Finally, it is important to note that although the majority of males and females who were sexually active reported practicing safe sex, a significant minority of these young adults were engaging in unsafe sexual behaviors that put them at high risk of pregnancy, STDs, and HIV/AIDS.

Table 42A. Sexual Behavior by Gender

	Males *N* = 170			Females *N* = 216		
	N	#	%	*N*	#	%
Ever had sexual intercourse	161	134	83.2	200	179	89.5
Self or partner used birth control during most recent sexual intercourse	93	64	68.8	146	97	66.4
Frequency of birth control use during past year	96			146		
None of the time		8	8.3		20	13.7
Some of the time		11	11.5		20	13.7
Half of the time		9	9.4		10	6.8
Most of the time		24	21.9		39	26.7
All of the time		47	49.0		57	39.0
Self or partner used a condom during the most recent sexual intercourse	97	70	72.2	147	76	51.7
Frequency of condom use during past year	97			146		
None of the time		9	9.3		23	15.8
Some of the time		13	13.4		38	26.0
Half of the time		5	5.2		12	8.2
Most of the time		21	21.6		35	24.0
All of the time		49	50.5		39	26.0
Any sexual partner had an STD during the past year	90	7	7.8	138	27	19.6
Ever paid by someone to have sex	163	13	8.0	210	11	5.2
Ever had sex with someone who uses street drugs with a needle	165	2	1.2	205	5	2.4

Table 42B. Sexual Behavior by Gender

	Males		Females	
	N	Median	*N*	Median
Age at first intercourse	110	14	152	15
Number of lifetime sexual partners	114	5	155	3
Number of sexual partners past year	115	2	165	1
Frequency of intercourse past year	84	8.5	98	10

The males in our Illinois sample reported higher rates of condom use both during the past year and the last time they had sexual intercourse than males in the Add Health sample, the females in our Illinois sample were more likely to report that they had had sexual intercourse than

females in the Add Health sample. However, both the males and females in our Illinois sample reported having sexual intercourse less frequently during the past 12 months than their Add Health counterparts.

Table 43A. Sexual Behavior by Gender:
Three-State Illinois Sample Compared with Add Health Sample

	Males		Females	
	% Three-State Illinois Sample	% Add Health Sample	% Three-State Illinois Sample	% Add Health Sample
Ever had sexual intercourse	83.2	79.5	89.5	77.9
Used some form of birth control the most recent time you and partner had sexual intercourse	68.8	66.2	66.4	65.0
Frequency of birth control use during past year				
None	8.3	14.3	13.7	13.4
Some	11.5	10.9	13.7	7.9
Half	9.4	3.4	6.8	8.9
Most	21.9	21.1	26.7	21.8
All	49.0	50.3	39.0	48.0
Used a condom the most recent time you and partner had sexual intercourse	72.2	63.5	51.7	36.9
Frequency of condom use during past year				
None	9.3	14.8	15.8	28.6
Some	13.4	16.1	26.0	17.2
Half	5.2	7.4	8.2	9.4
Most	21.6	26.8	24.0	23.2
All	50.5	34.9	26.0	21.7
Any sexual partner had an STD during the past year	7.8	8.2	19.6	5.6
Ever paid by someone to have sex	8.0	2.3	5.2	1.7
Ever had sex with someone who uses street drugs with a needle	1.2	2.4	2.4	1.7

Table 43B. Sexual Behaviors by Gender:
Three-State Illinois Sample Compared with Add Health Sample

	Males				Females			
	Three-State		Add Health		Three State		Add Health	
	N	Median	*N*	Median	*N*	Median	*N*	Median
Age at first intercourse	110	14	164	16	152	15	221	16
Number of lifetime sexual partners	114	5	164	3	155	3	221	3
Number of sexual partners past year	115	2	166	1	165	1	220	1
Frequency of intercourse past year	84	8.5	141	20	98	10	172	30

The primary difference in sexual behaviors between those still in care and those no longer in care was in their use of contraception. Specifically, those no longer in care were more likely to

report that they never used contraception and less likely to report that they always used contraception when they had sexual intercourse. There was little, if any, difference between those still in care and those no longer in care with respect to the median age at which they began having sexual intercourse or the median number of sexual partners they have had. However, the latter tended to have sexual intercourse more frequently.

