Midwest Evaluation of the Adult Functioning of Former Foster Youth from Iowa: Outcomes at Age 21

Mark E. Courtney

Amy Dworsky

Gretchen Ruth

Judy Havlicek

Alfred Pérez

Tom Keller

Chapin Hall Center for Children at the University of Chicago

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Chapin Hall Center for Children at the University of Chicago
1313 East 60th Street
Chicago, IL 60637
773-753-5900 (phone)
773-753-5940 (fax)
www.chapinhall.org

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INTRODUCTION

For most young people, the transition to adulthood is a gradual process (Goldschieder & Goldscheider, 1999; Settersten, Furstenberg, & Rumbaut, 2005), and many continue to receive financial and emotional support from their parents well past age 18. Approximately 63 percent of young men and 51 percent of young women between 18 and 24 years old were living with one or both of their parents in 2001 (U.S. Census Bureau, 2001). Recent estimates also suggest that parents provide their young adult children with material assistance totaling approximately $38,000 between the ages of 18 and 34 (Schoeni & Ross, 2004).

A very different situation is faced by young people for whom the state has been their parent. Too old for the child welfare system, but often not yet ready to live as independent young adults, the approximately 24,000 foster youth who "age out" of care each year (U.S. Department of Health and Human Services, 2006) are expected to make it on their own long before the large majority of their peers.

The federal government has recognized the need to help prepare foster youth for this transition to adulthood since Title IV-E of the Social Security Act was amended in 1986 to create the Independent Living Program. For the first time, states received funds specifically intended to provide their foster youth with independent living services. Federal support for foster youth making the transition to adulthood was enhanced in 1999 with the creation of the John Chafee Foster Care Independence Program. This legislation doubled available funding to $140 million per year, expanded the age range deemed eligible for services, allowed states to use funds for a broader range of purposes (e.g., room and board), and granted states the option of extending

Medicaid coverage for youth who age out of foster care until age 21. Vouchers for post-secondary education and training have also been added to the range of federally funded services and supports potentially available to current and former foster youth making the transition to adulthood.

Currently, the entitlement to IV-E federal reimbursement is limited to foster children who are 18 years old or younger. In May 2007, United States Senator Barbara Boxer, a Democrat from the state of California, introduced S. 1512. This legislation would extend the IV-E entitlement to foster youth between the ages of 18 and 21, and represent a fundamental shift in government responsibility for supporting foster youth during the transition to adulthood.

Unfortunately, little solid empirical evidence exists to inform the ongoing development of social policy directed at supporting foster youth making this transition. The Midwest Evaluation of the Adult Functioning of Former Foster Youth (hereafter referred to as the "Midwest Study") was designed, in part, to help address this gap. It is the largest prospective study to examine the transition to adulthood among foster youth since the passage of the John Chafee Foster Care Independence Act in 1999.

Two earlier reports from the Midwest Study (Courtney et al., 2005; Courtney, Terao, & Bost, 2004) described what was learned from survey data collected from young people in Wisconsin, Iowa, and Illinois, first at the age of 17 or 18 and then again at age 19. A third report based on interviews conducted in 2006 described how these young people were faring when they were

21 years old (Courtney et al., 2007). This report is similar to that third report, except that it focuses exclusively on the young people from Iowa.

Like the previous reports, this report is meant to be descriptive. It provides information about the recent experiences of study participants across a wide range of domains. The report does not examine causal relationships between the outcomes they experienced and either individual characteristics or out-of-home care histories. Nor does it attempt to explain differences among study participants in the outcomes we observed. Our analysis of those causal relationships and the predictors of various outcomes is ongoing and will be the focus of future reports.

BACKGROUND AND OVERVIEW OF STUDY

The Midwest Study is a collaborative effort among the public child welfare agencies in the three participating states, Chapin Hall Center for Children at the University of Chicago, and the University of Wisconsin Survey Center. Its purpose is to provide states with the first comprehensive view of how former foster youth are faring as they transition to adulthood since the John Chafee Foster Care Independence Act of 1999 became law. Planning for this project began in early 2001 when the public child welfare agencies in Illinois, Iowa, and Wisconsin agreed to use some of their federal Chafee funds to study the outcomes for youth who age out of care. Chapin Hall Center for Children at the University of Chicago assumed primary responsibility for overseeing the project, constructing the survey instruments, analyzing the data, and preparing reports for the participating states. The University of Wisconsin Survey Center was contracted to conduct the in-person interviews.

Each state provided Chapin Hall with a list of 17-year-olds currently in care who had entered care prior to their 16th birthday and whose primary reason for placement was abuse and/or neglect. Iowa's list also included adjudicated delinquents. Youth with developmental disabilities or severe mental illness that made it impossible for them to participate in the initial interviews and youth who were incarcerated or in a psychiatric hospital were excluded from participation. Youth were also ineligible to participate if they had run away or were otherwise missing from their out-of-home care placement over the course of the field period for the initial interviews or if they were in a placement out of state. All of the Iowa and Wisconsin youth as well as two-thirds of the Illinois youth who fit the selection criteria were included in the sample. This resulted in a sample of 777 eligible youth, 83 of whom were from Iowa.

Baseline interviews were conducted with 80 of the Iowa youth between May 2002 and March 2003. That translates into a response rate of 96 percent. Among the reasons eligible youth were not interviewed were the care provider's refusal to participate, the youth's refusal to participate, or inability to make contact with the youth.[1] All of the youth were 17 or 18 years old when they were interviewed. They were asked about their education, employment, physical and mental health, social support, relationships with family, delinquency and contact with the criminal justice system, victimization, substance abuse, sexual behavior, foster care experiences, and receipt of independent living services.

Eighty-five percent, or 68, of these Iowa youth were re-interviewed between March and December 2004. Most of these youth (n = 65) were 19 years old. Unlike Illinois courts, which

[1] This sample included all of the foster youth who met the eligibility criteria in Iowa and Wisconsin but only two-thirds of the eligible foster youth in Illinois, which has a larger out-of-home care population. Appendix A provides state-specific information about the reasons youth were not interviewed.

allow foster youth to remain under the care and supervision of the state until their 21st birthday, courts in Iowa (and Wisconsin) generally discharge youth from care on their 18th birthday and almost never later than their 19th birthday. Thus, only two of the young adults in the Iowa sample were still in foster care at the time of their wave 2 interview. The second interview covered many of the same domains as the first but focused on the period since the baseline interview.

A third wave of survey data was collected between March 2006 and January 2007. Eighty-three percent, or 66, of the young adults from Iowa were re-interviewed over the course of those 11 months. Nearly all were 21 years old at the time, and none were still in foster care. Ninety-one percent (n = 60) of these young adults had been interviewed at age 19. The other 9 percent (n = 6) were last interviewed when the baseline data were collected.

This report describes what these 66 young adults told us about themselves and their experiences at age 21 across a variety of domains, including living arrangements, relationships with family of origin, social support, receipt of independent living services, education, employment, economic well-being, receipt of government benefits, physical and mental well-being, health and mental health service utilization, sexual behaviors, pregnancy, marriage and cohabitation, parenting, and criminal justice system involvement.

Because some of the questions dealt with sensitive topics that study participants might not have felt comfortable talking with the interviewer about, a portion of the survey was administered

using Audio Computer Aided Self Interviewing (ACASI).[2] Study participants listened to a recording of these questions through headphones and entered their responses into a computer. The use of this technology has been found to increase reporting of highly personal behaviors (Gribbleet al., 1999; Turner et al., 1998).

