# Aging Out of the Child Welfare System in Allegheny County:

Descriptive Analysis, Challenges and Implications
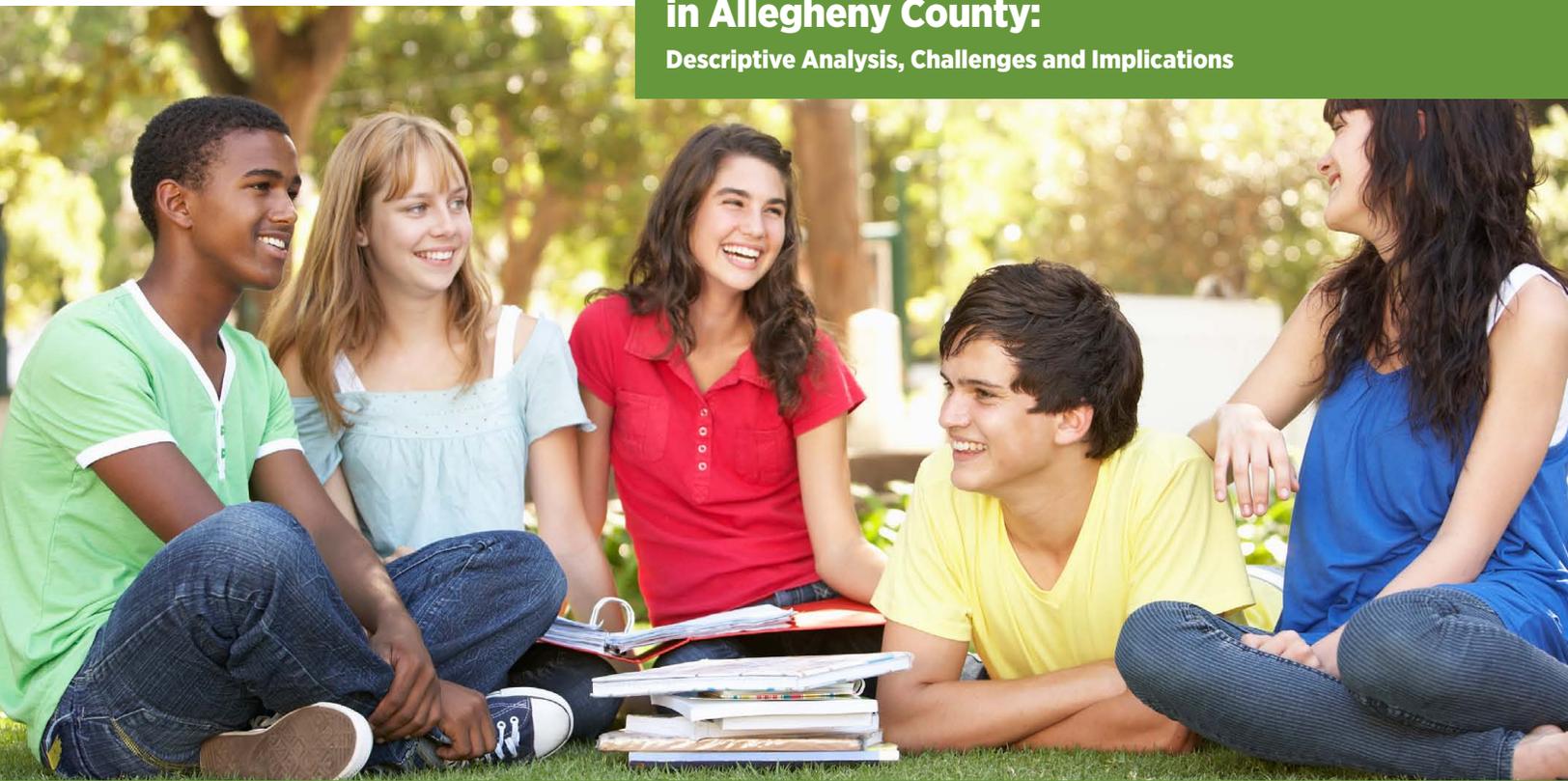
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The Allegheny County Department of Human Services (DHS) is dedicated to meeting the human services needs of county residents, particularly the county's most vulnerable populations, through an extensive range of prevention, early intervention, crisis management and after-care services.

This report was prepared by the Office of Data Analysis, Research and Evaluation (DARE), an office within DHS. DARE supports and publishes research related to the activities of DHS offices, including Aging; Behavioral Health; Children, Youth and Families; Community Services; and Intellectual Disability.

DHS research products are available for viewing and download at the DHS Research and Evaluation Web page at **www.alleghenycounty.us/dhs/research.aspx**.

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EXECUTIVE SUMMARY

National research indicates that 80 percent of youth in foster care leave the child welfare system within six months of their 18th birthday. The reasons for, and implications of, this statistic are myriad. While age 18 was considered at one time to be the age when adulthood began, the transition from childhood to adulthood in American life has become increasingly complex. Youth who age out of the system face ongoing challenges; on average, youth who age out of child welfare systems have lower levels of educational attainment and employment and higher levels of public assistance receipt, juvenile justice involvement, and material hardships than other youth. Programs permitting continued involvement in the system until the age of 21 are increasing in number and scope.

This research report is the culmination of a series of papers completed in 2010, and includes quantitative analysis of nearly 1,500 youth who had been in an out-of-home placement in Allegheny County at one point in time and aged out between January 2002 and March 2008. Included are qualitative analysis based on interviews with 46 youth who aged out of the system, a summary of the findings from these papers, and updated information plus recommendations regarding policy, practice and future research topics.

Quantitative Data: Characteristics of Those Aging Out

The quantitative data were analyzed to: 1) describe the characteristics, care experiences and other system dynamics of youth who have aged out of the child welfare system in Allegheny County; 2) compare the experiences of African American and white youth who have aged out of the system; and 3) compare system involvement of those who have aged out of the system with those who did not age out and those who were never placed out of home.

Executive Summary
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A comparison of youth aging out to all youth who experienced out-of-home placement shows that youth aging out:

- Were more likely to be female and African American.

- The average age at the time of their first out-of-home placement was just under 11 years.

- On average, they had about two different episodes of out-of-home placement, totaling, on average, more than four and a half years in more than eight different settings.

- Foster care was more prevalent than congregate care for these youth.

- Youth who aged out of the system tended to be those who experienced substantial placement instability. That placement instability, in turn, is associated with more time spent in congregate care, more time in out-of-home care, and increased likelihood of being involved in other systems.

- Youth who were in foster homes tend to age out at older ages.

- Two in five ran away from their placement one or more times.

- The average age at which they left the child welfare system was 18.13 years.

Although African American and white youth tended to age out of the system at about the same age, African American youth spent more time in the system because they entered at an earlier age. They had more placements, which were more likely to have been in foster care, and they were more likely to have run away from a care setting. White youth aging out were more likely to have been in a residential care setting at some point, entering it earlier and spending more time in it.

Youth aging out of the system had greater involvement with other social service systems, including mental health services, drug and alcohol services, employment and training services, housing services, the juvenile justice system, and the criminal justice system. The greater involvement for those who aged out of the child welfare systems is statistically significant for all these services, except those involved with the juvenile justice and criminal justice systems. African American youth were more likely to have been involved in the criminal or juvenile justice system; white youth were more likely to have received mental health or drug and alcohol services.

Qualitative Data: Why Youth Choose to Age Out

Reasons given by the youth for leaving the child welfare system fall into two broad categories: misunderstanding and confusion about conditions for remaining, and/or a desire for autonomy and independence.

Some youth stated that they did not realize that remaining in the system beyond age 18 was a possibility, even though they had often been informed of the option by a number of different staff or supportive individuals. Others felt forced out of the system, despite their attempts to remain. Some misunderstood how the system worked. Finally, some indicated that they were confused about whether they were still in the system or not.

Executive Summary
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Some youth chose to leave the child welfare system because of their developmentally appropriate desire for control over their own lives, as well as a desire to be free of system rules and constraints. Some anticipated family reunification, or at least assistance, which was not always forthcoming.

Many interviewees acknowledged challenges in the transition to adulthood and assuming adult responsibilities. Many who lacked necessary support reported resorting to illegal behavior to deal with their isolation or to try to make ends meet.

Recommendations for Policy and Practice

The findings have broad implications for policy and practice as well as for future analysis:

1. **Continue to develop and implement services for youth who age out of the child welfare system and for those currently in it**; continue to evaluate the effectiveness and reach of these services. Assessing individual level of involvement and how to better engage youth facing the greatest challenges is key to ensuring that these programs reach all youth needing them.

