"Aging Out" of Foster Care
Background and Resources Brief   July 2012

Introduction

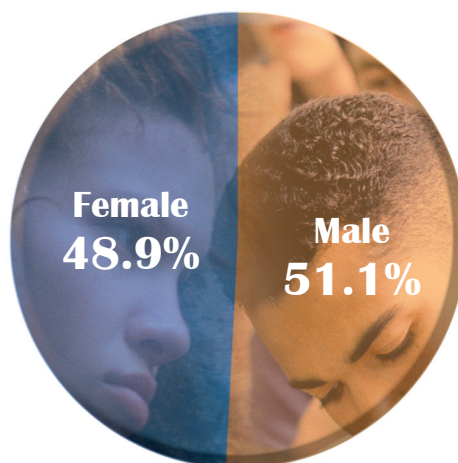This issue brief provides an overview and assessment of current data resources and general trends related to the national and statewide population who are "aging out" of foster care. It is designed to provide information to state officials, community leaders, members of the Delaware Youth Opportunities Initiative (DYOI), and other stakeholders involved in the development of strategies and policy recommendations for improved service and program delivery for those who are aging out of foster care in Delaware. Future briefs and reports may expand on the information presented and identify additional opportunities for resource expansion and comprehensive data-collection efforts.

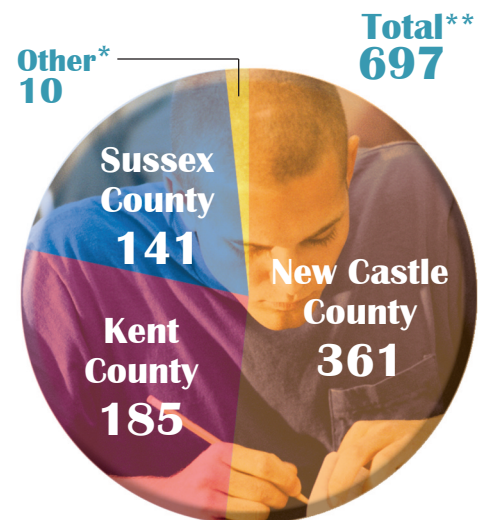### Delaware Foster Care Demographics on April 1, 2012

Race

Asian 0.3%
Caucasian 43.0%
African American/Black 56.7%

Gender

Female 48.9%
Male 51.1%

County[i]

Total** 697
Other* 10
Sussex County 141
Kent County 185
New Castle County 361
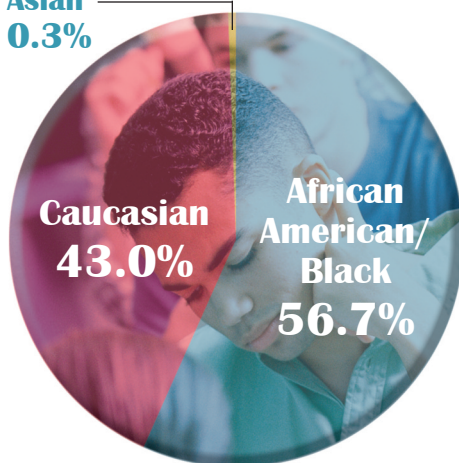
Children in the custody of Delaware's Division of Family Services who are placed in a foster-care resource in another state.
**This represents total number of youths in foster care in each county. Data are based on service providers who have "Foster Home" listed as their service type, includes DFS and private agency homes. It does not include children in Youth Rehabilitative Services, receiving Behavorial and Health Services, or in a trial reunification period.*

What is Foster Care?

Foster care is intended to be a temporary, safe living arrangement for children whose parents for some reason cannot adequately care for them. The goal is to find safe, permanent homes for foster children through reunification, adoption, or placement with a permanent legal guardian.[ii]

As of September 30, 2010, an estimated 409,000 children were in foster care nationally, a decrease of 20

percent since 2005. Approximately 19 percent of the foster-care population was between the ages of 16 and 18 years old, with 3 percent of the population being 18 years old. The percentage of youth between the ages of 16 to 18 remained fairly consistent between FY 2005 and FY 2010.[iii]   Until FY 2009-2010, the total number of children in foster care decreased each year and did so at a higher rate than the prior year.