Table 44A. Sexual Behavior by Care Status

	Still in Care			No Longer in Care		
	N	#	%	*N*	#	%
Ever had sexual intercourse	265	231	87.2	96	82	85.4
Self or partner used birth control during most recent sexual intercourse	173	116	67.1	45	66	68.2
Frequency of birth control use during past year	146			106		
None of the time		16	9.0		12	18.5
Some of the time		26	14.7		5	7.7
Half of the time		13	7.3		6	9.2
Most of the time		39	22.0		21	32.3
All of the time		83	46.9		21	32.3
Self or partner used a condom during the most recent sexual intercourse	178	106	59.6	40	66	60.6
Frequency of condom use during past year	177					
None of the time		20	11.3		12	18.2
Some of the time		37	20.9		14	21.2
Half of the time		13	7.3		4	6.1
Most of the time		38	21.5		18	27.3
All of the time		69	39.0		18	27.3
Sexual partner had an STD during the past year	165	23	13.9	63	11	17.5
Ever paid by someone to have sex	273	15	5.5	100	9	9.0
Ever had sex with someone who uses street drugs with a needle	272	4	1.5	98	3	3.1

Table 44B. Sexual Behavior by Care Status

	N	Median	*N*	Median
Age at first intercourse	189	15	73	15
Number of sexual partners (ever)	195	4	74	5
Number of sexual partners (past year)	204	1	76	1
Frequency of intercourse past year	135	9	47	12

PREGNANCY

Nearly 40 percent of the females in our Illinois sample reported that they had become pregnant since their last interview, and 14 percent of those young women had become pregnant more than once. In fact, by the time their second interview, or approximately 19 years of age, just over half of the females in our Illinois sample reported that they had ever been pregnant. By comparison 20 percent of 19-year-old females in the Add Health sample who reported that they had had at least one pregnancy.

Table 45. Pregnancy History

	Total			Still in Care			No Longer in Care		
	N	#	%	*N*	#	%	*N*	#	%
Ever pregnant	216	110	50.9	162	76	46.9	54	34	63.0
Pregnant since the last interview	187	72	38.5	145	46	31.7	42	26	61.9
Number of pregnancies since first interview	70			44			26		
One		60	85.7		40	90.9		20	76.9
Two or more		10	14.3		4	9.1		6	23.1
Missing		2			2			0	
Received prenatal/postpartum care	72	45	62.5	46	25	54.3	26	20	76.9
Was using birth control in the month she became pregnant	68	18	26.5	43	15	34.9	25	3	12.0
Wanted to get pregnant by partner	68	22	32.3	43	10	23.3	25	12	48.0
Wanted to marry partner	66	40	60.6	41	25	61.0	25	15	60.0
Outcome of pregnancy	72			46			26		
Still pregnant		20	27.8		12	26.1		8	30.8
A live birth		28	38.9		18	39.1		10	38.5
Stillbirth or miscarriage		13	18.1		6	13.0		7	26.9
Abortion		11	15.3		10	21.7		1	3.8

Females no longer in care were almost twice as likely to report becoming pregnant since their last interview and more than twice as likely to have become pregnant more than once, if they became pregnant, as those still in care. They were also more than twice as likely to report that they had “definitely” or “probably” wanted to get pregnant by their partner at the time. Although the young women who were still in care were less likely to report becoming pregnant, they were more likely to report that their pregnancy had ended in an abortion than the young

women who became pregnant but were no longer in care. The young women who became pregnant and were still in care were also less likely to report that they had received prenatal or postpartum services. The exact reasons for this discrepancy are unclear, but it suggests that some young adults in care are not receiving the services they need.[22]

There were also differences in pregnancy histories between the females who had received foster care services in Cook County and those who had received foster care services in other parts of the state. Although the percentage of Cook County females who had ever been pregnant was similar to the percentage of non-Cook County females who had ever been pregnant, they were less likely to have become pregnant since the last interview. The Cook County females who became pregnant were more likely to report that they had been using birth control and, conversely, were less likely to report that they had wanted to get pregnant by their partner or wanted to marry their partner at the time they became pregnant. Finally, the Cook County females were more likely to report that their most recent pregnancy had ended in an abortion and less likely to report that it had ended in a miscarriage or stillbirth.

Table 46. Pregnancy History: Cook County Compared with Other Counties

	Total			Cook County		Other Counties	
	N	#	%	#	%	#	%
Ever pregnant	216	110	50.9	74	51.4	36	50.0
Pregnant since the last interview	187	72	38.5	44	35.8	28	43.8
Number of pregnancies since first interview	70						
One		60	85.7	37	88.1	23	82.1
Two or more		10	14.3	5	11.9	5	17.9
Missing		2		2		0	
Received prenatal/postpartum care	72	45	62.5	27	61.4	18	64.3
Was using birth control in the month she became pregnant	68	18	26.5	13	31.7	5	18.5

[22] However, females who became pregnant and were still in care (17.4 %) were more likely to have received family planning services than females who became pregnant and were no longer in care (11.5 %).