2. **Assess the utility of keeping youth in the child welfare system after their 18th birthday**; it will be useful for child welfare workers to continue to educate youth about the benefits of remaining in the system, discuss with them their expectations of life after foster care, and provide appropriate resources to address unrealistic expectations. Further, continuing to assess the relationship between staying in or leaving the system and ultimate outcomes for adults who were in the system can help influence policies and programs designed to improve outcomes for those the system serves.

3. **Continue attempts to increase placement stability and increase the use of foster or kinship settings for youth.**

4. **Devote more attention to the needs of youth who age out and to adolescents in the system.** It may be useful to offer some transition services earlier to adolescents, so that those who do choose to age out will have a smoother transition to adulthood.

5. **Provide support services and resources for youth in the child welfare system who have been removed from their homes**, especially those who have experienced multiple placements, to address the psychological and behavioral effects of those experiences.

6. **Encourage policy and practice that allows youth who have aged out of the child welfare system to return**, prior to their 21st birthday, if they decide that they made the wrong choice or if they encounter difficulty after aging out.

Recommendations for Future Research

1. **Use data on youth involved in independent-living programs to examine patterns of other system involvement and placement experiences.** Assessment of these data can provide additional information on who is using these programs and whether they are reaching youth with the greatest challenges.

2. **Continue to collect system-involvement data on these youth**, to understand the full extent of justice system involvement for youth who age out of the child welfare system as well as how many youth seek mental health and drug and alcohol services after aging out. Developing such longitudinal data can provide information about the different trajectories of youth and what contributed to those trajectories.

3. **Begin planning for a broader longitudinal study of youth in the child welfare system.** Although administrative data analyses are useful, primary data collection is necessary to further delineate what contributes to specific outcomes and experiences. Such knowledge can help in developing interventions to reduce the risk of involvement in other systems, particularly the justice systems. In particular, carefully designed longitudinal analyses can help in the design of interventions that target specific groups of youth who are at risk.

[2] Youth who wish to remain in the child welfare system until the age of 21 must have been accepted to and remain in college or a postsecondary training program (full-time, except for single mothers who may go part-time). The youth must comply with a number of requirements, including (but not necessarily limited to) maintaining contact with caseworker, complying with Individual Service Plan, remaining drug and alcohol free, remaining free from criminal convictions, maintaining satisfactory academic performance, and following the rules of the placement facility.

INTRODUCTION

National research indicates that 80 percent of youth in foster care leave the child welfare system within six months of their 18th birthday. The reasons for, and implications of, this statistic are myriad. While age 18 was considered at one time to be the age when adulthood began, the transition from childhood to adulthood in American life has become increasingly complex (Furstenberg et al., 2004). In fact, most Americans do not expect their children to complete the transition to adulthood until they are at least 23 years old (Shirk and Strangler, 2004); current brain research indicates that the process may take even longer.

Consequently, many youth are receiving increased financial aid and social support during this period, especially from their parents. Unfortunately, youth in the child welfare system are not likely to receive such familial support. They also face ongoing challenges; on average, youth who age out of child welfare systems have lower levels of educational attainment and employment, and higher levels of public assistance receipt, juvenile justice involvement, and material hardships than other youth (Courtney et al., 2009).

This report is the culmination of a series of papers completed by the authors (and others as listed) in 2010, about a group of youth who "aged out" of the child welfare system in Allegheny County[1]; this group was identified from a cohort born between 1985 and 1994 whose families were involved in the child welfare system. The first report presented a description of these youth, their characteristics and their experiences; the second report examined variation in other system involvement by these youth and the relationship of this other system involvement to experiences in the child welfare system; and the third report examined their reasons for leaving the system and the challenges they experienced as they transitioned to adulthood. This report summarizes the findings from these papers and provides updated information along with recommendations regarding policy, practice and future research topics.

BACKGROUND

Historically, regulatory requirements meant that youth in the child welfare system were required to exit the system at age 18 (or 19 if still in high school); however, increased awareness of the challenges facing 18-year-olds who suddenly find themselves without support or resources has resulted in an increase in programs and services that permit and encourage them to remain in placement until the age of 21, if they are willing to comply with a number of requirements.[2] Those who do not understand or want to comply with these requirements, or those who wish to leave the child welfare system for other reasons, "age out" of the system at the age of 18 (or 19, see above).

[3] Some youth who age out do quite well. Researchers know little about why some youth make a successful transition from the child welfare system to adulthood and others do not (Courtney & Heuring, 2005). Understanding the characteristics and experiences of those who make the successful transition and those who do not can help child welfare agencies better support the youth they serve, increase their chances of a successful transition to adulthood (Hagan & McCarthy, 2005), and ensure that youth aging out of child welfare services will no longer be "among the most excluded groups of young people in society" (Stein, 2006, p. 423).

[4] In Pennsylvania, legislators are considering the issue of providing child welfare services until age 21.

A study of youth receiving child welfare services in Illinois, Iowa and Wisconsin found that those continuing to receive services beyond age 18 generally fared better than those who aged out on their 18th birthday (Courtney et al., 2005).[3] Given the challenges facing youth who age out of child welfare systems, and increased recognition of the value of allowing youth to remain in the system for a longer period of time, federal and state lawmakers have increased funding for programs for transition-aged youth.[4] They have also extended the time during which these services may be provided.

These data were analyzed in order to increase knowledge about the individual and system-wide impact of aging out on youth in Allegheny County. With this information, we make recommendations about policy and practice, and suggest additional research that could prove to be useful in addressing the issue.

METHODOLOGY

This report presents quantitative and qualitative data on Allegheny County youth born between 1985 and 1994 whose families received in-home services from the child welfare system or who were placed in out-of-home care for any length of time. It focuses on youth who experienced at least one year in out-of-home placement and who aged out of the child welfare system sometime after age 17. This definition is broader than those of other studies; it includes the traditionally-defined aged-out population and an important if small group of those who left when they were 17 or 18.

Our study used quantitative data on 42,735 youth from 23,754 families who had received child welfare services. Among these youth, 9,273 had been in an out-of-home placement at one time. From this group, we identified 1,483 youth who aged out of care in Allegheny County from January 2002 through March 2008. We present data on child welfare experiences, types of services received, and demographics of youth receiving services.

Our qualitative data include interviews with 46 youth who aged out of the child welfare system in Allegheny County. The interview questions included reasons for leaving the system, how youth understand the transition to adulthood, the successes and challenges associated with this transition, and how they might be better supported through the transition.

DATA ANALYSIS

Administrative Data on Youth Aging Out

The administrative data were analyzed in order to: 1) describe the characteristics, care experiences and other system dynamics of youth who have aged out of the child welfare system in Allegheny County; 2) compare the experiences of African American and white youth who have aged out of the system; and 3) compare system involvement of those who have aged out of the system with those who did not age out and those who were never placed out of home. We use several different statistical techniques for these analyses. Readers wishing further details on statistical methods should see Shook & Goodkind (2010) and Shook et al. (2010).

Comparing Youth by Placement and Aging Out

Our analysis showed that there are several differences between youth who: 1) received child welfare services but were not placed outside the home; 2) experienced out-of-home placement at some point as a child but did not age out of the system as we define it; and 3) aged out of the child welfare system.

First, we evaluated youth by race, age and gender to determine their service involvement. As **Table 1** indicates, white youth encompass the largest group among those in the cohort who have received some child welfare services but no out-of-home placement. African American youth are more prevalent among those who had been in placement at some point as a child and among those who aged out. A slightly smaller percentage of males were in the aged out group as compared to the other two groups. There were minimal differences in age among these three groups at the time of analysis.

TABLE 1: **Descriptive Statistics for All in Analysis Cohort at Least 18 Years of Age Who Have Received Child Welfare or Placement Services, and Who Have Aged Out**

	SERVICES BUT NO PLACEMENT	PLACEMENT	AGED OUT
Percent by Race			
African American	42%	56%	65%
White	52%	37%	28%
Biracial	5%	6%	6%
Other	1%	1%	1%
Percent Male	**49%**	**48%**	**46%**
Mean Age	**20.5**	**20.6**	**20.4**

Note: Child Welfare Services: N = 16,519; Placement Services: N = 2,914; Aged Out: N = 1,483

Youth who aged out also differed from others who had been in placement by several placement characteristics, as **Table 2** indicates. In particular, those who aged out have spent more time in out-of-home placements, have a higher number of placements, were more likely to have ever been in a foster home, were more likely to have spent time in congregate care,[5] and were more likely to have run away from a placement, but were less likely to have been in only a single type (e.g., foster or congregate care) of placement.

[5] For purposes of this report, shelter group home placements are included in the congregate care category. While the risk of over-counting congregate care was a possibility, when we examined the total number of days and percentage of time in out-of-home placement spent in a congregate care setting, it was clear that most youth spent at least several months in these settings, and slightly more than 60 percent spent a year or longer in congregate care settings.