National Foster Care Trends

Year	Total	Percent Change
2005	513,000	------
2006	510,000	−0.58
2007	491,000	−3.73
2008	463,000	−5.70
2009	423,773	−8.47
2010	408,425	−3.62

Data are from September 30 of the given year and indicate the percent change from the previous year.

The decrease in the number of children in foster care nationally can be partially attributed to a greater emphasis on preventative services and reforms at the federal and state levels—those aimed at preventing abuse and neglect so fewer children need to be removed from their homes.[vi] In part, Delaware's decrease can also be credited to statewide collaborations and efforts aimed at preventing the need for foster-care placements. Both nationally and in Delaware, the combination of fewer children entering foster care, an increase in adoptions, and fewer terminations of parental rights has likely contributed toward the downward trend.[vii]

Of the 254,000 youth who exited foster care nationally in FY 2010, 11 percent (28,000) did so without a *permanent family*—this is also referred to by the Casey Family Programs as "aging out."

General trends among the nation's "aged out" population:
- **Approximately 70 percent plan to attend college.**
- **74 percent actually complete high school.**
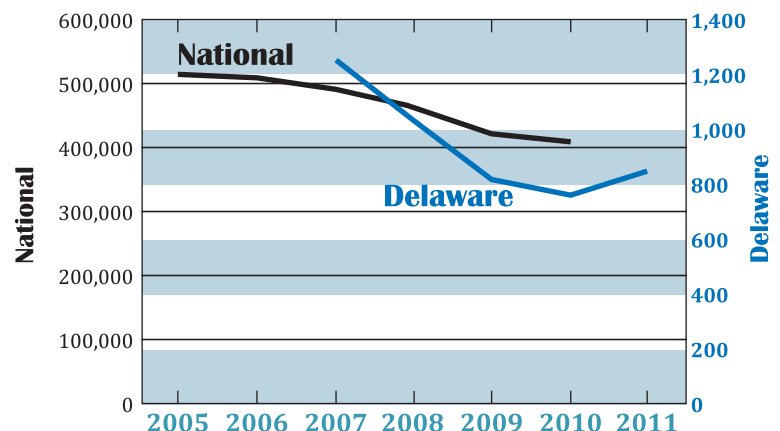- **3% to 11% complete a bachelor's degree.**[*viii]

Similar to national trends, Delaware has experienced an overall decrease in its foster-care population over the past four years. Between FY 2007 and FY 2010, the state's total foster-care population decreased each year, but slightly rose again in FY 2011.[iv] Among Delaware's foster-care population, the rate decreases during the same period of time were greater than those nationwide. Data from 2010 indicate that the largest percentage of foster-care children in Delaware are between the ages of 0-5, followed by the 16- and-older (16+) cohort.[v]

Delaware Foster Care Trends

Year	Total	Percent Change
2007	1,252	--------
2008	1,029	−17.81
2009	820	−20.31
2010	755	−7.93
2011	846	+12.05

Data are from June 30 of the given year and indicate the percent change from the previous year.