Wanted to get pregnant by partner	68	22	32.3	12	29.3	10	37.0
Wanted to marry partner	66	40	60.6	22	55.0	18	69.2
Outcome of pregnancy	72			44		28	
Still pregnant		20	27.8	10	22.7	10	35.7
A live birth		28	38.9	19	43.2	9	32.1
Stillbirth or miscarriage		13	18.1	4	9.1	9	32.1
Abortion		11	15.3	11	25.0	0	0.0

MARRIAGE AND COHABITATION

Very few of the young adults in our Illinois sample were married, and only a small percentage were cohabiting (i.e., living with a partner in a marriage-like relationship). Being married or living with a partner in a marriage-like relationship was more common among those who had been discharged than among those still in care. It was also more common among females than among males, and none of the males were married. In fact, females no longer in care comprised the only group in which a significant percentage of the young adults were married or cohabiting at the time of their follow-up interview.

Table 47. Percentage Married or Cohabiting by Gender and Care Status

	Total			Still in Care			No Longer in Care		
	All	Female	Male	All	Female	Male	All	Female	Male
Married	1.8	3.2	0.0	0.0	0.0	0.0	6.6	13.0	0.0
Cohabiting	7.0	7.4	6.5	5.0	4.9	5.1	12.3	14.8	9.6
Either married or cohabiting	8.8	10.6	6.5	5.0	4.9	5.1	18.9	27.8	9.6

Females in our Illinois sample were about half as likely to be married or cohabiting as their Add Health counterparts, primarily because marriage and cohabitation were not common among those still in care. In contrast, the males in our sample were not much different from 19-year-old Add Health males.

Table 48. Percentage Married or Cohabiting by Gender: Three-State Illinois Sample Compared with Add Health Sample

	Three-State Illinois Sample			Add Health Sample		
	All	Female	Male	All	Female	Male
Married	1.8	3.2	0.0	5.0	7.3	1.9
Cohabiting	7.0	7.4	6.5	10.6	13.2	7.0
Either married or cohabiting	8.8	10.6	6.5	15.6	20.5	8.9

PARENTHOOD

Just over one-quarter of the young adults in our Illinois sample reported that they were the parent of at least one child, and those who were still in care were as likely to identify themselves as parents as those who had left. Although females were twice as likely as males to identify themselves as parents, it is possible that some males had fathered children of whom they were unaware.

Table 49. Parenthood by Gender and Care Status

	Percentage Who Have Children			Percentage of Parents Living with Their Children		
	Total	Still in Care	No Longer in Care	Total	Still in Care	No Longer in Care
N	386	280	106	99	69	30
All	25.6	24.6	28.3	71.7	72.5	70.0
Females	33.3	31.5	38.9	94.4	96.1	90.5
Males	15.9	15.3	17.3	11.1	5.6	22.2

Of the ninety-nine young adults in our Illinois sample who were the parent of at least one child, 72 percent were living with a child who was theirs, and those still in care were as likely to report living with a child who was theirs as those no longer in care. However, female parents were more likely than male parents to report living with a child who was theirs.

The young adults in our Illinois sample were more than twice as likely as 19-year-olds in the Add Health sample to report having at least one child. Although the Add Health males who were parents were three times as likely as the male parents in our sample to be living with at least one of their children, the females parents in our sample were as likely to be living with at least one of their children as the Add Health females who were parents.

Table 50. Parenthood by Gender:
Three-State Illinois Sample Compared with Add Health Sample

	Percentage Who Have Children		Percentage Living with Their Children	
	Three-State Illinois Sample	Add Health Sample	Three-State Illinois Sample	Add Health Sample
All	25.6	9.8	71.7	77.6
Females	33.3	12.2	94.4	94.3
Males	15.9	6.5	11.1	35.7

Altogether, the 99 parents in our Illinois sample were the parents of 124 children. Seventy-one percent of these children were currently living with the parent in our sample, and it didn't seem to matter whether that parent was still in care. By comparison, 80 percent of the children who had a parent in the Add Health sample were living with that parent.

Table 51. Current Living Arrangements of Children by Care Status

	Illinois		Still in Care		No Longer in Care	
Number of children	124		84		40	
	#	%	#	%	#	%
Children living with study participants	84	70.6	59	70.2	25	71.4
Children not living with study participants	36	29.4	25	29.8	10	28.6
Missing	5		0		5	

DELINQUENCY AND VIOLENT BEHAVIOR

We incorporated a series of items from the wave 3 Add Health survey instrument to measure delinquent and violent behaviors among the young adults in our Illinois sample and to compare their behaviors with the behaviors reported by the nationally representative sample of 19-year-

olds in the Add Health study. We also asked a number of questions dealing with arrest, conviction, and incarceration to assess criminal justice system involvement.