TABLE 2: **Characteristics of Care for Analysis-Cohort Youth Who Have Been in Placement But Did Not Age Out and Those Who Aged Out of Care**

	PLACEMENT	AGED OUT
Age at first placement	10.5	10.8
Length of time in years spent in out-of-home placement***	1.3	4.6
Total number of placements***	3.4	8.2
Percent ever in foster care***	64	80
Percent only in foster-care placement***	40	23
Percent of time in out-of-home placement spent in foster care	53	54
Percent ever in congregate care***	55	73
Percent only in congregate care placement***	31	13
Percent of time in out-of-home placement spent in congregate care*	41	37
Percent ever run away from care	16	40

Difference between groups statistically significant at: *p<0.05, **p<0.01, ***p<0.001

Perhaps unsurprisingly, youth who have been placed in out-of-home settings have had greater involvement with other social service systems, as **Table 3** indicates. Those include mental health services, drug and alcohol services, employment and training services, housing services, the juvenile justice system, and the criminal justice system. The greater involvement for those who have aged out of the child welfare systems is statistically significant for all these services, except those involved with the juvenile justice and criminal justice systems. (Youth who have aged out have higher levels of involvement with these two systems than the no placement group, but are not statistically different from the placement group).

TABLE 3: **Other System Involvement by Placement and Aged-Out Status**

	NO PLACEMENT	PLACEMENT	AGED OUT
Mental Health***	37%[a]	70%[b]	84%[c]
Outpatient***	24[a]	44[b]	71[c]
Administrative case management***	23[a]	39[b]	59[c]
Medication management***	16[a]	30[b]	55[c]
Inpatient***	8[a]	14[b]	28[c]
Crisis***	8[a]	16[b]	25[c]
Partial Hospitalization Program***	5[a]	9[b]	17[c]
Family-based intervention***	5[a]	9[b]	13[c]
Drug and alcohol services***	10[a]	26[b]	41[c]
Employment and training services***	7[a]	13[b]	20[c]
Housing services***	2[a]	5[b]	8[c]
Juvenile justice system***	11[a]	22[b]	24[b]
Criminal justice system***	10[a]	20[b]	19[b]

Difference across groups statistically significant at: *p<0.05, **p<0.01, ***p<0.001. Superscripts indicate statistically significant differences between groups (i.e., those with "a" differ from those with "b," and those with "c" differ from both "a" and "b.").

We then examined service usage by race and placement status. Among all three groups defined by placement history or aged out status, white youth are more likely to have also received mental health services or drug and alcohol services, while African American youth are more likely to have had involvement in the juvenile justice or criminal justice systems. **Table 4** shows that, for both races, system involvement is greatest for those who have aged out.

[6] All differences are statistically significant except for the comparison of juvenile justice involvement among aged-out youth. It is important to note that the effect size of the differences was small or very small in some instances, especially when comparing racial differences in other system involvement among the no placement group.

TABLE 4: **Other System Involvement by Race, Placement and Aged-Out Status**[6]

	NO PLACEMENT		PLACEMENT		AGED OUT	
SERVICE SYSTEM	African American	White	African American	White	African American	White
Mental health	22%	25%	59%	72%	81%	90%
Drug and alcohol services	5%	6%	20%	27%	39%	46%
Juvenile justice	10%	5%	23%	12%	26%	21%
Criminal justice (county jail)	9%	4%	22%	13%	21%	13%

Detailed Characteristics of Youth Aging Out

As the above discussion indicates, youth aging out of the child welfare system are distinct in several ways from others in the system. Those aging out of the system are more likely to be African American, have spent more time in out-of-home placements, and have been involved with other social service systems. **Table 5** presents descriptive statistics of youth in our sample who have aged out. Their ages range from 18 to 23 with a mean of 20.45. The majority is female, and nearly two-thirds are African American. The average age at the time of their first out-of-home placement was just under 11 years. On average, they have had about two different episodes of out-of-home placement, totaling, on average, more than four and a half years in more than eight different settings. Foster care was more prevalent than congregate care for these youth. Two in five ran away from their placement one or more times. Their average age at the time they left the child welfare system was 18.13 years.

TABLE 5: **Descriptive Statistics for Youth Aging Out of Child Welfare System**

VARIABLE	MEAN (SD) OR PERCENTAGE
Demographic Variables	
Age (18–23)	20 (1.5)
Male	46%
Female	54%
African American	65%
White	28%
Biracial	6%

Table 5 continues on next page

Table 5 *(continued)*

VARIABLE	MEAN (SD) OR PERCENTAGE
Child Welfare Experiences	
Age at first out-of-home placement	11 (5)
Total number of out-of-home placements	8 (5.5)
Spells in out-of-home placement	2 (1.2)
Years in out-of-home placement	5 (3.4)
Ever been in foster care	80%
Ever been in congregate care	73%
Percentage of time in foster care	54%
Percentage of time in congregate care	37%
Run away from placement	40%
Age at aging out	18 (0.56)

Table 6 shows the disproportionate representation of African American youth in child welfare services and, in particular, among youth who age out of the system. Overall, African American youth comprise 18 percent of Allegheny County youth (Center on Race and Social Problems, 2007). They comprise a higher share of youth who have received any services from the child welfare system, and a still higher share of those who have aged out of services.

TABLE 6: **Distribution of Youth by Race in Total Population, in Child Welfare System, and Among Youth Aging Out of Child Welfare System**

RACE	PERCENTAGE OF ALLEGHENY COUNTY YOUTH (BIRTH–18)	PERCENTAGE RECEIVING CYF SERVICES	PERCENTAGE AGING OUT OF CHILD WELFARE SYSTEM
African American	18%	46%	64%
White	77%	46%	30%
Other	5%	8%	6%

As noted earlier, many youth in the child welfare system have also received services from other systems. Specifically, among youth aging out of the child welfare system:

- 84 percent received mental health services.
- 41 percent received drug and alcohol services.
- 24 percent had juvenile justice detention or placement.
- 19 percent had criminal justice placement in the county jail.
- 20 percent received employment and training services.
- Eight percent received housing services.

The high rate of involvement in the mental health system is, in part, the result of a policy that requires all youth receiving child welfare services to be screened for mental health services. As **Table 7** indicates, the type and amount of mental health services that these youth received varies widely. Most youth aging out received outpatient, administrative case management and medication management services.

TABLE 7: Type and Amount of Mental Health Services for Youth Aging Out of Child Welfare System

TYPE OF SERVICE*	PERCENTAGE OF AGING-OUT YOUTH RECEIVING MENTAL HEALTH SERVICES WHO RECEIVED THIS SERVICE	MEDIAN NUMBER OF SERVICE UNITS RECEIVED**	MEDIAN COSTS FOR SERVICE PER RECIPIENT
Inpatient	32	17	$17,600
Outpatient	81	52	$2,376
Partial	19	148	$6,664
Crisis	29	10	$360
Family-based intervention	15	443	$12,320
Administrative case management	69	48	N/A
Medication management	64	5	$495

* The service types correspond to service types in the mental health files we received from DHS. We only include those that had involvement levels of 10% or greater.

** Units of service are defined by minutes and cost associated with each and shown here so as to compare receipt of services across categories.

[7] Although these data cannot answer the question of why young people do not continue to receive mental health services after leaving the child welfare system, a number of potential reasons were discussed by DHS staff as well as by youth in our focus groups. One of the most common reasons is financial—medical assistance is terminated upon discharge from the child welfare system, meaning that it is up to the youth to re-apply for medical assistance and many do not do so. Many youth also choose to not be involved in mental health services after they leave the system. Given the high percentage of youth involved in the mental health system and that many of these youth are involved at significant levels, additional research is necessary to examine whether and the extent to which mental health needs are not being met.

Overall, the degree and extent of involvement in these different services suggests that many youth who aged out of the child welfare system experience significant mental health service needs. Yet, most youth who have received mental health services do not continue to receive these services after aging out. The reasons for this vary among youth.[7] There is a correlation between prior intensity of mental health services receipt and continued receipt of services, suggesting that those most in need of such services are more likely to receive them.

Youth aging out of the child welfare system also vary widely in the drug and alcohol services they have received. As **Table 8** indicates, most youth aging out have received either assessment for such services or individual psychotherapy.