Throughout the report, we make two types of comparisons. First, we compare the outcomes of the 66 former foster youth in Iowa with the outcomes of a nationally representative sample of 21-year-olds from the National Longitudinal Study of Adolescent Health (henceforth referred to as "Add Health"). This federally funded study was designed to examine how social contexts (families, friends, peers, schools, neighborhoods, and communities) influence the health-related behaviors of adolescents. In-home interviews were completed with a nationally representative sample of students in grades 7 through 12 in 1994 and then again, with these same adolescents, in 1996. Study participants were interviewed a third time in 2001 and 2002, when they were 18 to 26 years old. The purpose of these interviews was to explore the relationship between adolescent health behaviors and young adult outcomes.

Comparisons between the two samples were made whenever our wave 3 survey instrument contained a question that had been taken directly from Add Health. The Add Health data used in the comparisons were collected during the third wave of interviews. Our comparison group includes the 744 young adults in the core sample who were 21 years old.

Although these Add Health comparisons provide a sense of how the former foster youth in the Midwest Study were faring during the transition to adulthood relative to a nationally

[2] Six of the young adults in the Iowa sample did not complete the ACASI portion of the interview because they were interviewed by telephone. They are missing data for all of the ACASI questions.

representative sample of their peers, they do have several limitations. First, the Add Health sample includes young adults from many different states, not just Wisconsin, Iowa, and Illinois. Second, the third wave of Add Health data were collected 4 to 5 years before the third wave of Midwest Study data; thus, policy or economic factors that affect the transition to adulthood may have changed. Third, the two samples were quite different demographically. For example, approximately three-quarters of the Add Health 21-year-olds identified themselves as white, compared with only one-third of the Midwest Study young adults. Similarly, given that approximately half the children in foster care are Title IV-E eligible (U.S. House of Representatives, 2004), it is probably safe to assume that the young adults in the Midwest Study were removed from families that were disproportionately poor and, hence, had a much lower socioeconomic background than the young adults in Add Health.

Second, we make comparisons between the 32 females and the 34 males in the Iowa sample and report where significant differences are found.

We tested whether any differences we observed were statistically significant. For categorical variables, we used chi-square as our test statistic, and for continuous variables, we used a *t*-statistic. All of the statistical tests were done using a significance level of $p < .05$. Unless otherwise noted, statistically significant differences are indicated by a single asterisk.

DEMOGRAPHIC CHARACTERISTICS

Table 1 shows the demographic characteristics of the 66 young adults who completed an interview at wave 3.[3] Nearly all of these young adults were 21 years old, and young men outnumbered young women. More than three-quarters of these young adults identified themselves as white.

Table 1. Demographic Characteristics of Iowa Sample Interviewed at Wave 3 (*N* = 66)

	#	%
Age		
21	63	95.5
22	3	4.5
Gender		
Male	34	51.5
Female	32	48.5
Race		
White	51	77.3
African American	3	4.5
Asian or Pacific Islander	1	1.5
Native American	1	1.5
Multiracial	10	15.2
Hispanic origin		
Yes	9	13.6
No	57	86.4

Table 2 compares the demographic characteristics of these 66 young adults with the demographic characteristics of the 80 Iowa foster youth who completed a baseline interview, None of the differences between the two samples was statistically significant.

[3] Unless otherwise noted, any discrepancies between the sample sizes reported in the tables and the overall sample size are due to missing data on particular survey items.

Table 2. Iowa Sample Interviewed and Not Interviewed at Wave 3

	Full Baseline Sample (N = 80)		Wave 3 Sample (N = 66)	
	#	%	#	%
Gender				
Female	38	47.5	32	48.5
Male	42	52.5	34	51.5
Race				
Caucasian	62	77.5	51	77.3
African American	4	5.0	3	4.5
Asian or Pacific Islander	1	1.3	1	1.5
Native American	1	1.3	1	1.5
Multiracial	12	15.0	10	15.2
Hispanic origin				
Hispanic	9	11.3	9	13.6
Non-Hispanic	71	88.8	57	86.4

TIME SINCE DISCHARGE FROM CARE

We used administrative data from the public child welfare agencies in each of the three states to determine when these young adults had exited foster care. On average, these young adults had been "out of care" for a mean of 36 months and a median of 38 months when they completed the wave 3 interview.

Table 3. Number of Months since Exiting Care at Time of Wave 3 Interview (N = 66)

	#	%
12 months or less	0	0.0
12 to 24 months	2	7.6
24 to 36 months	23	34.8
36 to 48 months	36	54.5
More than 48 months	2	3.0
Mean	36.0	
Median	37.8	

LIVING ARRANGEMENTS

The largest group of young adults in the Iowa sample was living in their "own place." In fact, these young adults were more likely to report living in their own place than young adults in Add Health. The two samples also differ in that the percentage living with their biological parents or other relatives was significantly higher among the Add Health young adults (44%) than among the young adults in the Iowa sample (15%).

Eight percent of the Iowa sample was incarcerated when they completed the wave 3 interview, and all but one of these incarcerated young adults were male. In fact, 11 percent of the males were incarcerated when the wave 3 data were collected compared with just 3 percent of the females.

Table 4. Current Living Arrangements: Iowa Former Foster Youth Compared with Add Health Young Adults

	Iowa (*N* = 66)		Add Health (*N* = 744)	
	#	%		
Own place	44	66.7	349	46.9
With biological parent(s)	5	7.6	305	41.0
With other relative	5	7.6	22	3.0
With nonrelative foster parent(s)	0	-	0	0.0
With spouse/partner	3	4.5	3	0.4
With a friend	2	3.0	9	1.2
Group quarters (e.g., dormitories, barracks)	1	1.5	50	6.7
Jail or prison	5	7.6		
Other	1	1.5	6	0.8
Missing	-	-	0	

A majority of the young adults in the Iowa sample had lived in at least three different places since exiting foster care, and more than one-third had lived in four or more.

Table 5. Number of Living Situations since Exiting Foster Care (*N* = 66)

	#	%
One[a]	17	27.9
Two	7	11.5
Three	15	24.6
Four	12	19.7
Five	6	9.8
Six	2	3.3
Seven	2	3.3
Missing	5	-

[a] Includes young adults who had stayed where they were living on their discharge date.

Although none of the former foster youth in the Iowa sample reported being homeless at the time of their wave 3 interview, just over one-quarter had been homeless at least once since exiting care. Unfortunately, homelessness was often not a one-time event. More than half of the ever homeless young adults had been homeless more than once.

Table 6. Homelessness since Exiting Foster Care (*N* = 61)

	#	%
Ever homeless since exiting	16	26.2
Number of times homeless		
1	7	46.7
2	2	13.3
3	2	13.3
4 or more	4	26.7
Missing	1	-
Length of longest homeless spell		
1 night	0	-
2 to 7 nights	9	60.0
8 to 30 nights	3	20.0
31 to 90 nights	3	20.0
More than 90 nights	0	-

RELATIONSHIPS WITH FAMILY OF ORIGIN

Despite the fact that these young adults had been removed from home after being maltreated by their parents or other caregivers, almost all had maintained at least some family ties and, in many cases, those ties were quite strong. Altogether, 89 percent reported feeling somewhat or

very close to at least one biological family member, and 70 percent reported feeling very close. They were most likely to report feeling close to siblings and least likely to report feeling close to their fathers.

