

Comparing Outcomes Reported by Young People at Ages 17 and 19 in NYTD Cohort 1

Background

To measure the outcomes of youth transitioning out of foster care, states are required to administer the NYTD survey to cohorts of youth at ages 17, 19 and 21. The Children’s Bureau is pleased to share the following highlights that compare the outcomes reported by youth in the first NYTD cohort at ages 17 and 19¹. With the second wave of data collection completed for Cohort 1, we can begin to better understand the experiences of young people currently and formerly in foster care as they age. Response rates for both baseline (age 17) and follow-up (age 19) surveys varied widely by state. To account for the variation, the Children’s Bureau employed a weighting methodology to the NYTD survey responses to identify and correct potential non-response bias.² All results were weighted to represent the first cohort of 17- year-olds identified at baseline as being eligible to take the NYTD survey in federal fiscal year (FFY) 2011³. All percentages reported in this data brief are weighted estimates.

In this data brief:

We present findings from NYTD surveys completed by Cohort 1 youth at ages 17 and 19, including key comparisons by gender and foster care status.

For more information, please contact the Children’s Bureau at NYTDinfo@acf.hhs.gov.



Findings

Response Rates and Reasons for Non-Participation

In Federal Fiscal Year (FFY) 2011, 29,569 youth were identified as eligible to take the survey at age 17. Of these, 15,597 completed the survey, resulting in a national response rate of 53%. At the state level, response rates varied widely from 12% to 100%. In FFY 2013, 11,712 youth were eligible for the follow-up survey at age 19, and 7,845 (67%) participated. State-level response rates also varied widely at follow-up, from 26% to 95%. One state reported no follow-up outcomes data.

Survey Status	Age 17 (n=29,565)	Age 19 (n=11,712)
Participated	53%	67%
Youth declined	11%	6%
Parent declined	1%	<1%
Incapacitated	2%	1%
Incarcerated	2%	2%
Runaway or missing	5%	<1%
Unable to locate/invite	17%	23%
Death	<1%	<1%

Because of the wide range of response rates and because a few states opted to survey a sample⁴ of 19-year-olds, *non-response bias* is a concern. Non-response bias occurs when youth who complete a survey (respondents) are significantly different from the youth who do not complete a survey (non-respondents). If the youth are characteristically different, the survey results may not adequately represent the outcomes of the population of 17- or 19-year-olds for whom the survey is targeted. The Children’s Bureau employed a weighting methodology to correct for potential non-response bias in youth outcomes reported at ages 17 and 19. This weighting ensures that groups that differ in response behavior are represented by members of those groups who did respond. Percentages reported in this data brief are weighted estimates. However, based on analyses, these weighted results did not vary dramatically from unweighted results and non-response bias corrections were small.

Demographics of Survey Participants

Youth who participated in the survey at age 17 and youth who participated again at age 19 were demographically similar. This first cohort of youth is racially diverse and generally represented equally by both genders. All youth surveyed at age 17 were in foster care. By age 19, 64% of youth surveyed were no longer in foster care⁵.

Demographics of Survey Participants at Ages 17 and 19, Cohort 1

	Age 17 (n=15,597)	Age 19 (n=7,845)
Race		
American Indian or Alaska Native	3%	3%
Asian	1%	1%
Black or African American	35%	37%
Native Hawaiian or Other Pacific Islander	1%	1%
White	56%	56%
Unknown/Declined to Specify	8%	7%
Ethnicity		
Hispanic or Latino (of any race)	19%	19%
Sex		
Male	53%	52%
Female	47%	48%

Youth Outcomes at Ages 17 and 19

As youth begin their transition to adulthood, they should have experiences that foster growth and independence. Youth who are or have been in foster care face a number of challenges that can hinder a smooth transition. NYTD survey results from this first cohort of youth at ages 17 and 19 provide a national glimpse of how these young people are faring in certain outcome areas as they age.