TABLE 8: Type and Amount of Drug and Alcohol Services for Youth Aging Out of Child Welfare System

TYPE OF SERVICE*	PERCENT OF AGING-OUT YOUTH RECEIVING DRUG AND ALCOHOL SERVICES	MEDIAN COSTS FOR SERVICE PER RECIPIENT
Inpatient	13%	$11,411
Outpatient	25	$4,562
Family-based intervention	31	$3,060
Individual psychotherapy	69	$1,271
Assessment	73	$1,043

*Similar to the mental health service types, the service types listed in Table 8 correspond to service types in the drug and alcohol files we received from DHS. We only include those that had involvement levels of 10 percent or greater.

The high proportion of youth aging out who have spent time in the juvenile justice or criminal justice systems is alarming. More than one-third of youth aging out of the child welfare system have spent time in these two systems.

Overall, 87 percent of youth aging out of the child welfare system had involvement with at least one other system noted above, and 54 percent were involved with at least two other systems.[8] This suggests that youth aging out of the child welfare system face substantial challenges as they move toward adulthood.

Comparisons of African American and White Youth Who Age Out

Relatively little research has examined racial and ethnic differences in the experiences and outcomes of youth aging out of the child welfare system. Given the substantially disproportionate number of African American youth in the child welfare system in Allegheny County, understanding any such differences is important to understanding how best to serve youth in the system.

African American youth who aged out of the system did so at about the same age as white youth. **Table 9** shows that, among both groups, those whose last placement was a foster home aged out a little more than four months, on average, after those in congregate care settings.

TABLE 9: Average Age at Aging Out by Race and Care Setting

CARE SETTING	TOTAL	AFRICAN AMERICAN	WHITE
Foster home	18.31	18.33	18.26
Congregate care	17.96	17.99	17.90
Overall	18.13	18.16	18.06

[8] For a discussion of race-related variations in placement experiences in Allegheny County, see *The Role of Race in Child Welfare System Involvement in Allegheny County*, a 2010 report by Mary E. Rauktis, Ph.D., and Julie McCrae, Ph.D.

[9] As indicated previously in **Table 5**, the mean length of time in out-of-home placement was approximately five years. It is important to note, however, that some young people entered care when they were very young and spent a considerable portion of their lives in out-of-home placements.

African American youth who age out of the system are likely to have entered it earlier and therefore to have spent more time in it. **Figure 1** shows the distribution of African American and white youth, by age of entry, who have aged out of the system. Most African American youth aging out of the system had been placed into it before they were 12 years old, with one in five having been placed into it before their fifth birthday.[9] Most white youth aging out had not been placed until they were 14 years old, with one in six not placed until they were 16 years old.

FIGURE 1: Distribution of Youth Aging Out by Race and Age at First Placement

■ African American
■ White
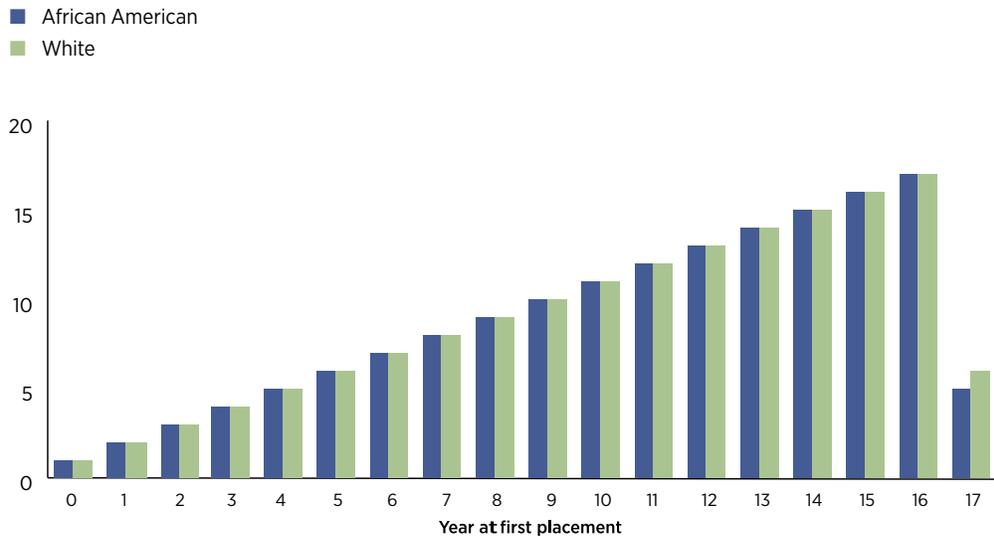
African American and white youth aging out also differ significantly on several characteristics of care they have received. In particular, as **Table 10** shows, African American youth aging out have spent more time in out-of-home placements, have had more placements, are more likely to have been in foster care, and are more likely to have run away from a care setting. White youth aging out are more likely to have been in a residential care setting at some point.

TABLE 10: Characteristics of Care for African American and White Youth Aging Out of Child Welfare System

	AFRICAN AMERICAN	WHITE
Average length in out-of-home placement, in years***	5	4
Total number of out-of-home placements***	9	7
Number of spells in out-of-home placement	1.5	1.5
Ever in foster care***	85%	72%
Ever in group home	73%	75%
Ever in residential care**	41%	49%
Ever in congregate care	73%	75%
Mean years in congregate care	1.5	1.5
Ever run away from care setting*	41%	35%

Difference between races statistically significant at: *p<0.05, **p<0.01, ***p<0.001

[10]These analyses examined the degree to which race was related to aspects of a youth's care career while accounting for the effects of other variables that are also related to care career experiences.

[11] The estimated marginal mean is the mean response of a variable when adjusting for other variables.

To better gauge the effects of race in comparison to other youth characteristics (e.g., age) on such variables as age at first placement, number of placements, years in out-of-home placement, percentage of time in foster home or congregate care, age at aging out, and mental health services, we used multivariate analyses of covariance.[10] We sought to explain which of our differences might be statistically attributable to race and which might be attributable to other variables associated with the greater length of time African American youth aging out have spent in the system. We summarize the findings here; the estimated marginal means[11] for significant results are included in **Table 11** on page 15 (readers wishing further details should see Shook, Goodkind, Herring, et al., 2010):

- **Race is a significant predictor of when a youth first entered out-of-home placement**, with African American youth entering such placement at younger ages, but the effect size was small, explaining only five percent of variability.

- **Race also has a statistical effect on the number of placements a youth aging out has experienced**, but it explained only one percent of variability, or less than that explained by being female (three percent), age at first placement (seven percent), proportion of time spent in congregate care (seven percent), and proportion of time spent in out-of-home placement (12 percent).

- **Race is not a statistically significant predictor of the number of years spent in out-of-home placement.** Significant predictors of time spent in such placement were (younger) age at placement, which explained 21 percent of variability, being male (one percent effect size), number of placements (seven percent), and spending less time in congregate care (nine percent).

- **Race is a statistically significant predictor of the proportion of time in foster care**, but its effect size of one percent is smaller than that for being female (two percent), having a lower number of placements (nine percent), lower amount of time spent in out-of-home placements (10 percent), and time equal to that of age at placement (one percent).

- **Race is a statistically significant predictor for white youth on the proportion of time in congregate care**, but its effect size of one percent is smaller than those for being male (three percent), number of placements (12 percent), spending a shorter amount of time in out-of-home placements (nine percent), and equivalent to entering the system at older ages (one percent).

- **Race is not a significant predictor of age at aging out**. Significant predictors of age at aging out are spending more time in out-of-home care, with an effect size of seven percent; entering out-of-home placement at older ages (two percent effect size); and spending a lower proportion of time in congregate care (one percent).

- **Race is a significant predictor of white youth receiving mental health services**, but its effect size of four percent is lower than those for number of placements (five percent) and time spent in congregate care (10 percent).

TABLE 11: **Estimated Marginal Means for Racial Differences in Care Careers**

	WHITE	AFRICAN AMERICAN
Age at first out of home placement***	13	10
Number of placements***	7	8
Percentage of time in foster care***	46%	52%
Percentage of time in congregate care***	45%	37%
Mental health services intensity factor***	3.5	2.67

Difference across groups statistically significant at: *p<0.05, **p<0.01, ***p<0.001.

Comparisons of Youth Who Age Out by Types of Services Received

To assess how youth aging out compare by the type of services received, we performed a cluster analysis[12] to identify five different groups. Given that the vast majority of youth were African American or white, we included only those youth in the analysis. We found five groups; youth who:

- **Did not receive mental health services.** This group comprises 16 percent of our analysis cohort. Such youth may have received other services. Indeed, our analysis indicates that 12 percent of these youth received drug and alcohol services, 13 percent had experience with the juvenile justice system, and 13 percent had experience with the criminal justice system.

- **Received mental health but no other services.** This group comprises 31 percent of our analysis cohort.

- **Received mental health and drug and alcohol services but no other services.** This group comprises 22 percent of our analysis cohort.