Total Number of Youths in Foster Care— National vs. Delaware

Statistics were derived from a weighted average of results of foster-care alumni studies interviewing older alumni who had more time to get a GED/diploma. These figures are intended to represent all who have "aged out" of foster care. See www.casey.org.
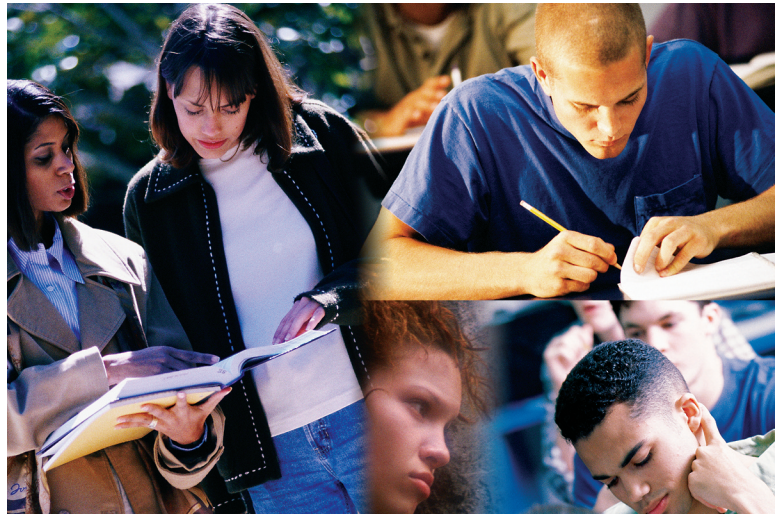
Youth who are neither in school nor working face greater difficulties transitioning into adulthood.[ix] According to Casey Family Programs, compared to the general population, educational attainment among the nation's aged-out population is lower. Additionally, only 52 percent of former foster-care youth surveyed nationally are employed at the age of 21, and about 22 percent become homeless for one or more days sometime after aging out of foster care.[x] At a rate similar to that of U.S. war veterans, 25 percent of foster-care alumni suffer from post-traumatic-stress disorder.[xi,xii]

An evaluation of aged-out youth in the Midwest revealed trends similar to those reported from national studies on the education, employment, and housing status of the population. This study found that the average income for former foster-care youth who managed to find employment was $12,064. Additionally, 81 percent of males who had aged out of foster care had been arrested subsequently, and 77 percent of females had been pregnant.*[xiii]

Baseline survey data was collected from study participants when they were 17 or 18 years old. Participants were re-interviewed at ages 19, 21, 23 or 24, and 26. Data represents Midwest "aged out" population from 19 to 26 years old. See Midwest Evaluation of the Adult Functioning of Former Foster Youth, www.chapinhall.org/research/report/midwest-evaluation-adult-functioning-former-foster-youth.

Risks and Challenges of the Aging-Out Population

The long-term development and success of children is largely dependent on the support and care they receive at home from their family.[ix] However, foster-care children and youth, who spend years in multiple foster families and group homes with less family support, have heightened risks of emotional, behavioral, and academic challenges.[ii] With fewer family and community supports, many foster-care youth may be at higher risk for depression, substance abuse, and even suicide. Based on results of the Northwest Foster Care Alumni Study, over 54 percent of foster-care alumni who were in public or private foster care at any time from 1988 to 1998 in Oregon or Washington had a least one mental health problem (compared to about 22 percent of the general population).[xiv]

Annually, the KIDS COUNT in Delaware program provides specific information on key indicators of overall childhood and adolescent well-being in Delaware. These include health and health behaviors, educational involvement and achievement, family environment and resources, and community environment and resources. In its *Fact Book 2012*, the organization provides general foster-care information within the context of family and environment indicators.[ii] The 2012 edition includes an essay that focuses on the health and well-being of Delaware adolescents and touches briefly on the unique experiences of children aging out of the foster-care system. Data and trends presented for other indicators and areas may provide additional correlations about potential risks and behaviors associated with Delaware's foster-care youth and aging-out population. These include teen deaths, mental and emotional health, physical well-being, substance abuse, high school–graduation rates, disconnected youth, civic engagement, socioeconomic status, birth rates, juvenile delinquency, and domestic violence.[ii]

Enhanced cross-references and data-sharing between the Delaware Division of Family Services (DFS) and KIDS COUNT in Delaware, regarding critical indicators, will provide state agencies, service providers, non-profits, and others involved in Delaware's child-welfare system with improved information about the foster-care and aging-out population and opportunities for improving necessary resources. The state's Division of Prevention and Behavioral Health (DPBH)—formerly two separate Delaware Department of Services for Children, Youth and Their Families (DSCYF) units: the Division of Child Mental Health and the Office of Prevention and Early Intervention—may also help in understanding related behavioral risks and mental health issues. Information is available about youth who are placed in foster care by the division and who are receiving inpatient services. Limited information is available on the number of foster-care youth who are receiving community-based, outpatient services. DSCYF's Family and Child Tracking System (FACTS) provides case-management and client-tracking services for all three operational arms of the department.