The two most commonly reported delinquent behaviors were taking part in a gang fight and deliberately damaging someone else's property. The most notable difference between the young adults who were still in care and those who were not is that the latter were nearly three times as likely to report selling drugs and one and one-half times as likely to report belonging to a gang.

Table 52. Delinquent Behaviors During the Past 12 Months by Care Status

	Total		Still in Care		No Longer in Care	
	#	%	#	%	#	%
Deliberately damaged someone else's property	78	21.2	56	20.7	22	22.7
Stole something worth more than $50	28	7.5	20	7.3	8	8.3
Went into a house or building to steal something	18	4.9	12	4.4	6	6.3
Used or threatened to use a weapon to get something from someone	22	5.9	15	5.5	7	7.3
Sold marijuana or other drugs	42	11.6	21	7.8	21	22.3
Stole something worth less than $50	38	10.3	27	9.9	11	11.6
Took part in a gang fight	97	26.4	68	25.1	29	29.9
Bought, sold, or held stolen property	32	8.7	20	7.4	12	12.9
Used someone else's credit, bank, or automated teller card without their permission or knowledge	5	1.4	3	1.1	2	2.1
Deliberately wrote a bad check	14	7.9	10	3.6	4	4.2
Used a weapon in a fight	44	3.2	35	12.8	9	9.6
Carried a handgun at school or work	5	1.4	4	1.5	1	1.1
Belonged to a named gang	68	18.6	44	16.4	24	25.0
Owned a handgun	21	5.8	17	6.4	4	4.2
Injured self so badly in a fight that medical treatment was required	27	7.4	21	7.7	6	6.3
Hurt someone so badly in a fight that medical treatment was required	61	16.6	43	15.8	18	19.1

Males in our Illinois sample were, in general, more likely to report engaging in delinquent behaviors than females. There were also several differences in delinquent behaviors between the males and females in the Illinois sample and the males and females in the Add Health sample. In most of the cases where differences were observed, males and females in our

Illinois sample were more likely to engage in the delinquent behavior than their male and female Add Health counterparts. The one exception to this trend was that females in the Add Health sample were more likely to report belonging to a gang or owning a handgun than females in the Illinois sample.

Table 53. Delinquent Behaviors by Gender:
Three-State Illinois Sample Compared with Add Health Sample

	Males				Females			
	Three-State Illinois Sample *N* = 170		Add Health Sample *N* = 214		Three-State Illinois Sample *N* = 216		Add Health Sample *N* = 288	
	#	%	#	%	#	%	#	%
Deliberately damaged someone else's property	41	25.8	45	21.0	37	17.7	16	5.6
Stole something worth more than $50	17	10.7	20	9.3	11	5.2	6	2.1
Went into a house or building to steal something	12	7.5	15	7.0	6	2.8	2	.7
Used or threatened to use a weapon to get something from someone	12	7.5	9	4.2	10	4.7	3	1.0
Sold marijuana or other drugs	33	21.5	34	15.9	9	4.3	18	6.3
Stole something worth less than $50	24	15.3	35	16.4	14	6.6	18	6.3
Took part in a gang fight	61	38.4	43	20.1	36	17.2	16	3.2
Bought, sold, or held stolen property	23	14.6	28	13.1	9	4.3	5	1.7
Used someone else's credit, bank, or automated teller card without their permission or knowledge	5	3.1	4	1.9	0	0.0	3	1.0
Deliberately wrote a bad check	4	2.5	9	4.2	10	4.8	8	2.8
Used a weapon in a fight	26	16.6	17	7.9	18	8.6	3	4.0
Carried a handgun at school or work	2	1.3	5	2.3	3	1.4	0	0
Belonged to a named gang	50	32.5	37	17.3	18	8.5	44	15.3
Owned a handgun	19	12.3	27	12.6	2	1.0	16	5.6
Injured self so badly in a fight that medical treatment was required	13	8.4	21	9.8	14	6.6	7	2.4
Hurt someone so badly in a fight that medical treatment was required	42	26.9	38	17.8	19	9.0	6	2.1

Just over one-quarter of the young adults in our Illinois sample had been the victim of one or more violent acts. They were much less likely to have perpetrated a violent act against someone else. Interestingly, the young adults who were still in care were both somewhat less

likely to have been victimized and somewhat more likely to have been a perpetrator than the young adults who were no longer in care.