- **Received mental health services and had juvenile justice involvement** (i.e., detention or placement). This group comprises 14 percent of our analysis cohort. Most of this group also received drug and alcohol services.

- **Received mental health services and had criminal justice involvement** (i.e., spent time in the county jail). This group comprises 17 percent of our analysis cohort. Just more than half of this group also received drug and alcohol services, and just less than half also had juvenile justice involvement.

These groups differed by several characteristics, as **Table 12** indicates. African Americans were most prominent in the low-services group and among those that received mental health and criminal justice services. Males were most prevalent in the groups receiving juvenile justice and, especially, criminal justice services. Those with younger ages at first placement were also more prevalent among those receiving juvenile justice and criminal justice services. Those with a high number of placements and a higher number of out-of-home placements were more prevalent in groups that received mental health and at least one other type of service. Those who spent more time in foster care were less likely to be in the multiple-service categories, while those who

[12] The cluster analysis accounts for the diversity of the experiences of the aged-out group by identifying homogeneous subgroups of youth based on their system involvement. We use dichotomous measures of individuals' involvement in each of these systems to form the clusters to generate distinctive groups based on patterns of their other system involvement.

had spent more time in congregate care were more likely to have received mental health and some other type of service. Those who had run away from placement were also more likely to have received mental health and some other type of service.

TABLE 12: Characteristics of Aging-Out Cluster Groupings Defined by Types of Services Received

	NO MENTAL HEALTH SERVICES	MENTAL HEALTH SERVICES ONLY	MENTAL HEALTH AND DRUG & ALCOHOL ONLY	MENTAL HEALTH AND JUVENILE JUSTICE SERVICES	MENTAL HEALTH AND CRIMINAL JUSTICE SERVICES	TOTAL
Percentage African American***	82[a]	66[b]	60[b]	71[a,b]	79[a]	**70**
Percentage male***	46[a]	36[a,b]	37[a,b]	51[a,c]	74[a]	**46**
Mean age***	20.7[a]	20.5[a]	20.1[b]	20.0[b]	21.1[c]	**20.5**
Age at aging out***	18.2[a]	18.3[a,b]	18.1[a,c]	18.0[c]	18.0[c]	**20.5**
Age at first placement*	11.1[a]	11.1[a]	11.3[a,b]	9.9[b]	10.3[b]	**10.9**
Years in out-of-home placement*	4.4[a]	4.8[a,b]	4.0[a,c]	5.0[a,b]	4.6[a]	**4.6**
Number of placements***	5.3[a]	6.9[b]	9.0[c]	11.3[d]	9.4[d]	**8.1**
Number of spells in placement***	1.4[a]	1.6[a]	1.9[b]	2.1[b]	2.0[b]	**1.8**
Percentage of time in foster care***	77[a]	63[b]	39[c]	42[c]	45[c]	**52**
Percentage of time in congregate care***	17[a]	29[b]	51[c]	46[c]	46[c]	**37**
Percentage with only foster care placement***	52[a]	29[b]	7[c]	11[c]	13[c]	**23**
Percentage runaway***	23[a]	29[a]	46[b]	61[c]	50[b,c]	**40**
Percentage receiving housing services**	4[a]	6[a]	14[b]	8[a,b]	9[a,b]	**8**
Percentage receiving employment and training services**	12[a]	19[a]	28[b]	20[a,b]	20[a,b]	**20**

Difference across groups statistically significant at: *$p<0.05$, **$p<0.01$, ***$p<0.001$. Different superscripts indicate statistically significant differences between groups. NOTE: Given that the vast majority of youth were African American or white, we included only those youth in the analysis.

Mental health services also differed by group, as **Table 12** indicates. In general, those involved in other systems in addition to the mental health system were more likely to receive each type of mental health service included in **Table 13.** We constructed a measure representing mental health services intensity by summing whether a young person was involved in any of the seven services listed in **Table 13** (see Shook, Goodkind, Pohlig, et al., 2010 for a discussion of this measure). Those in the group that was involved in the mental health system differed significantly only from the groups with more extensive other system involvement on this measure. The mental health services intensity factor for each group was:

- 2.82 for those receiving mental health services only
- 3.72 for those receiving mental health and drug and alcohol services
- 3.74 for those receiving mental health and juvenile justice services
- 3.33 for those receiving mental health and criminal justice services
- 3.31 for all those receiving mental health services

TABLE 13: Characteristics of Cluster Groupings Defined by Types of Services Received

	LOW INVOLVEMENT	MENTAL HEALTH SERVICES ONLY	MENTAL HEALTH AND DRUG & ALCOHOL SERVICES	MENTAL HEALTH AND JUVENILE JUSTICE SERVICES	MENTAL HEALTH AND JAIL SERVICES	MEAN FOR GROUPS RECEIVING MENTAL HEALTH OR DRUG & ALCOHOL SERVICES
Mental Health Services						
Inpatient***	N/A	21^a	39^b	44^b	32^b	32
Outpatient***	N/A	78^a	90^b	86^{a,b}	79^a	83
Partial***	N/A	13^a	22^b	28^b	19^{a,b}	19
Crisis***	N/A	19^a	35^b	39^b	32^b	29
Family	N/A	14	16	17	11	15
Intensive case management***	N/A	60^a	75^b	73^b	72^b	69
Medication management***	N/A	55^a	70^b	70^b	66^b	64
MH services intensity factor***	N/A	2.82^a	3.72^b	3.74 ^{b}	3.33^b	3.31
Drug and Alcohol Services						
Inpatient*	2^a	N/A	7^{a,b}	9^b	10^b	7
Outpatient***	4^a	N/A	26^b	11^a	12^a	13
Family***	3^a	N/A	31^b	13^c	19^c	17
Individual psychotherapy***	7^a	N/A	71^b	35^c	30^c	37
Assessment***	8^a	N/A	71^b	38^c	37^c	39

Difference across groups statistically significant at: *p<0.05, **p<0.01, ***p<0.001. Different superscripts indicate statistically significant differences between groups.

To assess the independent effects of each of these clusters on child welfare service characteristics, we again performed an analysis of covariance for each of these clusters with child welfare characteristics. **Table 14** summarizes our results. It shows, controlling for other variables, estimated marginal means for the number of placements, years in placement, percent of placement time spent in foster care, percent of time spent in congregate care, age at aging out, and intensity of mental health services received associated with each of the five service-group clusters. (For further discussion of methods, see Shook et al., 2010).

TABLE 14: Characteristics of Cluster Groupings Defined by Types of Services Received

	NO MENTAL HEALTH SERVICES	MENTAL HEALTH SERVICES ONLY	MENTAL HEALTH AND DRUG AND ALCOHOL SERVICES ONLY	MENTAL HEALTH AND JUVENILE JUSTICE SERVICES	MENTAL HEALTH AND CRIMINAL JUSTICE SERVICES
Age at aging out***	18.16^a	18.22^a	18.16^a	18.00^b	18.01^b
Years in out-of-home placement***	4.42^a	5.10^b	4.36^a	4.47^a	4.32^a
Number of placements***	6.17^a	6.83^a	8.33^b	10.11^c	8.44^b
Percentage of time in foster care***	73^a	55^b	40^c	42^c	42^c
Percentage of time in congregate care***	19^a	36^b	51^c	44^d	47^{c,d}
MH services intensity factor***	N/A	3.12^a	3.52^b	3.59^b	3.24^{a,b}

Difference across groups statistically significant at: *p<0.05, **p<0.01, ***p<0.001. Different superscripts indicate statistically significant differences between groups.

These data indicate, all else equal, that youth who are involved in the juvenile justice or criminal justice system tend to age out of the child welfare system at younger ages than those who are not involved in these systems. Those receiving only mental health services tend to have spent more years in out-of-home placement, while those receiving other services in addition to mental health services have a higher number of placements. Those involved in the drug and alcohol, juvenile justice or criminal justice systems are less likely to have spent time in foster care but more time in congregate care. Finally, holding other factors constant, those receiving other services in addition to mental health services score higher on the mental health services intensity factor.

Qualitative Data on Youth Aging Out

To better understand why youth exit the child welfare system when they have the option to continue to receive its support and services, we interviewed 46 youth (11 in individual interviews and 35 in focus groups ranging from two to four participants) on their experiences with and perspectives on the system. Interviews and focus groups lasted from 30 minutes to two hours. (For more on our interview methods, see Goodkind et al., 2010.) Our interview questions focused on:

- Why do youth leave the child welfare system at age 18?

- How do youth who age out understand the transition to adulthood?

- What successes and challenges are associated with the transition?

- How might policymakers and service providers better help youth address the challenges of the transition?