As described in the *Delaware Environmental Scan* for the Delaware Youth Opportunities Initiative (DYOI), beginning in the summer of 2011, Delaware was scheduled to begin updating its FACTS system with full implementation of FACTS II by 2014.[v] As part of this upgrade, improved data-sharing and cross-referencing among all DSCYF divisions and other data-tracking organizations in Delaware will help bridge gaps in information available about Delaware's older foster youth and aging-out population.

Key Terms and Organizational Policies Related to Aging Out

The following key terms and organizational policies, as identified and defined by DFS, are intended to help convey basic information about and available resources on Delaware's aging out population.

APPLA *– APPLA stands for Another Planned Permanent Living Arrangement and serves as a case plan designation for children in out-of-home foster care for whom there is no goal for placement with a legal, permanent family. APPLA is an acceptable designation only if there is sufficient reason to exclude all possible legal, permanent family goals. However, APPLA designations must include plans for permanent placements of children and youth that meet their developmental, educational, and other needs.[xv]*

Aging Out *– This term is used to describe what occurs when a youth reaches a state's age of majority (see* **Majority***) and/or is no longer eligible to remain in foster care, based upon the policy of the child-welfare agency.*

Board Extension *– The Division of Family Services offers to continue paying for the care and services of a youth who will be able to complete their high school education during the school year in which they turn 19, or for youth who can complete their GED within six months of their 18th birthday. Additionally, those youth who have a special-education classification are able to receive continued support for one additional school year.*

Episode *– An episode reflects the start of DFS custody and placement of a child outside of his/her home, and any moves during foster care through the end of DFS custody and successful permanency with their family or other caretaker, or he/she achieving the age of majority.*

Emancipation – *This refers to situations where reunification has been ruled out, but a permanent home, such as an adoptive home or planned permanent foster-care home—for a variety of reasons—has not yet been identified. Once a child reaches age 14, services should include those that support self-sufficiency and independence for preparation in reaching the age of majority (see Majority). While Delaware does not have a law to emancipate minors, it will respect the laws of other states, as long as the youth can provide proper documentation when moving to Delaware. These youth do not receive official services unless otherwise eligible for Independent Living Program services (see* **Independent Living***).*

Extended Jurisdiction – *In 2010 Governor Markell signed into law Senate Bill 113, which permits Family Court involvement with and supervision of independent services for those who have aged out of foster care until 21 years of age.*

Independent Living (IL) – *IL services are available to prepare youth to live independently after exiting foster care. The program seeks help in successfully transitioning youth from out-of-home care to adulthood. It assists youth in planning for their future and in enhancing their individual strengths and abilities through a matrix of services and activities. IL services include individual case management and support, as well as group support on education, employment, housing, medical needs, and life-skills training.*

Majority – *The age of majority is the age in which a person legally becomes an adult, gains full legal rights, and becomes legally responsible for their own actions. Upon reaching the age of majority, a person no longer needs to be under the care of a legal guardian. This age varies from state to state.*

NYTD – *The National Youth in Transition Database (NYTD) was established in response to federal law that required the national Administration for Children and Families (ACF) to develop a data-collection system to track the independent-living services that states provide to youth and to develop outcome measures that may be used to assess performance in operating independent living programs. NYTD requires that states engage in two data collection efforts and for ACF to impose a penalty to states that fail to comply with the reporting requirements.*

The regulation requires that states report on their independent living services and supports they provide to all youth in 11 broad categories (e.g., independent-living needs assessment, academic support, career preparation, employment programs or vocational training, health education, and risk prevention). States will also survey youth regarding six outcomes: financial self-sufficiency, experience with homelessness, educational attainment, positive connections with adults, high-risk behavior, and access to health insurance.[xvi]

Permanency – *This term is used by child-welfare workers to mean a permanent family or family relationship for a child. A "permanency plan" helps in determining where a child will grow up. Some of the options that might be considered by the court for permanency include reunification, guardianship, and adoption.*[xv]

Permanent Guardianship – *The possession by a non-parent of the powers, rights, and duties that are necessary to protect, manage, and care for a child without terminating parental rights. Only a blood relative or foster parent(s) of the child may serve as a Permanent Guardian.[xvii] Permanent guardianship provides for visitation and/or contact with the biological parent(s) as long as that contact is in the child's best interests.[xviii]*