Table 54. Victimization and Perpetration of Violent Acts During the Past 12 Months

	Total		Still in Care		No Longer in Care	
	#	%	#	%	#	%
Victimization						
(1) Saw someone being shot or stabbed	70	19.4	52	19.5	18	18.9
(2) Someone pulled a gun on the young adult	58	15.6	40	14.5	18	18.8
(3) Someone pulled a knife on the young adult	53	14.3	31	11.3	22	22.9
(4) Shot by someone	4	1.1	2	0.7	2	2.1
(5) Cut or stabbed by someone	16	4.3	11	4.0	5	5.2
(6) Beaten up with nothing stolen	36	9.7	25	9.1	11	11.3
(7) Beaten up and belongings stolen	10	2.7	10	3.6	0	0.0
Any victimization (2) – (7)	102	26.5	67	26.9	35	33.0
Perpetration						
Pulled a knife or gun on someone	25	6.8	22	8.0	3	3.2
Shot or stabbed someone	7	1.9	7	2.6	0	0.0

Males were more than twice as likely as females to report that they had been the victim of at least one violent act. Although the gender difference was smaller, they were also more likely to report that they had perpetrated a violent act against someone else. Both the males and females in the Illinois sample reported higher rates of victimization and higher rates of perpetration than their Add Health counterparts.

Table 55. Victimization and Perpetration of Violent Acts by Gender: Three-State Illinois Sample Compared to Add Health Sample

	Males				Females			
	Three-State Illinois Sample *N* = 187		Add Health Sample *N* = 214		Three-State Illinois Sample *N* = 216		Add Health Sample *N* = 288	
	#	%	#	%	#	%	#	%
Victimization								
(1) Saw someone being shot or stabbed	41	27.2	22	10.3	29	13.8	9	3.1
(2) Someone pulled a gun on the young adult	40	25.2	22	10.3	18	8.5	8	2.8
(3) Someone pulled a knife on the young adult	34	21.3	25	11.7	19	9.0	5	1.7
(4) Shot by someone	4	2.5	3	1.4	0	0	0	0
(5) Cut or stabbed by someone	11	6.9	7	3.3	5	2.4	2	0.7
(6) Beaten up with nothing stolen	24	15.0	13	6.1	12	5.7	7	2.4
(7) Beaten up and belongings stolen	8	5.0	4	1.9	2	0.0	1	0.3
Experienced any victimization (2) – (7)	65	38.2	39	18.2	37	17.1	15	5.2

Perpetration								
Pulled a knife or gun on someone	14	8.9	7	3.3	11	5.2	1	0.3
Shot or stabbed someone	4	2.6	4	1.9	3	1.4	0	0

Overall, the young adults in our Illinois sample reported high levels of criminal justice system involvement. However, the young adults who were no longer in care reported higher levels of involvement than the young adults who were still in care.

Table 56. Arrest, Conviction, and Incarceration by Care Status

	Total		Still in Care		No Longer in Care	
	#	%	#	%	#	%
Arrested since last interview	101	44.8	61	22.9	40	41.7
Convicted of a crime since last interview	46	12.7	21	7.8	25	26.3
Spent at least one night in a jail, prison, juvenile hall, or other correctional facility since last interview	75	20.9	40	15.2	35	36.8

Not surprisingly, the males in our Illinois sample reported higher levels of criminal justice system involvement than the females.

Table 57. Arrest, Conviction, and Incarceration by Gender

	Male		Female	
	#	%	#	%
Arrested since last interview	52	33.3	49	23.8
Convicted of a crime since last interview	28	18.1	18	8.7
Spent at least one night in a jail, prison, juvenile hall, or other correctional facility since last interview	46	29.9	29	14.2

In addition, both the males and females who had received foster care services in Cook County reported lower levels of criminal justice involvement than the males and females who had received foster care services in counties outside of Cook. In part, this reflects the fact that a much higher percentage of the Cook County young adults were still in care.

Table 58. Arrest, Conviction, and Incarceration Since First Interview by Gender

	Females						Males					
	Cook County			Other Counties			Cook County			Other Counties		
	N	#	%	N	#	%	N	#	%	N	#	%
Arrested	136	30	22.1	70	19	27.1	105	34	32.4	51	18	35.3
Convicted of a crime	139	10	7.2	69	8	11.6	105	14	13.3	50	14	28.0
Spent at least one night in a jail, prison, juvenile hall, or other correctional facility	134	14	10.4	70	15	21.4	103	27	26.2	51	19	37.3

Finally, although the Add Health study used a different set of questions to measure criminal justice involvement, a crude comparison suggests that males and females in our Illinois sample were involved with the criminal justice system at much higher rates than their Add Health counterparts.