Table 7. Closeness to Biological Family Members (*N* = 66)

	#	%
Biological mother		
Very close	17	25.8
Somewhat close	21	31.8
Not very close	8	12.1
Not at all close	9	13.6
Not living	7	10.6
Don't know if alive	4	6.1
Biological father		
Very close	7	10.6
Somewhat close	9	13.6
Not very close	5	7.6
Not at all close	20	30.3
Not living	11	16.7
Don't know if alive	14	21.2
Grandparents		
Very close	24	36.4
Somewhat close	12	18.2
Not very close	7	10.6
Not at all close	10	15.2
Not living	9	13.6
Don't know if alive	4	6.1
Siblings		
Very close	29	43.9
Somewhat close	18	27.3
Not very close	7	10.6
Not at all close	7	10.6
Not living	4	6.1
Don't know if alive	5	1.5
Close to any other relative	19	28.8
Aunt/uncle	15	78.9
Cousin	0	-
Other	4	21.1

Another measure of family ties is frequency of contact. Seventy-nine percent of these young adults reported having contact with one or more biological family members at least once a week. Contact was most frequent with siblings and least frequent with fathers, the same family members to whom they reported feeling the most and least close.

Table 8. Frequency of Contact with Biological Family Members (*N* = 66)

	#	%
Biological mother		
Every day	17	25.8
At least once a week but not every day	17	25.8
At least once a month but not once a week	8	12.1
At least once a year but not once a month	8	12.1
Less than once a year	2	3.0
Never	3	4.5
Not living	7	10.6
Don't know if alive	4	6.1
Biological father		
Every day	5	7.6
At least once a week but not every day	4	6.1
At least once a month but not once a week	6	9.1
At least once a year but not once a month	6	9.1
Less than once a year	3	4.5
Never	17	25.8
Not living	11	16.7
Don't know if alive	14	21.2
Grandparents		
Every day	11	16.7
At least once a week but not every day	12	18.2
At least once a month but not once a week	14	21.2
At least once a year but not once a month	9	13.6
Less than once a year	1	1.5
Never	6	9.1
Not living	9	13.6
Don't know if alive	4	6.1
Siblings		
Every day	16	24.2
At least once a week but not every day	19	28.8
At least once a month but not once a week	11	16.7
At least once a year but not once a month	5	7.6
Less than once a year	10	15.2
Never	4	6.1
Not living	1	1.5
Don't know if alive		
Other relative[a]		
Every day	8	42.1
At least once a week but not every day	5	26.3
At least once a month but not once a week	3	15.8
At least once a year but not once a month	3	15.8
Less than once a year	0	-
Never	0	-

[a]Among young adults who identified another relative to whom they felt close.

SOCIAL SUPPORT

Social support can play an important role during the transition to adulthood. However, relatively little is known about the availability of social support among young adults who have exited foster care. We measured perceptions of social support among young adults in the Midwest Study using the Medical Outcomes Study (MOS) Social Support Survey (Sherbourne & Stewart, 1991). This 19-item measure contains subscales for four types of social support: emotional/informational, tangible, positive social interaction, and affectionate. For each item, respondents are asked to rate how often a specific type of support is available to them using a 5-point scale that ranges from 1 = "none of the time" to 5 = "all of the time."

Table 9 shows mean scores for each of the four subscales as well as mean scores for each of the individual items.[4] The mean scores for affectionate support and positive social interaction were higher than the scores for emotional/informational support or tangible support. The mean score across all items was 4.2, indicating that the young adults in the Iowa sample perceived themselves as having social support most of the time to all the time.

Table 9. Perceived Social Support

	N	Mean	S.D.
Emotional/Informational Support			
Someone to listen to you when you need to talk	66	4.18	1.02
Someone to give you information to help you understand a situation	66	4.29	0.99
Someone to give you good advice about a crisis	66	4.14	1.01
Someone to confide in or talk to about yourself or your problems	66	4.33	0.93
Someone to give you advice you really want	66	4.02	1.12
Someone to share your most private worries and fears with	66	3.98	1.25
Someone to turn to for suggestions about how to deal with a personal problem	66	4.11	1.08
Someone who understands your problems	66	4.05	1.09
Emotional/Informational Scale Score	66	4.13	0.86

[4] The mean subscale score was imputed for missing subscale items to compute the total score.

Tangible Support Items			
Someone to help you if you were confined to a bed	66	3.97	1.20
Someone to take you to the doctor	65	4.26	1.05
Someone to prepare your meals if you were unable to do it yourself	66	4.21	1.22
Someone to help you with daily chores if you were sick	65	4.06	1.35
Tangible Support Scale Score	66	4.12	0.89
Positive Social Interaction Support Items			
Someone to have a good time with	66	4.53	0.79
Someone to get together with for relaxation	66	4.17	1.13
Someone to do something enjoyable with	66	4.41	0.84
Positive Social Interaction Scale Score	66	4.37	0.81
Affectionate Support Items			
Someone to show you love and affection	66	4.44	1.07
Someone to love and make you feel wanted	66	4.20	1.21
Someone who hugs you	66	4.47	0.98
Affectionate Support Scale Score	66	4.37	0.98
Total MOS Scale Score	66	4.20	0.77

We also asked these young adults about the adequacy of their social support network. In other words, did they have enough people to whom they could turn for different types of needs? The vast majority of the young adults in the Iowa sample reported that they had enough people to whom they could turn.

Table 10. Adequacy of Social Support Network (*N* = 66)

		Enough		Too few		No one	
	N	#	%	#	%	#	%
People to listen to you	66	59	89.4	6	9.1	1	1.5
People to help with favors	66	54	81.8	12	18.2	0	-
People to loan money	66	49	74.2	13	19.7	4	6.1
People to encourage goals	66	56	84.8	10	15.2	0	-

FOSTER CARE EXPERIENCES

We asked the young adults in the Iowa sample to look back on their experiences while in foster care. Almost three-quarters agreed that they were lucky to have been placed in foster care, and nearly as many reported feeling satisfied with their foster care experience.

Table 11. Feelings about Foster Care

	N	#	%
Feel lucky to have been placed in foster care	66		
Agree or agree strongly		49	74.2
Neither agree nor disagree		3	4.5
Disagree or disagree strongly		14	21.2
Satisfied with experience in foster care	66		
Agree or agree strongly		48	72.7
Neither agree nor disagree		4	6.1
Disagree or disagree strongly		14	21.2

Adoption is generally regarded as the most desirable permanency outcome for foster youth who cannot be reunified with their family. However, it was a relatively rare outcome among the young adults in the Iowa sample. Only 15 percent reported that they had been adopted. Another 24 percent wished that they had been.

The Adoption and Safe Families Act (ASFA) of 1997 requires state child welfare agencies to seek the termination of parental rights if a child has been in foster care for 15 of the most recent 22 months. There are also some exceptions to this requirement. These include if the child has been placed with kin, if there is a compelling reason to believe that termination would not be in the child's best interest, or if the parent has not been provided with the services called for in the reunification plan. All of the young adults in the Iowa sample had been in foster care for at least 15 months. This may explain why nearly half reported that their parents' rights had been terminated.

Table 12. Adoption and Termination of Parental Rights

	N	#	%
Adopted	66	10	15.2
Wanted to be adopted (if not adopted)	54	13	24.1
Biological parents' rights terminated	62		
Yes		31	47.0
No		31	47.0
Don't know		4	6.1

INDEPENDENT LIVING SERVICES

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

Table 13 shows the percentage of young adults in the Iowa sample who reported that they had received at least one service in a particular domain since their last interview. There was no domain in which even one-quarter of these young adults had received any services. Although they were most likely to report that they had received employment or vocational services, just over one-fifth reported receiving services in this domain. It is also worth noting that at least half the young adults who received services in four of these domains did so after exiting foster care.