Reunification – *A foster-care child or youth is placed back into the custody of their birth parent(s), adoptive parent(s), or previous legal guardian. Reuniting children with a parent or parents is the first choice of child-welfare agencies when this option will ensure the safety and well-being of the children and provide a permanent family for them.[xv]*

Resources and Information Available About Delaware's Aging-Out Population

In response to a 2007 survey by the Delaware Children's Campaign, as well as policy agenda developed by state leaders over two years, several statewide initiatives have helped increase awareness and promote advocacy for youth aging out of foster care in Delaware. Delaware's Youth Advisory Council (YAC) has also played a critical role in advocacy. Most recently, YAC has shared its issues with and experiences in the state's foster-care system through presentations to the Delaware General Assembly and through the creation of a documentary that highlights the challenges faced and milestones reached during their transition to adulthood.

Aged-Out Population in Delaware

Year	Total
2005	55
2006	68
2007	77
2008	102
2009	108
2010	97
2011	94

Data are based on the state's fiscal year, July 1 of previous year to June 30 of given year.

Approximately 108 youth are projected to age out of Delaware's foster-care system in FY 2012. This projection is only a slight increase from fiscal years 2010 and 2011 and includes youth turning 18 during the current fiscal year. Important to note is that some of the youth included in this projection meet the age requirement to age out of foster care, but may be placed on board extension. Youth in this projection might also return home, be adopted, or be placed with a legal guardian before they turn 18—these youth will not age out as expected. Additionally, youth who have a special-education classification are eligible to receive the same extension of one additional school year.[iv]

Information about the state's aging out population is primarily derived from the DFS IL Outcome Survey, which is based on the National Youth in Transition Database (NYTD) Outcome Survey. The NYTD Outcome Survey is administered to 17-year old youth and must be completed by the youth within 45 days of their 17th birthday.

Data about the state's IL program participants are available and can be organized and presented according to indicators of several areas, including education, employment, housing, and incarceration. While data-set size limits extensive reporting and analysis, these indicators may provide a general snapshot of what IL

participants look like in terms of their educational attainment, living arrangements, and employment status. Currently, there are few indicators for health-related issues among the state's aging-out population. However, given national trends that indicate heightened risks of emotional, behavioral, and academic challenges among individuals formerly in foster care, this is an area in which data-collection efforts could be expanded across state agencies and departmental units.

Also, as youth receive IL services, they could be asked to provide more detailed demographic information that might assist in understanding the characteristics and trends associated with this population. To examine and track outcomes/indicators of success among youth who received IL services, it may be important to periodically report the number of youth who have both received IL services and exited placement due to reaching the age of majority, getting married, or becoming emancipated.

Whereas little information currently exists about aging-out youth who have not received IL services, it will be important to include what is available and make recommendations on potential data-collection resources and opportunities to help guide long-term policy development. Since the NYTD Outcome Survey data are based on self-reported survey responses, the IL Outcome Survey is considered more accurate and operative. While the NYTD survey is facilitated by DFS case managers or other service providers who know the youth respondents, it is important to recognize that federal guidelines require that self-reported responses to this survey are unaltered or edited by anyone, except the youth respondents (even if it is known by DFS staff or other service providers to be inaccurate). Determining the best use of both NYTD and IL survey data will become increasingly important to tracking outcomes of expanded or new services for the state's aging-out population. In addition to IL and NYTD survey information, it may be important to consider other opportunities to capture information about former foster-care youth. For example: 1) conducting a survey of foster-care alumni and 2) adding questions to court-intake forms may help in identifying and understanding more about those who enter the *adult* correctional system.

As part of a comprehensive and ongoing resource assessment, it is important for stakeholders and policy leaders to understand current data-tracking systems, resources, as well as untapped opportunities for information sharing and collaboration among service providers, state agencies and units, community leaders, representatives of higher education, and others involved in addressing issues and long-term strategies for overall improved service delivery among the state's aging-out population. Not only will this help enrich long-term data-collection efforts, but will also support recent initiatives aimed at effective and efficient utilization of current and future programs and services for Delaware youth.

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