

Enhancing the Transition into Adulthood for Foster Youth:

Analysis of Illinois House Bill 1293

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Abstract

This paper explores the transition of foster youth into adulthood, focusing specifically on the challenges during the “aging out” process. Illinois House Bill 1293 extends foster care services until age 23, aiming to improve outcomes. However, the policy lacks clarity on self-sufficiency criteria, hindering effective implementation. Recommendations include comprehensively defining self-sufficiency and empowering youth to advocate for extended support— if desired or necessary. Tailored service planning is essential to address individual needs and prevent adverse outcomes. While Illinois House Bill 1293 is a step forward, clarity, accountability, and targeted support are crucial for successful transitions into adulthood for foster youth.

Keywords: foster youth, aging out, Illinois House Bill 1293, extended foster care

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Social Issue

When does an individual become solely responsible for their own wellbeing? For most, this starts at age 18– when one is considered a legal adult; however, this age can fluctuate due to individual circumstances. As it pertains to youth in the American child welfare system, this commencement can happen at 18, 21, or 23 years old depending on the state and their governing laws through a process called “aging out.” “Aging out” is a general term used for when a youth in care becomes ineligible to receive further benefits because of their emancipation from the child welfare system. This can happen in situations where biological parents remain a risk or adoptive homes are unavailable, consequently making permanency through reunification and adoption unachievable. According to the National Foster Youth Institute (2017), “children with a diagnosed disability of any kind, including a learning disability, are twice as likely to age out of the foster care system.” Additionally, youth who enter the foster system after the age of 12 have a 40% chance of aging out (NFYI, 2017). Nationally, 23,000 children will age out of the U.S. foster system every year (NFYI, 2017). Emancipation is always acknowledged by the youth in care and their support system, as such, anticipation for this commencement can often be mind-consuming.

Due to the circumstances that justified their removal from their home as well as their experiences within foster care, foster youth who age out are more likely to undergo an extremely adverse transition into adulthood. These young adults experience post-traumatic stress disorder at a rate nearly five times higher than the general early adult population (Key Facts and Statistics, 2023). Because youth in care rely heavily on the resources they receive from their child welfare agency, 20 percent of foster youth will become homeless the day they age out (Finally Family Homes, 2022). Also, less than 3% of youth who age out of care will receive a post-secondary

degree (NFYI, 2017). Additionally, 25% are incarcerated within 2 years of aging out and 70% of young women will become pregnant by the age of 21 (Balistreri, 2023). The micro-level systems impacting youth in care ineffectively prepare these individuals to age out of the system, and, in turn, they have fewer opportunities for success. If this issue goes unaddressed and youth aging out of care remain unsupported, under-resourced, and inopportune, then rates of incarceration, teen-pregnancy, and homelessness will continue to increase for this population.

Current Policy Provisions

The transition to adulthood after aging out is difficult for foster youth all over the country, including Illinois. According to the Child Welfare Information Gateway (2021), of the estimated 248,669 youth who exited foster care in Illinois during the 2019 federal fiscal year, “8 percent were emancipated” (aged out). With the goal of increasing overall well-being and success rates of youth who age out of foster care, Illinois House Bill 1293 was amended to the Children and Family Services Act. This bill redefines “children” who are wards of the state to include individuals under the age of 23, an increase from the current age of 21. Thus, while a youth in care can formally age out at 21 in Illinois, there can be a formal request made by their caseworker for an extension of services which would continue until the age of 23. To be eligible for this formal request, a youth in care must be deemed incompetent to care for themselves. For example, if a youth living in a residential home was at risk for homelessness following discontinued services, a formal request could be made to extend services until said youth reaches 23 years old.

Simply put, Illinois House Bill 1293 provides a potential continuation of services to youth currently in care until the age of 23. These services include case management, homemakers, counseling, parent education, day care, and emergency assistance and advocacy

(HB 1293, 2023). To assess and meet the needs of children and families, comprehensive family-based services, assessments, respite care, in-home health services, and transportation to such services may be available through the Department of Child and Family Services (DCFS). Currently, other than potential homelessness following the discontinuation of services, it is unclear under which circumstances deem a youth in care as incompetent; however, these benefits are only available to youth who have not reached self-sufficiency, as written in HB 1293.

A crucial part of extending these resources is funding. During the 2020 fiscal year, Illinois spent \$1,238,584,971 on child welfare services (Rosinsky, Fischer & Haas, 2023). This money is sourced from federal, state, and local funds. Federal funding for youth transitioning from foster care is allocated through sources such as the Title IV-E Foster Care Program and the John H. Chafee Foster Care Program for Successful Transition to Adulthood. Total expenditures toward child welfare services are distributed into six categories: preventative services, child protective services, out-of-home placements, adoption and guardianship, services and assistance for older youth, and other. According to information from Child Welfare Financing SFY 2020 (2023), Illinois focused 4% of its total expenditures toward services and assistance for older youth. Because of the extension of services for older youth it can be hypothesized that this percentage will increase.

Analysis

Illinois House Bill 1293 was amended in 2023; therefore, the impact of extending foster care to the age of 23 is currently unknown. However, in 2008, congress passed the Fostering Connections to Success and Increasing Adoptions Act, providing federal funding to states who decided to extend foster care from 18 to 21 years old. Illinois was among many states that extended foster care and received additional federal support to serve older youth in care. With

this being considered, presumed strengths and weaknesses of HB 1293 will be primarily drawn from data comparing youth who age out of foster care at 18 and 21, both in Illinois and nationally, to other states that extended foster care until the age of 23.