Table 13. Receipt of Independent Living Services since Last Interview

	Received Any Service in Domain since Last Interview			Recipients Who Received Services after Discharge		
Service Domains	*N*	#	%	*N*	#	%
Education	66	13	19.7	13	3	23.1
Employment/vocational	66	14	21.2	14	7	50.0
Budget and financial Management	66	7	10.6	7	3	42.9
Housing	66	13	19.7	13	7	53.8
Health education	66	12	18.2	12	9	75.0
Youth development	66	6	9.1	6	3	50.0

Table 15 lists the specific independent living services the young adults were asked about as well as the percentage that reported receipt of each. In no case did even one-sixth of these young adults report receiving a specific service.

Table 15. Receipt of Specific Independent Living Services since Last Interview

	N	#	%
Education Services			
Career counseling	66	5	7.6
Study skills training	66	2	3.0
School to work support	64	2	3.1
GED preparation	66	3	4.5
SAT preparation	66	1	1.5
College application assistance	65	4	6.2
Financial aid/loan application assistance	65	4	6.2
Attend university/college fair	66	2	3.0
Employment/Vocational Services			
Vocational counseling	66	6	9.1
Resume writing workshop	66	6	9.1
Assistance identifying employers	66	5	7.6
Help with completing job applications	66	8	12.1
Help developing interviewing skills	66	9	13.6
Help with job referral/placement	66	6	9.1
Help with use of career resources library	66	5	7.6
Explanation of benefits coverage	66	7	10.6
Help securing work permits/Social Security card	65	3	4.6
Given an explanation of workplace values	66	3	4.5
Received an internship	66	2	3.0
Summer employment programs	66	1	1.5

Budget/Financial Management Services			
Money management courses	66	7	10.6
Assistance with tax returns	66	2	3.0
Training on use of a budget	66	5	7.6
Training on opening a checking/savings account	66	4	6.1
Training on balancing a checkbook	66	4	6.1
Developing consumer awareness	66	1	1.5
Accessing information on credit	66	2	3.0
Housing Services			
Assistance with finding an apartment	66	9	13.6
Help with completing apartment application	66	9	13.6
Learning about security deposits and utilities	66	10	15.2
Handling landlord complaints	66	9	13.6
Training on health and safety standards	66	7	10.6
Tenants' rights and responsibilities training	66	8	12.1
Meal planning and preparation training	66	10	15.2
Cleaning classes	66	6	9.1
Courses on home maintenance and repairs	66	5	7.6
Health Education Services			
Training on personal care needs (basic hygiene)	66	6	9.1
Training on nutritional needs	65	4	6.2
Training on health/fitness	66	6	9.1
Training on preventive and routine healthcare	66	6	9.1
Accessing health/dental insurance information	66	3	4.5
Courses on first aid	66	3	4.5
Maintaining personal health records	66	4	6.1
Information on birth control and family planning	66	9	13.6
Education on substance abuse	66	9	13.6
Youth Development Services			
Youth conferences	66	2	3.0
Youth leadership activities	66	5	7.6
Mentoring service	66	4	6.1

Because the goal of independent living services is to prepare current and former foster youth for the transition to adulthood, young adults in the Iowa sample were asked to rate the helpfulness of the services they received in each domain on a 4-point scale, where 1 = not at all helpful, and 4 = very helpful. In general, the young adults who received independent living services perceived these services as being somewhat to very helpful.

Table 16. Perceived Helpfulness of Independent Living Services

Service Domains	*N*	Not at all	Not very	Somewhat	Very	Mean	S.D.
		%					
Education	13	15.4	0.0	53.8	30.8	3.00	1.00
Employment/vocational	14	0.0	14.3	50.0	35.7	3.21	0.70
Budget and financial management	7	0.0	14.3	42.9	42.9	3.28	0.76
Housing	13	15.4	7.7	30.8	46.2	3.08	1.11
Health education	12	0.0	8.3	50.0	41.7	3.33	0.65
Youth development	6	16.7	0.0	16.7	66.7	3.33	1.21

We don't know why so many of the young adults in the Iowa sample did not receive independent living services. One possibility is that services were available but the young adults did not perceive a need. Another is that they needed services but access was a problem. Consistent with the latter, just over one-quarter of these young adults reported that there was "training or assistance that would have helped [them] learn to live on [their] own that [they] did not receive."

Regardless of their service receipt, young adults in the Iowa sample reported feeling not very to somewhat prepared for self-sufficiency when they exited foster care. By the time they were interviewed, they generally reported feeling somewhat to very prepared. Their sense of preparedness varied by domain. They reported feeling most prepared to meet their health needs and least prepared to achieve their educational goals.

Table 17. Perceived Preparedness for Self-Sufficiency

	N	Not at all	Not very	Somewhat	Very	Mean	S.D.
		%					
Prepared to achieve educational goals	66	13.6	10.6	43.9	31.8	2.94	0.99
Prepared for employment	66	1.5	4.5	39.4	54.5	3.47	0.66
Prepared to manage budget and finances	66	7.6	12.1	36.4	43.9	3.17	0.66
Prepared to secure housing	66	0.0	7.6	37.9	54.5	3.47	0.92
Prepared to manage health needs	66	0.0	1.5	28.8	69.7	3.68	0.50
Prepared for self-sufficiency at exit	66	13.6	24.2	31.8	30.3	2.79	1.03
Prepared for self-sufficiency at interview	66	0.0	3.0	28.8	68.2	3.65	0.54

EDUCATION

Consistent with previous studies that have found low levels of educational attainment among former foster youth during the transition to adulthood (Barth, 1990; Cook et al., 1991; Courtney et al., 2001; Festinger, 1983), relatively few of the young adults in the Iowa sample had more than a high school diploma or GED. In fact, the former foster youth were less than one-fourth as likely as their Add Health counterparts to have attended college.

Table 18. Highest Completed Grade: Iowa Former Foster Youth Compared with Add Health Young Adults

	Iowa (N = 66)		Add Health (N = 744)		*P*
	#	%	#	%	
No high school diploma or GED	8	12.1	80	10.8	
High school diploma only	41	62.1	221	29.7	*
GED only	9	13.6	49	6.6	*
One or more years of college, but no degree	8	12.1	320	43.0	*
2-year college degree	-		60	8.1	
4-year college degree	-		13	1.7	
Graduate school	-		1	0.1	

Young women in the Iowa sample were much more likely than young men to have completed at least some college.

Table 19. Highest Completed Grade by Gender

	Males (n = 34)		Females (n = 32)		*P*
	#	%	#	%	
No high school diploma or GED	3	8.8	5	15.6	
High school diploma only	24	70.6	17	53.1	
GED only	6	17.6	3	9.4	
One or more years of college, but no degree	1	2.9	7	21.9	*
2-year college degree	-		-		

A similar picture emerges when current enrollment is examined. The former foster youth were three times less likely to be enrolled in an educational program than young adults in Add

Health. With regard to those who were enrolled, young adults in the Iowa sample were more likely to be enrolled in a 2-year college but less likely to be enrolled in a 4-year college than their Add Health counterparts.

Table 20. Current School Enrollment: Iowa Former Foster Youth Compared with Add Health Young Adults

	Iowa (*N* = 66)		Add Health (*N* = 744)		*P*
	#	%	#	%	
Currently enrolled in school	9	13.6	328	44.1	*
Full-time	6	9.1	269	36.2	
Part-time	3	4.5	59	7.9	
Not enrolled	57	86.4	415	55.8	
Missing	-		1	-	
Type of School or Program					
High school	0	-	5	1.5	*
GED program	-		-	-	
2-year college	6	66.7	82	25.2	*
4-year college	3	33.3	232	71.2	*
Graduate school	-	-	7	2.1	
Total	9		326	-	
Missing	-		2	-	

Young women in the Iowa sample were more than twice as likely as young men to be enrolled in school, although relatively few young adults of either gender were enrolled.