Interviewee Characteristics

The majority of our interviewees were male (57 percent), perhaps a result of our interview selection sites or the child-care commitments of females who have aged out of the system. About 60 percent of our interviewees had left the system within days of turning 18; fewer than one in five had remained until age 19.

Living arrangements of these youth at the time of the interview were as follows:

- 30 percent were living with their biological parents or stepparents.

- 24 percent were living alone or with their own children.

- 13 percent were living with other family members (e.g., aunts, uncles, grandparents, cousins, older siblings).

- Nine percent were living with romantic partners.

- Eight percent were homeless, with half of this group staying in shelters and the other half staying in different places each night.

- Seven percent were living in group homes or independent-living facilities.

- Four percent were living with foster parents.

- Four percent were living with non-relatives (one with a roommate and one with his girlfriend's parents).

The interviewees also had a variety of school and employment situations. About one in three was employed at the time of the interview, in jobs such as food service, retail, cleaning, factory work, security, painting or landscaping. About one in six was looking for work at the time of the interview. Many reported engaging in illegal activities such as selling drugs to make ends meet. One in five was still in school, while another one in five was working toward a GED. More than one in three had a high-school diploma or GED. One in five had not graduated high school and was not pursuing a GED. Nevertheless, another one in five was pursuing higher education, nearly all in community college or vocational or technical school.

More than one in three had or was expecting a child, while about one in ten reported having more than one child. Two interviewees reported that their children had been removed from their care by the child welfare system, while others expressed concern that they, too, would have their children removed from their care.

About two in three had spent time in a group home or residential placement while in the child welfare system, while one in four had been in the criminal justice or juvenile justice systems.

Overall, while our interview sample was not random, it was fairly representative of youth who have recently aged out of the child welfare system in Allegheny County.

Why These Youth Leave Care

Youth's reasons for leaving the child welfare system fall into two broad categories: misunderstanding/confusion, and a desire for autonomy and independence.

Misunderstanding and Confusion

Misunderstanding and confusion was a consistent theme throughout the interviews.

First, some did not know that staying in the system beyond age 18 was a possibility. One said, "When I was in the system, no one told me about the consent form stating that even after age 18 I could be involved and receive services, so I do feel cheated." Others described having their cases automatically closed at their 18th birthdays. As one young woman explained, "When I had turned 18, my caseworker was nowhere to be found. So when 12 o'clock hit, they was like, 'Oh well. We are closing her case.' So on Monday I was at home, and I was like, what am I going to do?"

Second, others felt forced out of the system, despite their attempts to remain. One young man said, "I messed up my grades and [the community college] made me take two semesters off… so that meant they closed my case." Another said, "I stayed in. But, then I went to a shelter, and they [caseworkers] don't do shelters. Like a homeless shelter. They don't do those. Then they had to drop, like, stop my case 'cause I ended up in a homeless shelter." A young woman felt forced from the system after giving birth. She said, "When I had the baby, [my caseworker] told me I need to pick between school and work. He said, 'Either you are going to work and pay for everything your baby needs or you are going to go to school and your baby don't have nothing.' " Faced with this choice, she chose work and leaving the system.

Third, some youth aging out misunderstood how the system works. One young woman said, "I only know one person who stayed in and that's 'cause she had a son. Soon as her son was born she got her own apartment. CYF stopped. I think they'll go just to a certain extent. I don't think that they're gonna help you out the whole way." Another said she left because, "I didn't want my child involved in CYF. 'Cause once your child is born in CYF, your child is there 'til 18." Such quotes illustrate confusion over what happens to those in the system who have children.

Fourth, some youth we interviewed were unsure whether they were still in the system. One young woman who recently turned 18 and had a child could not answer questions either about her status or her child's status in the system. She finally said, "I'm not really sure what's going on with them."

From our interview experience, we recognize that this confusion and misunderstanding is not always because youth were given incomplete or inaccurate information; misunderstanding may sometimes result from inattention or lack of interest on the part of the youth. Regardless of the cause, however, there remains a great deal of confusion over policies and procedures for remaining in the child welfare system after reaching age 18.

Autonomy and Independence
Youth may also choose to leave the child welfare system because of their desire for autonomy and independence. Such desires may include a developmentally appropriate and expected desire for control over their own lives, as well as a desire to be free of system constraints.

One youth expressing a desire for more autonomy said, "One caseworker talked to me about staying on… She told me to stay when they probably wanted me for the money, but I didn't stay because I wanted to better myself." This quote also illustrates a misunderstanding about the system, particularly that it will make money if retaining youth. Other youth shared this misconception, indicating many youth may believe that caseworkers do not care about the youth as individuals but only for whatever money they bring to the system.

While some youth thought they could make it completely on their own, others thought they would receive help from family. A number of youth expressed the hope that they would be able to be reunited with their mothers. As one young woman reported, such expectations were not always met. She said, "I left because I thought my mom was the kind of person that she'll be able to accept me, you know, instead she didn't."

Others expressed desires to be free of system constraints. One who left said, "[I was] tired of living under someone else's conditions. I got fed up." Another said, "I didn't like nobody telling me what I couldn't do." A third explained, "I want to stay and go to school just 'cause they'll pay for it, but I can't stand being in the system. I want to be out on my own." Other youth expressed similar tensions between their desire for help and their distaste for system rules. Such tensions are normal for all youth but, unfortunately, the stakes in negotiating such tensions are higher for these youth.

Some youth wanted more say in where they would live as well as assurance that they would have a voice in what happened to them. One said, "Yeah, [my caseworker] did [talk about staying in the system], but I was like, 'Nah, I don't want to, because I've been in so many placements, you all might come take me again." Indeed, as we saw earlier, youth living in group homes or congregate care settings tend to age out earlier than others. As another said, "They just told me whenever I was of age I could…sign my affidavit or [leave], and I didn't want to stay so I left… I didn't like being [at the group home]."

Many felt they were old enough to live by their own rules and not those of congregate care settings. One youth said, "When I turned 18, they kept begging me to stay in placement [but I heard that] if you didn't go back in time they'd put out a warrant for your arrest and I was, like, forget that. I'm a grown man, and you're gonna tell me I got a curfew?" Similarly, another youth, when asked about his knowledge of the possibility of remaining involved in the system, said, "Yeah, I heard about that. You can stay until you are 21. I chose not to. I didn't feel like staying there until I was 21. There are curfews and you can't talk on the phone very much, and you got to find a job, and when you get off of work you got to go to school and then be at the crib, clean up. You can't go outside to walk around or talk on the phone, you can't have any cell phones. There is no privacy in the group home and they have to know where are you are 24/7." One youth even compared the institutional settings to incarceration, saying, "I don't like being on lockdown."

In addition to dislike of system rules, some youth complained that the rules are arbitrarily enforced. One young man told us, "One staff will tell you the basics of the rules, and then another staff will tell you his own set of rules, and then another staff will tell you another set of rules. And when you do get the real rules, that staff will say, 'Those rules are wrong. You are getting your level [indicating progression through programs and by which privileges are accorded] because you are not doing what I want you to do.'" Many also expressed anger at being housed with those in justice system settings, as well as their inability to attend "regular" rather than "special" school.

Some of our interviewees said they felt disregarded by caseworkers and other system workers. One said, "Like anytime [caseworkers] want to, they can really take you off… they don't really listen to you." Another reported, "They told me, you know, to keep myself in the system so they could help me or whatever, but they wouldn't even try and let me change my caseworker. I asked if I could change her and they said no." Subsequent to this refusal, this young woman chose to leave the system. More generally, another youth said, "[If I had been treated] with a lot more respect, I probably would have stayed, you know."

Understandings of Adulthood
The desire that many of these youth have for autonomy and independence reflects their understanding of adulthood. The typical response these youth offer when asked what makes someone an adult is "being able to take care of yourself." Such understanding of adulthood has roots in American culture as well as in the developmentally appropriate attitudes of these youth. Youth of this age want the opportunity to prove themselves capable of doing things

independently. Many youth have had experiences that convinced them that they need to take care of themselves. As one said, "I can't depend on anybody to help me with anything."

This understanding of adulthood led to a sense among many youth that they are not children, but not adults either. This is in part a result of the feeling of many of these youth that they had very limited childhoods, if they had them at all. Before they were removed from their homes, many were taking care of themselves and younger siblings. As a result, one told us, "I wish I could feel more like a kid sometimes." Another said, "I've felt like an adult since I was 12. I never really had a childhood… There is no way you can take me back to a place I've never been." Such experiences of being responsible for oneself and one's siblings make the very limited autonomy of the child welfare system difficult for many youth to endure. As one said, "We come from really hard experiences…and you come out of it, you don't want to be told nothing. So as children we already have these feelings as though we're already grown, but then we have all these years of being told what to do, and that causes a lot of problems."