Table 59. Percentage Arrested, Convicted, and Incarcerated: Three-State Illinois Sample Compared with Add Health Sample

Three-State Illinois Sample			Add Health Sample		
	Males	Females		Male	Female
Arrested since last interview	33.3	23.8	Ever arrested	14.5	3.1
			Arrested since age 18	1.9	1.0
Convicted of a crime since last interview	18.1	8.7	Convicted or pled guilty in juvenile court	7.5	0.3
			Convicted or pled guilty in adult court	6.1	1.0
Spent at least one night in a jail, prison, juvenile hall or other correctional facility since last interview	29.9	14.2	Sentence to probation or juvenile detention by juvenile court	5.5	0.0
			Sentenced to probation, jail or prison by adult court	3.8	0.3

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 (Haveman & Wolfe, 1994; Levin-Epstein & Greenberg, 2003; Sheehy, Oldham, Zanghi, Ansell, Correia, & Copeland, 2001; Sum, Khatiwada, Pond, Trub'skyy, Fogg, & Palma, 2002; Wald & Martinez, 2003; Youth Transition Funders Group, 2004).[23] Some definitions have included youth who are homeless, incarcerated, or otherwise institutionalized (Levin-Epstein & Greenberg, 2003; Wald & Martinez, 20003). One group that has been identified as being at particular risk of being disconnected is youth aging out of foster care

[23] For example, Haveman and Wolfe (1994) talk about "economically inactive" youth.

(Levin-Epstein & Greenberg, 2003; Wald & Martinez, 2003; Youth Transition Funders Group, 2004).

We applied this concept of "disconnectedness" to the young adults in our Illinois sample and began with a very basic definition. Study participants were categorized as disconnected if they were neither in school nor employed at the time of their second interview. We then broadened our definition to include (1) those who were homeless, (2) those who were incarcerated, and (3) those who were homeless or incarcerated. One possible objection to these definitions is that young people could be out of school and out of work because they are the parent and primary caregiver of a young child. To address this possibility, we modified our definition of *disconnected* to exclude study participants who were parenting.

Table 60 shows the percentage of young adults in our Illinois sample who would be categorized as disconnected according to each of these definitions. Using the basic definition (i.e., not working and not in school), 30 percent of the Illinois sample would be categorized as disconnected. When parents caring for a child are excluded from the disconnected category, that figure falls to 24 percent. But regardless of which definition is used, young adults who were no longer in care were more likely to be categorized as disconnected than those who were still in care.

Table 60. Disconnectedness at Age 19 by Care Status

	Total		Still in Care		No Longer in Care	
	#	%	#	%	#	%
Not in school and not employed	117	30.3	68	24.3	49	46.2
Not in school, not employed, and not parenting	91	23.6	56	20.0	35	33.0
Not in school and not employed *or* homeless *or* incarcerated	138	35.8	81	28.9	57	53.8
Not in school, not employed, and not parenting *or* homeless *or* incarcerated	112	29.0	69	24.6	43	40.6

Conversely, the young adults who had received foster care services in Cook County were less likely to be categorized as disconnected than those who had received foster care services in counties outside Cook.

Table 61. Disconnectedness at Age 19: Cook County Compared with Other Counties

	Total		Cook County		Other Counties	
	#	%	#	%	#	%
Not in school and not employed	117	30.3	73	28.0	44	35.2
Not in school and not employed *or* homeless *or* incarcerated	138	35.8	88	33.7	50	40.0
Not in school, not employed, and not parenting	91	23.6	58	22.2	33	26.4
Not in school, not employed and not parenting *or* homeless *or* incarcerated	112	29.0	73	28.0	39	31.2

Finally, to put these figures in perspective, we applied two of our definitions to the Add Health sample of 19-year-olds. The young adults in our Illinois sample were more than twice as likely to be categorized as “disconnected” as their Add Health counterparts.

Table 62. Disconnectedness at Age 19 by Care Status: Three-State Illinois Sample Compared with Add Health Sample

	Total		Add Health Sample*	
	#	%	#	%
Not in school and not employed	117	30.3	60	12.3
Not in school, not employed, and not parenting	91	23.6	-	-
Not in school and not employed *or* homeless *or* incarcerated	138	35.8	49	10.0
Not in school, not employed, and not parenting *or* homeless *or* incarcerated	112	29.0	-	-

*Add Health figures do not exclude those currently enrolled in a vocational training program.