Table 21. Current School Enrollment by Gender

	Male (*n* = 34)		Female (*n* = 32)		*P*
	#	%	#	%	
Currently Enrolled	3	8.8	6	18.8	
Full-time	3	8.8	3	9.4	
Part-time	0	-	3	9.4	
Not enrolled	31	91.2	26	81.3	
Type of School or Program					
Enrolled in 2-year college	1	33.3	5	83.3	
Enrolled in 4-year college	2	66.7	1	16.7	

More than three-quarters of the young adults who were enrolled in a 2- or 4- year college reported that they had a scholarship to help them pay for school. The two next most commonly cited sources of funding for college were earnings from employment and student loans.

Table 22. Funding for College among Respondents Enrolled in a 2-or 4-Year School (*N* = 117)

	#	%
Scholarship	7	77.8
Partner/spouse	0	-
Birth parent/relative	0	-
Foster or adoptive parent	1	11.5
Loans	6	33.3
Employment	3	33.3
Savings	1	11.1
Independent living funds	0	-
Other	1	11.1

One-quarter of the young adults who were not currently enrolled in school reported that they had been enrolled at some point since their last interview. Nearly two-thirds of these young adults had been enrolled in a 2-year college, and more than half reported graduating from the program they had been in. Thirty percent of the young adults who were not currently enrolled reported that at least one barrier was preventing them from continuing their education. By far, the most common barrier they reported was not having money to pay for school.

Table 23. Enrollment since Last Interview and Barriers to Enrollment (*N* = 66)

	#	%
Currently enrolled	9	13.6
Enrolled since last interview, but not currently enrolled	14	24.6
Not enrolled since last interview	43	61.8
Missing	9	-
Type of School/Program Previously Enrolled In		
High school	2	14.3
GED program	3	21.4
2-year college	9	64.3
4-year college	0	-
Reasons Not Enrolled		
Graduated	31	54.4
Could not afford	6	10.5
Lost interest	5	8.8
Became employed	2	3.5
Became a parent	2	3.5
Other	11	19.3
Total	57	-
Missing	9	-
Any barrier to continuing education	17	29.8
Biggest barrier to continuing education		
Could not pay	12	70.6
Need to care for child(ren)	2	11.8
No transportation	3	17.6
Other	17	-

Twenty-one percent of these young adults had received some job training since their last interview, including 9 percent who were currently enrolled in a job training program. Less than one-third of those who had previously received training had obtained a license or certificate.

Table 24. Vocational/Job Training (*N* = 66)

	#	%
Currently receiving job training	6	9.1
Not currently receiving training, but received training since last interview	8	12.1
Certificate or license completed, if received job training	4	28.6

EMPLOYMENT AND EARNINGS

All but one of the young adults in the Iowa sample reported that they had ever held a job, and more than 90 percent reported that they had worked at some point since their last interview. However, just over 60 percent of these young adults and two-thirds of those who were not incarcerated were currently employed. This is comparable to the 64 percent of Add Health young adults who were currently working.

Table 25. Employment: Iowa Former Foster Youth Compared with Add Health Young Adults

	Iowa (N = 66)		Add Health (N = 744)		p
	#	%	#	%	
Ever held a job	65	98.5	721	96.9	
Ever worked since last interview	60	90.9			
Currently employed	40	60.6	473	63.9	
Currently employed (nonincarcerated only)	40	65.6	473	63.9	

There were no statistically significant gender differences in current or former employment.

Table 26. Employment by Gender

	Males N = 34		Females N = 32	
	#	%	#	%
Ever held a job	34	100.0	31	96.9
Ever worked since last interview	31	91.2	29	90.6
Currently employed	21	61.8	19	59.4
Currently employed (nonincarcerated)	21	70.0	19	61.3

Young adults who were currently employed reported working a mean of 38.2 and a median of 40 hours per week. Their mean and median hourly wages were $9.86 and $7.90, respectively. There was very little difference between the young adults in the Iowa sample and their Add Health counterparts in terms of the number of hours they worked or the wages they were paid.

Table 27. Hours Worked per Week and Hourly Wages at Current Job: Iowa Former Foster Youth Compared with Add Health Young Adults

	Iowa (n = 40)		Add Health[a] (n = 472)		
	#	%	#	%	*P*
Hours worked per week					
Less than 20 hours	1	2.5	58	12.3	
20-35 hours	16	40.0	167	35.4	
40 hours	14	35.0	150	31.7	
More than 40 hours	9	22.5	97	20.6	
Missing	-		-		
Mean	38.2		35.2	-	
Median	40.0		40.0		
Hourly wages					
Less than $5.15	1	2.7	11	2.9	
$5.15 to $5.99	5	13.5	11	2.9	
$6.00 to $6.99	5	13.5	33	8.8	
$7.00 to $7.99	8	21.6	74	19.8	
$8.00 to $8.99	5	13.5	42	11.3	
$9.00 to $9.99	4	10.8	47	12.6	
$10.00 to $10.99	-	-	33	8.8	
$11.00 to $11.99	-	-	43	11.5	
$12.00 or more	9	24.3	79	21.9	
Missing	2	-	4		
Mean	9.86	-	9.99	-	*
Median	7.9	-	9.12	-	

[a] Because the third wave of Add Health data was collected in 2001-2002, the hourly wages were adjusted for inflation using the CPI. The values shown are in real 2006 dollars.

Although there were no gender differences in the likelihood of being employed, young women who were employed worked fewer hours and were paid less for each hour they worked, on average, than employed young men. However, only the latter difference was statistically significant.

Table 28. Hours Worked per Week and Hourly Wages at Current Job by Gender

	Males (n = 21)		Females (n = 19)		
	#	%	#	%	*P*
Hours worked per week					
Less than 20 hours	1	4.8	0	-	
20 to 35 hours	6	28.6	9	47.4	
36 to 40 hours	8	38.1	7	36.8	
More than 40 hours	6	28.6	3	15.8	
Mean	39.4		36.8		
Median	40.0		36.0		
Hourly wages	#	%	#	%	
Less than $5.15	0	5.3	1	5.3	
$5.15 to $5.99	3	16.7	2	10.5	
$6.00 to $6.99	1	5.6	4	21.1	
$7.00 to $7.99	1	5.6	7	36.8	
$8.00 to $8.99	2	11.2	3	15.8	
$9.00 to $9.99	3	16.7	1	5.3	
$10.00 to $10.99	0	-	0	-	
$11.00 to $11.99	0	-	0	-	
$12.00 or more	8	44.8	1	5.3	
Missing	2				
Mean	12.70	-	7.20	-	*
Median	9.00	-	7.50	-	

A majority of the young adults in the Iowa sample who were currently employed received at least one of the seven employer-provided benefits listed in Table 29. Half of their employers provided paid vacation days, and just under half provided medical and dental insurance.

Table 29. Benefits Provided by Current Employer (n = 40)

	#	%	Missing
Health insurance	19	47.5	-
Dental insurance	19	47.5	-
Retirement fund	17	44.7	2
Paid vacation days	20	50.0	-
Paid sick days	18	45.0	-
Childcare	7	17.9	1
Maternity leave	14	36.8	2
Provided with at least one	25	62.5	-

More than three-quarters of the young adults who were not currently employed reported that they were physically able to work, and three-quarters of those able to work reported wanting to do so. More than half of the young adults who reported wanting to work had actively looked for a job during the past 4 weeks.