Others expressed experiences of feeling like an adult at some times but not others. One young man said, "I'm a man, but I'm not." Another recognized a more gradual process, saying, "I'm evolving into an adult." Some noted often contradictory societal messages, with one young man noting, "I'm only treated like an adult when I do something bad."

In many ways, then, these youth are between childhood and adulthood. Some recognize that the legal and social definitions of adulthood do not always match. As one said, "Being 18 in the eyes of the law makes you an adult, but honestly being able to take care of yourself, being able to provide for yourself [is what really defines being an adult]." Many youth referred to the notion of being "grown." As one said, "An adult, yes, I am, but I'm not grown. I think an adult is when you hit 18. But whenever you're grown, you have your own things. You provide for yourself. You don't ask nobody else to help you. You can do things on your own. You don't have to depend on nobody else 'cause you already know you have it."

One young woman's story illustrates the societal pressure to be independent as it conflicts with her own sense of not being ready to be on her own. She said:

> *Last year I ended up getting pregnant. At first, [my foster parents] didn't want me to live with them because they have little daughters and didn't want them to think it was okay to have kids when you are young like me, so that part was hard. … They told me I could [stay], but as a mother I don't really want to stay, 'cause I got the baby and…I just feel like I got a son now and I have to get out on my own and do for him instead of, I mean, I love the help, it's just I feel like I am supposed to do it. … It's just a feeling that I have, but I am not ready to live by myself. That is why I still live with them. And I don't know nothing about a baby for real. … I pay bills. I got a cell phone. I do stuff that grown people do, but that don't make me grown. I don't feel grown. … I still live with my aunt, she still tells me what to do. … Having a baby didn't make me feel grown. Turning 18 didn't make me feel grown either. … Yeah, usually people say, 'I am 21. I am grown.' But just because you are 21 don't make you grown.*

What would have happened to this young woman if she were not able to stay with her aunt and uncle (her foster parents)? Many youth who stayed in the system beyond age 18 were living in foster homes rather than in congregate care settings. What happens to those in congregate care settings, who have no biological family to whom they may turn, when they age out of care? How do they deal with the many challenges they face in moving from the child welfare system to adulthood? Below, we discuss the successes and challenges these youth have seen in transition.

Successes and Challenges in Transition

Our interviewees identified three areas of success in their transitions: surviving, assuming adult responsibilities, and continuing their education. Simply surviving was the most frequent response. As one youth said, "My biggest success is surviving until 19." Another said, "That I'm still alive," to which a focus-group member added, "And that I ain't give up. ... I'm still standing." Similarly, one youth said, "I am proud of me 'cause I made it through whatever I went through. When there was a problem, I made it through. Whenever I struggled or something, I made it through, so I am really proud of me for real." Others cited experiences they had managed to avoid as among their greatest successes, including not getting into trouble with the law and not becoming a teen parent.

At the same time, some cited becoming a parent and having a healthy baby as among their greatest successes. Many youth also cited other "adult" accomplishments, such as getting a job, their own apartment, or a driver's license. As one youth said, "My biggest success was being able to pay my bills and still have money in my pocket and buy what I want."

Many youth identified staying in school and continuing their education as their greatest success. One young woman said, "Graduating high school and, as my parents wanted, not becoming a teen mom." Yet for some of the young women who have babies, motherhood has provided motivation to stay in school. One young woman cited as her greatest success, "Being so far in high school. 'Cause, like, my aunt and my uncle and my brother was the only people that graduated from high school and went to college. So like everybody after my aunt and uncle, they just only made it to like the 9th grade, the 10th grade like, but didn't go back to school. So being so far in high school is a big thing for me. Everybody thought, oh, I am having a baby, I wasn't going to come back. I am going to make it. I am making it a priority to go back to school."

One youth, however, when asked about his greatest success, said "nothing." For many youth, the transition was more difficult than they had anticipated. As one youth said, "It's in your head that you can do it, but once you get out there in the world, it's really hard." Another said, "Everything I'm doing is a challenge." Some of this difficulty was related to a lack of resources, including housing, employment and health insurance. One interviewee told us, "Without this money [$25 paid to him for the interview] today, I wouldn't eat."

Most youth cited a lack of social or emotional support as the most significant challenge in their lives. Many youth desperately desired but did not have family support. One young man asked about his biggest challenge in the transition said, "Wanting to see my real mom but scared of doing it, scared to see her because she never was there." The lack of trust these youth have in their parents often leads them to distrust others. One said, "It is hard for me to trust people. I always had a trust problem. That is why I don't have any friends, 'cause I don't trust anybody."

The lack of trust these youth have in others causes many to think they must make it completely on their own. One young man noted this in explaining his greatest challenge since leaving the system: "Trying to get on my own. ... [but because of a lack of money] I would stay with somebody, but I didn't want to feel like they were feeling like maybe I was a burden, you know, because I am living there and I'm like, you know, eating there and all types of things like that."

Lacking support from those they might otherwise trust, many youth resort to illegal behavior to deal with their isolation or to attempt to make ends meet. As noted earlier, about one third of those aging out of the child welfare system in Allegheny County have been involved with the justice systems. Their continued involvement, whether on probation, in court hearings, or through being forbidden to see their children, presents additional challenges, particularly in finding employment. So, as one young man said, "I'm in trouble with the law right now... I'm trying to make up for it. I'm trying to better myself."

Another frequently mentioned challenge was emotional support, particularly in dealing with the past. One young woman explained, "What happened in your past will still haunt you to this day, and that's my big obstacle, is every night, I have dreams about it, and it won't go away." Another similarly said her greatest obstacle was "stuff in the past, I ain't going to lie, I have nightmares from what happened in the past." Most striking are the comments of one young man who said his greatest challenge was, "Honestly, not to commit suicide."

Several youth also cited getting along with romantic partners as a challenge. Many young men discussed the difficulties of dealing with the mothers of their children, with whom they seemed to have tenuous, conflict-ridden relationships. They expressed confusion about how to negotiate these relationships while offering emotional support to their children. Those with children identified still additional challenges, including their fear that their children will be taken away. Some emphasize they do not want their children to experience what they themselves experienced. Concern about losing their children makes many youth afraid to ask for help, because, when they do, their parental abilities may be questioned. One young man, discussing his reaction at being told he was not being a good parent when he took his son with him to a homeless shelter, said, "How am I an unfit father because I had resources and went to a homeless shelter with my kid? But 24/7, my kid was taken care of." Similarly, a young woman said, "You have a child. If you don't have a place to go with that baby, how are you going to manage to take care of the baby and yourself? 'And we're going to take the baby if you don't have a house or if you don't have a family member to go to.'" As this quote indicates, young parents are in constant fear that CYF will remove children from their care, as, in fact, had

happened to two youth we interviewed. As a result, the future ambitions of these youth are often stated in terms of being able to take care of their children. As one young man said, "I don't want anything big. I don't want to be famous. I don't want none of that. I just want to be able to take care of my family. I just want to be able to do what my parents weren't able to do for me."

Because of the challenges and difficulties they face, many youth expressed regret about leaving the system. One explained, "I stayed eight more days [after turning 18]…I wish I [had stayed]… I could have stayed in [the group home], completed, got my diploma, saved more money than that, still kept my job." Another said, "I wish I was still in CYF, like living there for me and my babies. That would be the best thing I had in my life…Even though I was real bad in it, like, it keeps me safe, like, it really helped me to have a childhood." While expressing a desire to return to the child welfare system, these youth recognize this is not an option. As one young woman said, "I should have stayed in CYF…and now I can't get back in…If I could get in CYF, I would." Another, when asked what advice she would give to other young people, said:

> Stay in CYF as long as you possibly can. It will really help you. Swear it will. I wish I could still be in it. I really wish I could, but … I know people that are struggling now 'cause they got off of CYF. If you could stay in CYF, they could help you. They're not just out, just to … take you to placement, take you to Shuman, wherever. They're there to help you basically. Believe me, they need to stay in as long as they possibly can. … They'll even help, they'll even do scholarships, like if you need a scholarship for college, they'll even do that. They'll help you get one. … But I just messed up. Just stay in it as long as you can, and then, like, even if you think it's getting bad, whenever you're out of CYF it'll be worse.

Summary Interview Findings

The youth we interviewed have experienced many of the challenges—in education, employment, material needs and with the justice system—seen in previous research. Their greatest challenges focused on two largely different areas: relationships and independence. Among their challenges in relationships were those with romantic partners as well as with their family members. Making it "on their own" and providing for their children were key challenges to independence. The most frequent success these youth cited was simply surviving, followed by assumption of "adult" responsibilities such as paying bills or becoming a parent. Our findings echo those of Samuels and Pryce (2008) who found youth aging out espouse a notion of survivalist self-reliance as a source of great pride. Yet their efforts to be independent can work against them in developing supportive relationships. Many youth often fail to recognize how their attempts to be independent may impede their development of relationships.