Outcome 1: Financial Self-Sufficiency⁶

To better understand a youth's outcome experiences in the area of financial self-sufficiency, the NYTD survey poses questions to youth regarding their acquisition of skills necessary to enter the labor market and their access to financial resources to help meet their living expenses. As youth age and make decisions about whether or not to remain in or return to foster care⁷, financial stability becomes a crucial indicator of young people's readiness for independence.

- Although youth at age 17 were young and in foster care, over one-quarter (29%) reported experiences in at least one employment-related category (full- or part-time employment; paid or unpaid apprenticeship, internship, or other on-the-job training). By age 19, about half (51%) reported some employment-related experience, including 54% of youth in foster care and 49% of youth not in care.
- At age 19, 43% reported receiving at least one form of financial assistance (Social Security, educational aid, or some other form of significant, periodic financial support).
- Thirty-four percent of youth not in foster care reported receiving at least one type of public assistance (housing, food, or financial assistance).

Financial Self-Sufficiency at Ages 17 and 19, Cohort 1

Outcome area	Age 17 (n=15,597)	Age 19 (n=7,845)
Employed full-time	2%	12%
Employed part-time	11%	23%
Receiving employment-related skills training	21%	30%
Receiving Social Security	13%	13%
Receiving education aid	4%	24%
Receiving other financial support	9%	14%
Receiving public assistance ⁸	N/A	34%

Outcome 2: Educational Attainment

Attaining a high school diploma or General Equivalency Degree (GED) can be considered a minimal requirement for self-sufficiency and can assist in establishing a solid educational foundation that will prepare youth for future educational pursuits. The NYTD survey asks young people to report their current enrollment status in an educational program and the highest educational certification received.

- While the majority (91%) of youth at age 17 had not yet received any educational certifications, an overwhelming majority (94%) of them had indicated they were enrolled in and attending some type of educational programming. By age 19, over half (55%) had received a high school diploma or GED.

- Fifty-four percent of 19-year-olds were enrolled in and attending some type of educational programming. Of these, 49% reported having achieved a high school diploma or GED.

Educational Attainment at Ages 17 and 19, Cohort 1

Outcome area	Age 17 (n=15,597)	Age 19 (n=7,845)
Received high school diploma or GED	9%	55%
Enrolled and attending an educational program	94%	54%

Outcome 3: Connections with Adults

Establishing a positive, consistent and lasting relationship with at least one adult is a critical component in ensuring youth make a successful transition from foster care to adulthood. The NYTD survey asks youth whether there is currently at least one adult in their life, other than a caseworker, to whom they can go for advice or emotional support.⁹

- At age 17, 93% of youth reported having a positive adult connection in their lives.
- At age 19, the vast majority of youth (89%) reported continuing to have a positive connection to an adult. Ninety-two percent of youth in care and 88% of youth not in care reported having an adult they can go to for support.

Outcome 4: Experiences with Homelessness

Permanent and adequate housing can protect against a number of negative outcomes. Young people who leave foster care unprepared to live on their own are at risk for becoming homeless soon after discharge. In FFY 2011, youth were asked at age 17 if they had ever been homeless at some point in their lives. In FFY 2013, at age 19, youth were asked if they had experienced homelessness within the past two years.

- At age 17, 16% had experienced homelessness at some point in their lives. Nineteen percent of 19-year-olds reported having been homeless at some point within the past two years, the vast majority (80%) of whom were no longer in foster care.
- Of the 1,260 youth who reported a history of homelessness at age 17 and who also completed the survey at age 19, 34% reported experiencing another episode of homelessness within the past two years.

Outcome 5: High-Risk Outcomes

The NYTD survey collects information on three key outcomes that have been associated with hindering successful transitions to adulthood among youth in foster care.¹⁰ Results from the survey indicate that two years later, more than one-third (39%) of 19-year-olds reported experiencing at least one high-risk outcome within the past two years. At age 17, half (50%) had reported a history of high-risk outcomes.