Table 30. Employability and Job Search Activities (*n* = 26)

	#	%
Ability to work		
Able to work	20	76.9
Not able to work due to a disability	2	7.7
Not able to work due to another reason	4	15.5
Want to work (if able to work)	15	75.0
Actively sought work during the past 4 weeks	8	53.3
Job search activities during the past 4 weeks		
Contacted employers	5	62.5
Contacted employment agency	4	50.0
Solicited help from friends	6	75.7
Contacted school employment center	8	100.0
Sent resume	2	25.0
Completed job application	6	75.0
Responded to a help-wanted sign	6	75.0
Job interview	3	37.5
Attended job training	8	100.0
Other	8	100.0

INCOME

Although more than three-quarters of these young adults reported having any income from employment during the past year, their earnings were very low. Median earnings among those who had been employed were just $11,158, compared with $12,728 among their employed Add Health peers.

Table 31. Income from Employment during the Past Year: Iowa Former Foster Youth Compared with Add Health Young Adults

	Iowa			Add Health [b]			*p*
	N	#	%	*N*	#	%	
Any income from employment during the past year	62	53	80.3	740	642	86.8	
Amount of income from employment (if any)[a]	53			616			
$5,000 or less		24	48.0		175	28.5	
$5,001 to $10,000		7	14.0		147	23.9	
$10,001 to $25,000		11	22.0		218	35.4	
$25,001 to $50,000		8	16.0		68	11.1	
More than $50,000		0	0.0		7	1.1	
Missing	3				26		
Mean		$11,158			$12,728		
Standard Deviation		$11,725			$16,511		
Median		$7,500			$9,120		

[a] Midpoint of categories was used in the calculation of means, medians, and standard deviations if an income range rather than a specific value was reported.
[b] Because the third wave of Add Health data was collected in 2001 and 2002, earnings were adjusted for inflation using the CPI. The values shown are in 2006 real dollars.

Many of these young adults reported income from sources other than their own employment, including family and friends. This suggests that at least some of these young adults relied on informal income sources to help them "get by." Nearly all of those who were married reported income from their spouse's employment, but only a small percentage of the sample had a spouse. Relatively few of the young parents who were living with their child(ren) reported receiving any child support.

Table 32. Income from Other Sources during the Past Year

	N	#	%
Any income from spouse's employment past year[a]	10	9	90.0
Any income from child support during the past year[b]	14	1	7.1
Any income from EITC during the past year[c]	13	4	30.8
Reason did not receive EITC	9		
Not eligible		4	44.4
Not aware		4	44.4
Other		1	11.1
Received money from a family member	66	15	24.2
Received money from a friend	66	10	16.1
Received money from a social service agency	66	1	1.6

[a] Limited to young adults who were currently married.
[b] Limited to young adults who were living with at least one child.
[c] Limited to young adults who had earnings from their own or their spouse/partner's employment and were living with a child.

Asset accumulation is an important part of becoming a self-sufficient adult. This may be especially true for youth aging out of foster care, who are less likely than other young adults to have families on whom they can depend for financial support in times of need. More than two-thirds of the young adults in the Iowa sample had a checking or savings account. Although this is lower than the percentage of their Add Health peers who reported having an account, the difference was not statistically significant.

Table 33. Asset Accumulation: Iowa Former Foster Youth Compared with Add Health Young Adults

	Iowa			Add Health		
	N	#	%	*N*	#	%
Any savings/checking account	62	45	68.2	741	598	80.7
Owns a residence	62	7	10.6	741	67	9.0
Owns a vehicle*	62	35	53.0	742	542	73.0

Not only did many of the young adults in the Iowa sample lack assets, but a significant minority also had outstanding debts. Nearly 10 percent (n = 6) had borrowed at least $200

from family or friends since their last interview, and all but one of these young adults (n = 5) still owed at least some of the money that they borrowed. Almost two-thirds (n = 38) reported having "other" debt, excluding student, auto, and real estate loans.

ECONOMIC HARDSHIPS

The precarious economic situation of these young adults was further reflected in the material hardships they reported. More than one-quarter reported experiencing at least one of the five material hardships listed in Table 34 during the past year. They were also much more likely to experience any hardships than young adults in Add Health.

Table 34. Economic Hardships during the Past Year: Iowa Former Foster Youth Compared with Add Health Young Adults

	Iowa			Add Health		
	N	#	%	*N*	#	%
(1) Not enough money to pay rent*	62	10	16.1	734	63	8.6
(2) Not enough money to pay utility bill	62	7	11.3	736	80	10.9
(3) Gas or electricity shut off	62	3	4.8	737	45	6.1
(4) Phone service disconnected[a]	62	13	21.0	740	141	19.1
(5) Evicted*	62	3	4.8	738	10	1.4
At least one hardship	66	18	27.3	741	204	27.5
Mean number of hardships*		1.88			0.46	

[a] Add Health asked if without phone service for any reason.

Another indicator of economic hardship is food insecurity. Table 35 shows the frequency of affirmative responses to a series of questions taken from the USDA's measure of food insecurity (Bickel et al., 2000), as well as one additional question about household food consumption. Six of these items (shown in boldface) were used to compute a food security composite score for each young adult. This 6-item measure was developed by researchers at the National Center for Health Statistics in collaboration with Abt Associates, Inc. (Blumberg

et al., 1999). Based on their number of affirmative responses to these items, 29 percent of these young adults would be categorized as having low or very low food security.

Table 35. Food Insecurity

	N	#	%
Sometimes or often not enough food to eat	62	8	12.9
Got food or borrowed money for food from friends or family	62	15	24.2
Put off paying bill to buy food	62	11	17.7
Received emergency food	62	10	16.1
Received a meal from a soup kitchen	62	5	8.1
Cut size of meals because you could not afford more	62	12	19.4
Cut size of meals because you could not afford more almost every month	12	4	33.3
Did not eat for a whole day because there was not enough money for food	62	7	11.3
Did not eat as much as you should because you did not have enough money for food	62	13	21.0
Hungry but didn't eat because could not afford food	62	12	19.4
Lost weight because didn't have enough food	62	10	16.1
Sometimes or often worried about running out of food	62	24	38.7
Sometimes or often food didn't last and could not afford more	62	22	35.5
Sometimes or often could not afford to eat balanced meals	62	15	24.2
Food security categorization based on 6-item measure (items in boldface)			
High food security (0 affirmative responses)		40	64.5
Marginal food security (1 affirmative responses)		4	6.5
Low food security (2 to 4 affirmative responses)		8	12.9
Very low food security (5 or 6 affirmative responses)		10	16.2

RECEIPT OF GOVERNMENT BENEFITS

In addition to any services they may have received from the child welfare system, many of the young adults in the Iowa sample have relied on government benefits to help support themselves. Over 30 percent reported receiving food stamps and one-quarter reported receiving SSI since the last interview. The only statistically significant gender difference in benefit receipt was that males were more likely to have received housing assistance.

Table 36. Receipt of Government Benefits since Last Interview by Gender

	Females			Males		
	N	#	%	*n*	#	%
Unemployment insurance	31	1	3.2	31	5	16.1
Supplemental Security Income (SSI)	31	9	29.0	31	6	19.4
Food stamps	31	12	38.7	31	7	22.6
Public housing/rental assistance*	31	1	3.2	31	6	19.4
TANF[a]	9	2	22.2	5	0	0.0
WIC[b]	8	7	87.5			

[a]Parents living with at least one child.
[b]Female parents living with at least one child.

There were no statistically significant gender differences in current benefit receipt.

Table 37. Current Receipt of Government Benefits by Gender

	Females			Males		
	N	#	%	*n*	#	%
Unemployment insurance	31	1	3.2	31	0	0.0
Supplemental Security Income (SSI)	31	8	25.8	31	6	19.4
Food stamps	31	7	22.6	31	4	12.9
Public housing/rental assistance	31	1	3.2	31	3	9.7
TANF[a]	9	2	22.2	5	0	0.0
WIC[b]	8	6	75.0			

[a]Parents living with at least one child.
[b]Female parents living with at least one child.