Strengths of Policy

Youth who are provided with an extension of child welfare services are seen to have a more opportune transition into adulthood. California was one of the first states in the United States to extend foster care until a youth reaches 21 years old. A study examining the impact of extended foster care on California's youth found that every additional year a youth spends receiving services greatly impacts an opportune transition into adulthood. The study found each year increases the probability of the youth completing high school by 8% and has a 5-12% increase in the probability of enrolling in college. Additionally, each year the number of quarters the youth was employed between their 21st and 23rd birthdays increased, which then increased the amount of money they had in their bank accounts by \$650. The final point made by the study was that each year increased the odds of youth feeling supported socially (Courtney, Okpych & Park, 2021). Furthermore, there were significant decreases in the odds of being food insecure, homeless or couch-surfing, and being arrested (Courtney, Okpych & Park, 2021). Under the assumption that Illinois has similar efficiency in their support of older youth in care as in California, it can be inferred HB 1293 will increase educational fulfillment, rates of employment, social support and decrease homelessness, food insecurity, and incarceration among youth who age out of care.

Weaknesses of Policy (Including Distributive Justice)

While this bill aims to support greater opportunities for youth who age out, there are significant hypothesized weaknesses as it pertains to the bill's efficacy. Focusing specifically on

the conditions of the Illinois house bill, the extension of child welfare services is only made available to youth in care who have not reached a state of *self-sufficiency*. Self-sufficiency is not clearly defined in HB 1293 and thus creates an issue of who is eligible for these continued services. Additionally, as it seems equitable to extend services to those in need (although *who* needs them is undefined), the adequacy of this assistance remains lacking. Results of the Midwest Evaluation of the Adult Functioning of Former Foster Youth (otherwise known as the Midwest Study) showed allowing individuals to remain in foster care delays the onset of homelessness but does not prevent it (Dworsky & Courtney, 2010). In addition to delaying, instead of preventing the onset of homelessness, extended care does not appear to positively influence other outcomes, including youths' physical and behavioral health and their likelihood of experiencing victimization (Courtney, Okpych & Park, 2021). Furthermore, the equality of the services being distributed remains of great concern. The extension of care is seen to benefit males more than females in regards to homelessness, but females more than males in regards to earnings between the ages of 21 and 23. However, overall the extension of foster care is seen to reap better consequences for youth who identify as White than their counterparts as it pertains to completing high school and college enrollment, food insecurity, and homelessness— especially African-American youth in care who benefit less than all other racial and ethnic groups (Courtney, Okpych & Park, 2021).

Policy Recommendations

Through trends and statistics of the previous extension of foster care and the basis of HB 1293, there are two primary recommendations that can be used to enhance the overall transition into adulthood for youth who age out of foster care.

Define Self-Sufficiency

Because self-sufficiency is not clearly defined in Illinois House Bill 1293, it is unclear who receives services through this extension of foster care. To improve the bill's efficacy, the self-sufficiency of older youth in care should be defined using multiple categories including but not limited to secure housing, mental and physical health, and job and/or educational security. The evaluation of these requirements should refer to the youth's current circumstances and the inferred outcomes of the youth after no longer receiving services. All should be outlined in the bill to create clear jurisdiction for those eligible for support until the age of 23. Additionally, instead of authorized personnel being solely in charge of the decision to extend services, it should be outlined in the bill that if a youth in care does not feel adequately prepared to transition into adulthood at the age of 21, they, themselves, can advocate for an extension of services.

Adjusting Service Planning for Youth in Care

To best support the transition into adulthood, there needs to be improved services accessible to all youth in care. Services that do not just delay the onset of adverse situations but prevent them altogether. If a youth is deemed eligible to receive an extension of services, those services should specifically target the categories the youth is insufficient in. For example, a youth who aspires to attend a university but is not on the "college track" should be networked with university and college resources to aid them in their endeavors. Moreover, a youth at risk of homelessness upon the discontinuation of services should receive support in creating a plan for when they officially age out, information regarding affordable housing locations, and assistance networking with those who can provide temporary housing relief if/when necessary. Finally, all individuals overseeing the cases of older youth in care should make *all* resources available regardless of the probability of an opportune outcome.

Conclusion

Youth in the child welfare system are more likely to experience an adverse transition into adulthood than youth in the general population. Without intentionality regarding the additional services, the extension of foster care will not be enough to counteract this reality. Currently, services are not meeting the needs of youth, making them feel lost, alone, and unimportant. To disrupt this and assure a healthier transition, there must be more guidance regarding expectations tied to this bill. The additional time will only be beneficial if there are effective services to complement it. For older youth, foster care services should prepare youth for a healthy and stable adjustment instead of maintaining them where they are. These recommendations will create more access, usage, and a stronger definition of those eligible for such resources.

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Appendix

Introduction to HB 1293

Amends the Children and Family Services Act. Redefines the term "children" to include persons under the age of 23 (rather than 21) who were committed to the Department of Children and Family Services pursuant to the Juvenile Court Act or the Juvenile Court Act of 1987 and who continue under the jurisdiction of the court. Requires the Department to provide or authorize child welfare services, aimed at assisting minors to achieve sustainable self-sufficiency as independent adults, for any minor eligible for the reinstatement to wardship pursuant to the Juvenile Court Act of 1987, whether or not such reinstatement is sought or allowed, provided that the minor consents to such services and has not yet attained the age of 23 (rather than 21). Makes conforming changes in the Juvenile Court Act of 1987, the Illinois Identification Card Act, and the Medical Assistance Article of the Illinois Public Aid Code.