- At age 17, over one quarter (28%) of youth reported having been referred for substance abuse assessment or counseling at some point during their lifetimes. Fifteen percent of youth reported having been referred assessment or counseling at some point between ages 17 and 19.
- At age 17, over one-third (37%) of youth reported a history of incarceration. Two years later, nearly a quarter (24%) of 19-year-olds reported having been incarcerated within the past two years.
- In the past two years, 12% of all 19-year-olds reported having given birth to or fathered a child. At age 17, 7% of youth had a child. Of the 451 youth who reported having a child at age 17 and who completed the survey again at follow-up, over half (56%) reported having another child by age 19.
- After two survey waves (ages 17 and 19) conducted with Cohort 1 youth, 33% had been referred for substance abuse assessment or counseling, 43% had been incarcerated, and 14% had given birth to or fathered a child.

High-Risk Outcomes at Ages 17 and 19, Cohort 1

Outcome Area	Age 17 (n=15,597)	Age 19 (n=7,845)
Referred for substance abuse assessment or counseling	28% (in lifetime)	15% (in past two years)
Incarcerated at some point	37% (in lifetime)	24% (in past two years)
Had children	7% (in lifetime)	12% (in past two years)

Outcome 6: Access to Health Insurance

Access to health care can help ensure that youth receive the prevention and treatment services they need to remain healthy. Youth in title IV-E foster care are categorically eligible to receive Medicaid. Additionally, a number of provisions under the Patient Protection and Affordable Care Act (ACA) increase access to health care for former foster youth¹¹, including the extension of Medicaid coverage to young people up to age 26 in certain circumstances. The NYTD survey asks youth whether they are receiving Medicaid or some other type of health insurance coverage.

- The majority of youth at age 17 (81%) reported having Medicaid insurance coverage. Six percent of surveyed youth, however, reported not knowing if they had Medicaid coverage.
- The majority of 19-year-olds (71%) reported having Medicaid, and 15% also reported having some other type of health insurance. More youth in care (85%) than youth not in care (63%) reported having Medicaid coverage at age 19.
- Fourteen percent of all 19-year-olds reported not having Medicaid or other type of medical health insurance coverage, including 19% of youth who had left foster care and 5% of youth in foster care at age 19.

Highlighting Gender Differences

The results above reveal that there are differences emerging in the outcomes reported between age 17 when youth were in care and age 19 when the majority had left the child welfare system to begin their transitions to independence. These differences become more notable when examined separately for males and females.

- The rates of reported substance abuse referrals and incarceration continue to be higher for males than for females. At age 19, the proportion of males (33%) reporting having been incarcerated was more than twice that of females (14%).
- Far more females than males reported having children at both ages 17 and 19. Ten percent of young women reported having given birth to a child by age 17. At age 19, 17% of young women reported having a child within the prior two years. Among males, just 4% of 17-year-olds and 6% of 19-year-olds reported fathering a child.
- While it is expected that the proportion of youth reporting receiving Medicaid would decrease from age 17 to age 19, the decrease was more pronounced for males (from 79% to 66%) than for females (from 84% to 77%).
- By age 19, 58% of females and 52% of males reported receiving a high school degree or GED.
- Of those youth not in foster care at age 19, 43% of females and 26% of males reported receiving some type of public assistance.

Youth Reported Outcomes at Ages 17 and 19 by Gender, Cohort 1

Outcome area	Males at Age 17 (n=8,082)	Males at Age 19 (n=3,725)	Females at Age 17 (n=7,505)	Females at Age 19 (n=4,120)
Homeless at some point	15% (in lifetime)	19% (in past two years)	17% (in lifetime)	20% (in past 2 years)
Referred for substance abuse assessment or counseling	32% (in lifetime)	18% (in past two years)	24% (in lifetime)	13% (in past 2 years)
Incarcerated at some point	48% (in lifetime)	33% (in past two years)	26% (in lifetime)	14% (in past 2 years)
Had children	4% (in lifetime)	6% (in past two years)	10% (in lifetime)	17% (in past 2 years)
Earned high school diploma/GED	6%	52%	7%	58%
Has Medicaid	79%	66%	84%	77%
Receiving public assistance	N/A	26%	N/A	43%

Conclusion

The baseline and follow-up survey information from Cohort 1 reveals that, generally, young adolescents in foster care have histories of high-risk outcomes. Yet, being in care also provides them with opportunities to accumulate protective factors that are intended to help them grow into independent, self-sufficient adults. At age 17, the majority of these youth were attending school, had positive connections to at least one adult, and were receiving Medicaid. Half of them did not report any history of high-risk outcomes and the majority reported never having been homeless.