Our finding that the young adults who stayed in care were more likely to be in school or employed raises an important question: Might this relationship simply reflect differences between the young adults who remained in care and those who did not—differences that would have made it likely that those young adults would fare better over time even if they had exited the child welfare system? To address this question, we estimated a series of logistic regression models that predicted whether the young adults in our sample were working or in school when we interviewed them at wave 2. These models allow us to estimate the effect of staying in care on "connectedness," after statistically controlling for the characteristics and experiences of the young adults that might be expected to affect their likelihood of being in school or employed. The models included a variable indicating whether the young adults were still in care as well as an array of other variables that we constructed from the data we collected during the first round of interviews. These variables included:

- Gender
- Race/ethnicity
- Educational aspirations (wants to graduate from college)

- Retained 1 year or more in school
- Ever placed in special education
- Ever employed
- Total number of placements (foster or group care) while in out-of-home care
- Overall satisfaction with the out-of-home care experience[24]
- Number of independent living services received in six separate domains[25]
- A global measure of social support[26]
- Being "somewhat close" or "very close" to at least one family member
- Having any CIDI mental illness or substance use disorder diagnosis[27]
- Ever incarcerated

Table 63 shows the odds ratios from the final logistic regression model that predicted "connectedness" at 19 years of age. These odds ratios measure the relationship between each variable and the likelihood that the young adult was either employed or in school, while controlling for the effects of the other variables in the model. When subtracted from 1 and multiplied by 100, odds ratios indicate the percentage by which the estimated odds of being connected are increased or decreased by a unit change in the variable. A variable with an odds ratio significantly higher than 1 is associated with an increased likelihood of being connected, whereas a variable with an odds ratio significantly lower than 1 is associated with a decreased likelihood of being connected. Finally, a variable with an odds ratio close to 1 has no effect on

[24] This variable was coded "yes" if the respondent answered "agree," "strongly agree," or "very strongly agree" to the statement: "Generally I am satisfied with my experience in the foster care system."
[25] These six domains were educational support, employment or vocational support, budget and financial management support, housing services, health education services, and youth development services.
[26] This was the summary score for the MOS Social Support Survey.
[27] This variable was coded 1 if the young adults met the criteria for any of the CIDI diagnoses that were assessed at wave 1: depression, dysthymia, PTSD, generalized anxiety disorder, social phobia, alcohol abuse or dependence, and substance abuse or dependence.

the likelihood of connectedness. For some categorical variables, such as gender or race, the parameter estimates indicate the effect of being in one category as compared with being in the category we have chosen as the reference group (male in the case of gender and African American in the case of race/ethnicity). The reference groups are italicized in Table 63.

Table 63. Odds Ratios from Logistic Regression Model Predicting Connectedness at Age 19

	Model I	Model II
	Odds Ratio	Odds Ratio
Intercept		
Still in care		3.343***
Gender		
Male		
Female	.75	.727
Race		
African American		
White	.813	1.027
Other	1.007	.994
Ethnicity		
Non-Hispanic origin		
Hispanic origin	2.494	2.496
Ever retained in school	.897	908
Ever placed in special education	.79	809
Aspires to graduate from college	2.369*	1.991
Ever employed	1.504	1.784
Ever incarcerated	.571*	705
Total number of placements	.982	988
Close to family member	1.915*	2.545**
Social support	1.05	1.085
Satisfied with experience in out-of-home care	1.447	1.379
Mental health or substance use diagnosis	1.235	1.359
Number of independent living services received		
Educational services	.956	954
Employment/vocational services	.926	.908
Budgeting/financial management services	1.182	1.263**
Housing services	.906	.866*
Health education services	1.029	1.055
Youth development services	1.326	1.304

Note: * $p < .05$; ** $p < .01$; *** $p < .001$

In the first model, which did not include a dummy indicating whether or not the young adult was still in care, having aspirations to graduate from college and feeling close to at least one

family member were positively related to our measure of connectedness. Conversely, having been incarcerated was negatively related to the likelihood of being in school or employed.

The parameter estimates from the second model, which did include a dummy for care status at wave 2, were consistent with bivariate results in that there was a positive and statistically significant relationship between staying in care and our measure of connectedness. In fact, remaining in care more than tripled the estimated odds of working or being in school. Although the relationship between feeling close to at least one family member and being in school or employed continued to be significant, the positive relationship between our measure of connectedness and having college aspirations disappeared, as did the negative relationship between our measure of connectedness and prior incarceration. In addition, while none of the service-related measures were significant in Model I, the parameter estimates from Model II suggest that receiving more budgeting and financial management services increased the likelihood of being in school or employed. More difficult to explain is the negative relationship between being in school or employed and the number of housing-related services received. It is also interesting to note that neither the number of educational services nor the number of employment/vocational services that the young adults had received was related to our measure of connectedness.