Young adults in the Iowa sample were asked about benefit receipt since their last interview, whereas young adults in Add Health were asked about benefit receipt during the past year. For this reason, we limit our comparisons to the current receipt of benefits. Females in the Iowa sample were more likely than their Add Health counterparts to be current food stamp and TANF recipients, but there were no statistically significant differences between the two groups of males. The difference in TANF receipt is particularly noteworthy given that Iowa's average

monthly TANF caseload declined substantially between 2001-2002, when the Add Health interviews were conducted, and 2006, when Iowa young adults were interviewed.[5]

Table 38. Current Receipt of Government Benefits by Gender: Iowa Former Foster Youth Compared with Add Health Young Adults

	Iowa				Add Health			
	Females		Males		Females		Males	
	#	%	#	%	#	%	#	%
Food stamps (B)	7	22.6	4	12.9	25	6.3	0	0.0
TANF[a] (B)	2	22.2	0	0.0	7	7.5	0	0.0

[a]Parents living with at least one child.
A = statistically significant difference between Iowa and Add Health males.
B = statistically significant difference between Iowa and Add Health females.

PHYSICAL HEALTH AND ACCESS TO HEALTHCARE SERVICES

Young adults in the Iowa sample were asked a series of questions about their physical well-being. The vast majority described their health as good to excellent and indicated that they had no chronic health conditions. Nevertheless, they were more than twice as likely as their Add Health counterparts to identify themselves as having a disability.

Nearly 40 percent of the young adults in the Iowa sample reported two or more emergency room visits during the past year, but the vast majority had not been hospitalized. Overall, the largest percentage of hospitalizations was pregnancy-related. However, if the hospitalizations of males and females are examined separately, illness accounts for the largest percentage of hospitalizations among the young men (40%).

[5] Iowa's average monthly TANF caseload fell 20 percent between calendar year 2001 and calendar year 2006 (U.S. Department of Health and Human Services, 2007).

Table 39. Health Status at Age 21: Iowa Former Foster Youth Compared with Add Health Young Adults

	Iowa (*N* = 66)		Add Health (*N* = 744)	
	#	%	#	%
Description of general health				
Excellent	22	33.3	262	35.2
Very good	17	25.8	292	39.2
Good	20	30.3	158	21.2
Fair	6	9.1	30	4.0
Poor	1	1.5	2	0.3
Any chronic medical conditions				
Yes	10	15.2		
No	56	84.8		
Health conditions or disability limits daily activities[a]*				
Yes	7	10.6	35	4.7
No	59	89.4	709	95.3
Number of ER visits during the past year[b]				
0	29	43.9		
1	10	15.2		
2 or 3	17	25.8		
4 or more	9	13.6		
Missing	1	1.5		
Number of hospitalizations during the past year[b]				
0	54	81.8		
1	9	13.6		
2 or more	3	4.5		
Reason for most recent hospitalization (*n* = 12)				
Illness	2	16.7		
Injury or accident	2	16.7		
Alcohol or other drug problem	0	0.0		
Emotional or mental health problem	2	16.7		
Pregnancy-related	3	25.0		
Other	3	25.0		

[a]Add Health question asked whether any health conditions limited ability to engage in moderate activities.
[b]Add Health question asked about ER visits and hospitalization during the past 5 years.

We also asked the young adults in the Iowa sample about their ability to access healthcare services. Just over half reported that they currently had medical insurance, and even fewer had insurance for dental care. In both cases, most of those who were insured were covered by Medicaid. A majority of these young adults reported having had a routine physical exam

sometime during the past year, but fewer than half had had a dental exam. Relatively few of these young adults reported that they had not received medical or dental care when they thought they needed it during the past year. Costing too much and not having insurance were the main reasons cited for not receiving care.[6]

Young adults in the Iowa sample were less likely to have health insurance than their Add Health peers. Moreover, most of the young adults in the Iowa sample who had health insurance were covered by Medicaid, whereas most of their Add Health peers who had health insurance were covered by their parent's insurance or an employer-provided plan. Interestingly, despite being more likely to have health insurance, young adults in Add Health were more likely to report that there had been a time during the past year when they did not receive needed medical care.

[6] We only asked about current insurance coverage. As a result, young adults who currently had insurance could still cite lack of insurance as a reason for not receiving care during the past year.

Table 40. Insurance Coverage and Access to Healthcare: Iowa Former Foster Youth Compared with Add Health Young Adults

	Iowa			Add Health		
	N	#	%	*N*	#	%
Has medical insurance*	66	34	51.5	739	562	76.0
Source of medical insurance						
Parent's insurance		1	2.9		272	48.4
Spouse's insurance		1	2.9		23	4.1
Employer-provided insurance		11	32.4		170	30.2
School-provided insurance		1	2.9		14	2.5
Purchase own private insurance		1	2.9		8	1.4
Medicaid or medical assistance		19	55.9		55	9.8
Other		0	0.0		25	3.6
Last physical exam	66			732		
Less than a year ago		40	60.6		477	65.2
1 to 2 years ago		11	16.7		103	14.1
More than 2 years ago		15	22.7		152	20.8
Did not receive needed medical care	66	9	13.6	743	179	24.1
Reason(s) did not receive medical care	9					
Didn't know where to go		2	22.2			
Cost too much		6	66.7			
No transportation		2	22.2			
Hours were inconvenient		2	22.2			
Would lose pay for missing work		3	33.3			
No insurance		5	55.6			
Other		1	11.1			
Has dental insurance	66	29	43.9			
Source of dental insurance	29					
Parent's insurance		1	3.4			
Spouse's insurance		2	6.9			
Employer-provided insurance		8	27.6			
School-provided insurance		1	3.4			
Purchase own private insurance		0	0.0			
Medicaid or medical assistance		17	58.6			
Other		0	0.0			
Last dental exam*	66			744		
Less than a year ago		32	48.5		423	56.9
1 to 2 years ago		13	19.7		321	43.1
More than 2 years ago		21	31.8			
Did not receive needed dental care	66	6	9.1			
Reason(s) did not receive dental care	6					
Didn't know where to go		0	0.0			
Cost too much		3	50.0			
No transportation		0	0.0			
Hours were inconvenient		0	0.0			
Would lose pay for missing work		0	0.0			
No insurance		2	33.3			
Other		2	33.3			

MENTAL HEALTH AND UTILIZATION OF MENTAL HEALTH SERVICES

We asked the young adults in the Iowa sample about their utilization of mental and behavioral healthcare services since the last time they were interviewed. One-fifth had received counseling compared with just 7 percent of their Add Health peers, and one-fifth had received psychotropic medication. A much smaller percentage had received treatment for substance abuse. In this respect, they were not very different from young adults in Add Health.

Table 41. Mental and Behavioral Healthcare Services Utilization: Iowa Former Foster Youth Compared with Add Health Young Adults

	Iowa			Add Health			*P*
	N	#	%	*N*	#	%	
Received psychological or emotional counseling	66	13	19.7	743	54	7.3	*
Attended substance abuse treatment program	66	3	4.5	744	17	2.3	
Received medication for emotional problems	66	13	19.7				
Ever hospitalized for mental health problems	66	8	12.1				
Timing of most recent hospitalization	8						
Within the past 3 months		-					
4 to 6 months ago		3	37.5				
7 to 9 months ago		-					
10 to 12 months ago		1	12.5				
More than 1 but less than 2 years ago		-					
At least 2 years ago		4	50.0				

Of course, mental and behavioral healthcare service utilization does not necessarily reflect mental and behavioral healthcare service needs. Indeed, one might expect the risk of developing mental health or substance use problems to be especially high among young adults making the transition from foster care to independent living, particularly if they do not have adequate social supports after their discharge (Courtney & Hughes Heuring, 2005; Pecora et al., 2003; Pecora et al., 2005).