At age 19, many of these positive indicators were maintained with the majority having earned a high school diploma or GED, reporting a positive connection to an adult, receiving Medicaid or some other type of health insurance, and demonstrating early signs of financial self-sufficiency. In other areas, however, it is evident that some youth are facing potential barriers to self-sufficiency as they move toward adulthood. More males than females reported high-risk outcomes both at baseline and at follow-up. Results also suggest that youth with reported histories of challenging experiences (e.g., incarceration, substance abuse, or homelessness) may be more likely to experience additional challenges as they age compared to those youth who did not report those outcomes at age 17. These findings may help underscore the importance of providing supports to youth who may be particularly vulnerable to poor outcomes as they transition to adulthood, including providing targeted independent living services or allowing youth to remain in foster care during this transition.

We hope states will see these results as one additional piece of information that may be used to help inform transition planning practices, service provision, extended foster care policies, and data collection procedures. We encourage states to analyze their own NYTD data to guide continuous data quality improvements, and, if needed, identify areas where systems or practice changes may be needed to increase survey participation rates. We also urge states to continue to engage young people as partners in data collection, data analysis, and dissemination of survey results.

Endnotes

¹ States were required to collect baseline outcomes information from youth who turned age 17 while in foster care in federal fiscal year (FFY) 2011. At follow-up, states were required to survey youth during the six-month reporting period in which they turned age 19. Depending on when the state invited the youth's participation, a youth may have been age 18 or 19 when surveyed. Because the goal of the second NYTD survey is to capture the outcome of experiences on or around the youth's 19th birthday, we refer to these youth as 19-year-olds in this brief. The NYTD survey questions are in Appendix B of the NYTD regulation, available at <http://www.gpo.gov/fdsys/pkg/FR-2008-02-26/pdf/E8-3050.pdf>.

² For a description of the weighting methodology, please see the NYTD User's Guide available at the National Data Archive on Child Abuse and Neglect (NDACAN): <http://www.ndacan.cornell.edu>.

³ Due to technical problems in its data submissions, one state is not represented in the weighted age 19 outcomes data.

⁴ States were permitted to select a sample of 19-year-olds from the population of youth who participated in the baseline survey at age 17. Only 12 states opted to sample.

⁵ For comparisons of outcomes between 19-year-old youth in foster care and not in foster care, see Data Brief #3 at http://www.acf.hhs.gov/sites/default/files/cb/nytd_data_brief_3_071514.pdf.

⁶ Financial self-sufficiency includes whether or not the youth reports (1) being employed full-time, (2) being employed part-time, (3) completing training that acquired employment-related skills, and/or (3) receiving financial supports such as Social Security, educational aid, or some other type of financial assistance. See 45 CFR 1356.83(g) for complete definitions of NYTD data elements.

⁷ Some states have opted to extend title IV-E assistance to youth over age 18, permitting some youth to remain in foster care voluntarily.

⁸ The NYTD survey questions related to a young person's use of public assistance are only asked of youth who are no longer in foster care.

⁹ "Adult" is considered to be someone other than the youth's spouse/partner, boyfriend/girlfriend, or current caseworker.

¹⁰ High risk outcomes include histories of substance abuse assessment or counseling, incarceration, or having children. The NYTD survey also asks a youth if they were married at the time of the child's birth. Only 6% of the 921 youth at age 19 who had children were married at the time of the child's birth.

¹¹ Section 1902(a)(10)(A)(i)(IX) of the Social Security Act extends Medicaid assistance to former foster youth in certain circumstances. This provision became effective January 1, 2014, after the follow-up survey was completed.