Not only was staying in care positively related to being in school or employed, but controlling for all of the covariates increased the size of the effect. Before entering any of the other variables into the model, the odds ratio for staying in care was 2.68. Thus, we feel quite confident that the estimated effect of staying in care on the likelihood of connection to school

or work is not simply a reflection of young adults remaining in care differing from their out-of-care peers on one or more of the dimensions included in the multivariate model. It is possible, though we believe unlikely, that the observed relationship between remaining in care and connectedness at follow-up is a result of unobserved variation between the still-in-care and out-of-care groups. We hope to test this possibility using more advanced statistical techniques in the future.

SUMMARY AND NEXT STEPS

In summary, Illinois 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 succeed 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, and too many of them already have children of their own.

Despite these difficulties, the young adults in our Illinois sample also have notable strengths. Some are attending college and others have stable employment and living situations. Most have strong ties to family, as evidenced by the closeness they feel toward family members and the fact that many were living with members of their family after leaving care. Others continue to live with their former foster parents, one indication of the ongoing support many of them

receive from adults they met through the child welfare system. They also perceive generally high levels of social support.

Finally, 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 age 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 have 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 of their lives. Alternatively, remaining in care may 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 toward 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.

REFERENCES

Allen, M., Bonner, K., and Greenan, L. (1988). Federal legislative support for independent living. *Child Welfare, 67*, 19-32.

Barth, R. (1990). On their own: The experiences of youth after foster care. *Child and Adolescent Social Work, 7*, 419-440.

Bickel, G., Nord, M., Price, C., Hamilton, W., and Cook, J. (2000). *Guide to measuring household food security*. Washington, DC: United States Department of Agriculture, Food and Nutrition Service, Office of Nutrition, Analysis and Evaluation.

Courtney, M., Piliavin, I., Grogan-Kaylor, A., and Nesmith, A. (2001). Foster youth in transitions to adulthood: A longitudinal view of youth leaving care. *Child Welfare, 80(6)*, 685-717.

Courtney, M., Terao, S., and Bost, N. (2004). *Midwest evaluation of the adult functioning of former foster youth: Conditions of the youth preparing to leave state care*. Chapin Hall Center for Children at the University of Chicago.

Fed Stats. retrieved on November 9, 2005 from http://www.fedstats.gov/qf/states/17/17031.html

Haveman, R., and Wolfe, B. (1994). *Succeeding generations: On the effects of investing in children*. New York: Russell Sage Foundation.

Levin-Epstein, J., and Greenberg, M. (2003). *Leave no youth behind: Opportunities for Congress to reach disconnected youth*. Washington, DC: Center for Law and Social Policy.

Leslie, L., Landsverk, J., Ezzet-Loftstrom, R., Tschann, J. M., Slymen, D., and Garland, A. (2000). Children in foster care: Factors influencing outpatient mental health service use. *Child Abuse and Neglect, 24 (4)*, 465-476.

Sheehy, A., Oldham, E., Zanghi, M., Ansell, D., Correia, P., and Copeland, R. (2001). *Promising practices: Supporting transition of youth served by the foster care system*. National Foster Care Awareness Project.

Sherbourne, C., and Stewart, A. (1991). The MOS Social Support Survey. *Social Science Medicine*, 32 (6), 705-714.

Sum, A., Khatiwada, I., Pond, N., Trub'skyy, M., Fogg, N., and Palma, S. (2002). *Left behind in the labor market: Labor market problems of the nation's out-of-school young adult populations*. Center for Labor Market Studies at Northeastern University.

U.S. Department of Health and Human Services (1999). *Title IV-E Independent Living Programs: A decade in review*. Washington, DC: U.S. Government Printing Office.

U.S. General Accounting Office (1999). *Foster care: Effectiveness of independent living services unknown*. (HEHS-00-13). Washington, DC: U.S. General Accounting Office.

Wald, M., and Martinez, T. (2003). *Connected by 25: Improving the life chances of the country's most vulnerable 14 – 24 year olds.* Hewlett Foundation Working Paper.

World Health Organization (1998). *The Composite International Diagnostic Interview (CIDI)*. Geneva, Switzerland.

Youth Transition Funders Group (2004). *Connected by 25: A plan for investing in successful futures for foster youth.* Takoma Park, MD: Youth Transition Funders Group.

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