Recent research (e.g., Propp, Ortega & Newhart, 2003) emphasizes a goal of interdependence rather than independence for youth aging out of care. This requires challenging the equating of adulthood with independence in these youth's understanding. Indeed, there is a great deal of evidence that happy, healthy, successful adults are not independent but rather have extensive social support (Durkheim, 1897; Furlong, 2003). Given the violations of trust many of these youth have experienced in their families, these youth need significant help in learning how to cultivate

and maintain healthy relationships and social networks. These youth note that developing and maintaining appropriate relationships are among their greatest challenges, yet social services remain focused on helping them become more independent. Helping them in their relationships with others might also reduce their involvement with the justice systems, which, these youth said, often resulted from their attempts to make it "on their own."

Encouraging interdependence need not negate the desire of these youth for increased autonomy and influence over their lives. One way to accomplish this is to listen to them and their ideas and perspectives in discussions about their cases as well as about system policies and practices—an obvious goal, but one that can be difficult to pursue given constraints and demands on system resources. Another way to pursue this may be through alternative residential care settings for those in their late teens or early 20s. Allegheny County is developing laudable alternatives, such as the MyPlace Transitions Program that provides apartments and other independent living services for youth through age 21, as well as the Independent Living Initiative that offers educational guidance for youth through age 24. Continuing to provide support for and expanding these and similar programs is essential.

A central problem many of these youth have with child welfare services is not what they are offered but how they are treated. The child welfare system, as we first noted, has traditionally viewed those it serves not as individuals able to act on their own behalf but as innocent children needing protection and care which their parents are not able to provide. Fortunately, its policies and practices are changing to recognize the need that youth have for support beyond age 18. Nevertheless, as our interviews indicate, these could evolve perhaps still further to give those it serves more influence over the decisions that affect them while helping them develop interdependent, rather than strictly independent, lives with others.

CONCLUSIONS AND RECOMMENDATIONS

Youth who age out of the child welfare system have received increased attention in recent years, both nationally and in Allegheny County. Given research on the outcomes and experiences of these youth, including that in our report, this increased attention is justified. These youth experience substantial placement instability, spend significant time in congregate care settings, and receive services from other systems including those for mental health and criminal justice. They face substantial challenges as they move to adulthood.

Given the descriptive nature of this report, we are limited in providing specific policy and practice recommendations. The findings, however, do have broad implications for policy and practice as well as for future analyses. We note these below.

Recommendations for Policy and Practice

1. **Continue to develop and implement services for young people who age out of the child welfare system and for adolescents currently in it.** These youth face substantial challenges as they move toward adulthood. In developing programs for them, child welfare workers should maintain the practice of reviewing the literature on promising programs and services and continue to consider these findings in conjunction with their own empirical evidence. The county should also continue to evaluate the effectiveness and reach of the services it has developed. Although we do not have a measure of program involvement, it is likely that the youth who face the most challenges are not involved to the same extent as those who face fewer challenges. Assessing individual level of involvement and how to better engage youth facing the greatest challenges is key to ensuring that these programs reach all youth needing them.

2. **Assess the utility of keeping youth in the child welfare system after their 18th birthday.** As earlier noted, youth in Allegheny County generally leave care around their 18th birthdays, despite some opportunity to remain in care. They may do so over misunderstanding and confusion about the opportunity to remain in the system or from a desire for autonomy and independence that is based in part on their experiences in the system. Yet other research indicates that those who remain up to age 21 fare better as adults. Thus, it will be useful for child welfare workers to continue to educate youth about the benefits of remaining in the system, discuss with them their expectations of life after foster care, and provide appropriate resources to address unrealistic expectations. Further, continuing to assess the relationship between staying in or leaving the system and ultimate outcomes for adults who were in the system can help influence policies and programs designed to improve outcomes for those the system serves.

3. **Continue attempts to increase placement stability and increase the use of foster or kinship settings for youth.** Youth who age out of the system tend to be those who have experienced substantial placement instability, which, in turn, is associated with more time spent in congregate care, more time in out-of-home care, and increased likelihood of being involved in other systems. Youth whose placement type is foster care tend to age out at older ages.

4. **Devote more attention to the needs of youth who age out and to adolescents in the system.** It may be useful to offer some transition services earlier to adolescents, so that those who do choose to age out will have a smoother transition to adulthood. Many services are offered through the mental health system, but there may be less stigmatizing ways to meet the needs of these youth for support.

5. **Provide support services and resources for youth in the child welfare system who have been removed from their homes**, especially those who have experienced multiple placements, to address the psychological and behavioral effects of those experiences.

6. **Encourage policy and practice that allows youth who have aged out of the child welfare system to return**, prior to their 21st birthday, if they decide that they made the wrong choice or if they encounter difficulty after aging out.

Recommendations for Future Research

1. **Use data on youth involved in independent-living programs to examine patterns of other system involvement and placement experiences.** By comparing the findings from such analyses to the findings from this report, we can gain some additional information on who is using these programs and whether they are reaching youth with the greatest challenges.

2. **Continue to collect system-involvement data on these youth.** In particular, this can help us understand the full extent of justice system involvement for youth who age out of the child welfare system. It would allow us to determine how many youth seek mental health and drug and alcohol services after aging out. Developing such longitudinal data can help us understand the different trajectories of youth and what contributed to those trajectories.

3. **Begin planning for a broader longitudinal study of youth in the child welfare system.** Although administrative data analyses are useful, primary data collection is necessary to further delineate what contributes to specific outcomes and experiences. Such knowledge can help in developing interventions to reduce the risk of involvement in other systems, particularly the justice systems. In particular, carefully designed longitudinal analyses can help in the design of interventions that target specific groups of youth who are at risk.

GLOSSARY

Age-Out: The regulatory requirement that youth in out-of-home placement in the child welfare system must exit the system at age 18 (or 19 if still in high school). However, a number of programs and services now exist so that youth who continue on to higher education may, if they choose to do so and if they meet a number of requirements, extend their time in the system until age 21.

Criminal Justice System: Administers the programs related to adult criminal law, including judges, prosecutors, lawyers, law enforcement, penal system, probation and parole.

Drug and Alcohol Services: Prevention and treatment programs related to substance abuse

- *Inpatient* refers to placement in an inpatient drug and alcohol treatment facility.

- *Outpatient* refers to counseling services provided in community settings.

- *Family-based* refers to interventions focused on including the youth and family members, and *individual psychotherapy* involves the use of psychotherapy to address substance abuse problems.

- *Assessment* refers to a young person being assessed for a substance abuse problem.

Housing Services: A variety of services for homeless youth, or those at risk of homelessness, including housing and related supports.

Juvenile Justice System: Administers programs and services related to youth crime prevention and intervention, including community-based programs, residential placement and probation monitoring.

Mental Health Treatment:

- *Administrative case management* involves traditional case management services.

- *Crisis* refers to short-term crisis intervention programs provided on an emergency basis.

- *Family-based interventions* include both the youth and the family members.

Glossary
(continued)

- *Inpatient services* are provided for those youth unable to function safely at home and in the community. Such services are provided for a limited time in a licensed mental health treatment-based hospital facility.

- *Medication management treatment* involves appointments with a psychiatrist to evaluate the ongoing effectiveness and appropriateness of medication.

- *Outpatient services* refers to counseling sessions of short duration (three hours or less/ session) provided in community settings.

- *Partial Hospitalization Program* is a supervised therapeutic program provided during a portion of the day, for non-hospitalized MH patients, and includes individual and group therapy, health education, daily living skills, medication management, social interaction, vocational instruction and/or crisis management.

Out-of-Home Placement: When a youth is temporarily removed from his/her parent(s) in order to assure safety and well-being, placement can occur in a variety of settings:

- *Congregate care* is an out-of-home placement shared by multiple unrelated individuals, where care is provided by multiple individuals not including a parent, and is intended to provide a residence of more than short-term duration. Congregate care is often referred to synonymously with institution, facility care, or residential placement.

- *Foster care* refers to a child's temporary home and care by a trained caregiver. The term is often used to refer to any out-of-home placement; the system is often referred to as the "foster care system."

- *Group home* refers to out-of-home placement in a small residential facility located within a community.

- *Kinship care* is a type of foster care in which the youth is placed with a relative or friend of the child's family.

- *Shelter* is typically defined as a short-term, emergency placement. Although shelter is differentiated from congregate care because of the anticipated length of stay, it has been included under congregate care for purposes of this analysis.

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