We assessed both mental health and substance use problems among the young adults in the Iowa sample using the 12-month version of the Composite International Diagnostic Interview (CIDI; World Health Organization, 1998). The CIDI is a highly structured interview, designed for use by nonclinicians, which generates psychiatric diagnoses according to the criteria listed in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., 1994) *(DSM-IV).*

Table 42 shows the percentage of young adults in the Iowa sample who met the criteria for various mental health or substance use disorders during the 12 months prior to their wave 3 interview.[7] Results are reported separately for males and females. Young men were more than three times as likely to have an alcohol or other drug diagnosis as their female counterparts. Only two young adults in the Iowa sample were diagnosed with an affective disorder, and both were female.

Table 42. 12-Month CIDI Diagnoses by Gender

	Male (n = 34)		Female (n = 32)		p
	#	%	#	%	
Alcohol dependence	5	14.7	2	6.3	
Alcohol abuse	7	20.6	1	3.1	*
Any alcohol diagnosis	12	35.3	3	9.4	*
Other drug dependence	1	2.9	0	-	
Other drug abuse	2	5.9	0	-	
Any other drug diagnosis	3	8.8	0	-	
Any alcohol or other drug diagnosis	13	38.2	3	9.4	*
Post-traumatic stress disorder (PTSD)[a]	0	-	1	3.3	
Major depression	0	-	1	3.1	
Dysthymia	0	-	0	-	
Generalized anxiety disorder	0	-	0	-	
Any mental health disorder	0	-	2	6.9	

[a] PTSD diagnosis was indeterminate for 11 females and 10 males due to missing data.

[7] The percentages are lower than the percentages reported in Courtney et al. (2004) and Courtney et al. (2005). However, the latter were based on the lifetime version of the CIDI, not the 12-month version that was used at wave 3.

SEXUAL BEHAVIORS

The young adults in the Iowa sample were asked a series of questions about their sexual orientation (Table 43) and sexual behaviors (Table 44), including questions related to sexuality, "safe" sex practices, and high-risk behaviors. Very few identified themselves as something other than mostly or exclusively heterosexual.

Table 43. Self-Reported Sexual Orientation

	Male (*n* = 35)		Female (*n* = 31)	
	#	%	#	%
100% heterosexual	28	93.3	19	70.4
Mostly heterosexual	2	6.7	6	22.2
Bisexual	0	-	0	-
Mostly homosexual	0	-	1	3.7
100% homosexual	0	-	0	-
Not sexually attracted to males or females	0	-	0	-
Don't know	0	-	1	3.7
Missing	5		4	

Nearly all of the young adults in the Iowa sample had ever had sexual intercourse, and nearly as many had had sexual intercourse during the past year. A majority of both the young men and the young women who had sexual intercourse during the past year reported using contraception all or most of the time, but less than half reported using condoms that frequently. There were no gender differences in any of the risky sexual behaviors we examined, in part because very few of these young adults reported engaging in those behaviors.

Table 44. Self-Reported Sexual Behaviors by Gender

	Males			Females			*p*
	n	#	%	*n*	#	%	
Ever had sexual intercourse	30	29	96.7	27	26	92.9	
Had sexual intercourse during past year	27	23	85.2	24	18	75.0	
Used birth control most recent sexual intercourse	23	15	65.2	18	11	61.1	
Used birth control all/most of the time past year	23	15	65.2	18	10	55.6	
Used a condom most recent sexual intercourse	23	9	39.1	18	8	44.0	
Used condoms all or most of the time past year	23	9	39.1	18	7	38.9	
Any sexual partner had an STD past year	20	1	5.0	15	0	-	
Ever paid by someone to have sex	29	1	3.4	26	0	-	
Ever paid someone to have sex	29	0	-	26	0	-	
Ever had sex with injection drug user	29	0	-	26	0	-	

There were no statistically significant differences in the sexual behaviors reported by either the females or males in the Iowa sample and their Add Health counterparts.

Table 45. Self-Reported Sexual Behavior of Females: Iowa Former Foster Youth Compared with Add Health Young Adults

	Iowa			Add Health			*p*
	n	#	%	*N*	#	%	
Ever had sexual intercourse	27	26	92.9	390	341	87.4	
Had sexual intercourse past year	24	18	75.0	387	321	82.9	
Used birth control most recent sexual intercourse	18	11	61.1	319	219	68.7	
Used birth control all/most of the time past year	18	10	55.6	318	223	70.1	
Used a condom most recent sexual intercourse	18	8	44.0	319	123	38.6	
Used condoms all or most of the time past year	18	7	38.9	320	121	37.8	
Any sexual partner had an STD past year	15	0	-	311	31	10.0	
Ever paid by someone to have sex	26	0	-	393	6	1.5	
Ever paid someone to have sex	26	0	-	392	3	.8	
Ever had sex with injection drug user	26	0	-	390	9	2.3	

Table 46. Self-Reported Sexual Behavior of Males: Iowa Former Foster Youth Compared with Add Health Young Adults

	Iowa			Add Health			*p*
	n	#	%	*N*	#	%	
Ever had sexual intercourse	30	29	96.7	343	298	86.9	
Had sexual intercourse past year	27	23	85.2	340	276	81.2	
Used birth control most recent sexual intercourse	23	15	65.2	272	182	66.9	
Used birth control all or most of the time past year	23	15	65.2	272	185	68.0	
Used a condom most recent sexual intercourse	23	9	39.1	274	129	47.1	
Used condoms all or most of the time past year	23	9	39.1	276	127	46.0	
Any sexual partner had an STD past year	20	1	5.0	267	20	7.5	
Ever paid by someone to have sex	29	1	3.4	346	18	5.2	
Ever paid someone to have sex	29	0	-	345	16	4.6	
Ever had sex with injection drug user	29	0	-	342	7	2.0	

Young adults in the two samples were also quite similar with respect to the median age at which they first had sexual intercourse, as well as the number of sexual partners they had had.

Table 47. Median Age at First Sexual Intercourse and Number of Sexual Partners by Gender: Iowa Former Foster Youth Compared with Add Health Young Adults

	Iowa				Add Health			
	Male		Female		Male		Female	
	n	Md	*n*	Md	*N*	Md	*N*	Md
Age at first intercourse	28	16.0	22	16.0	297	16.0	342	16.0
Number of lifetime sexual partners	25	6.0	17	4.0	296	5.0	338	3.0
Number of sexual partners past year (if sexually active past year)	25	2.0	22	1.0	277	2.0	322	1.0

PREGNANCY

Nearly two-thirds of the young women in the Iowa sample had ever been pregnant, and more than half had been pregnant since their most recent interview. Repeat pregnancies were more the rule than the exception among those who had ever been pregnant. By comparison, only one-third of the Add Health females had ever been pregnant, and a majority of those females had been pregnant only once.

Table 48. Young Women's Experiences with Pregnancy: Iowa Former Foster Youth Compared with Add Health Young Adults

	Iowa			Add Health			
	N	#	%	*N*	#	%	*P*
Ever pregnant[a]	22	14	63.6	396	134	33.8	*
Total number of pregnancies	13			134			
One		6	46.2		74	55.2	
Two or more		7	53.8		60	44.8	
Pregnant since the last interview	24	13	54.2				
Number of pregnancies since last interview	12						
One		9	75.0				
Two or more		3	25.0				

[a] Iowa figures based on the responses of the young women who answered the pregnancy questions each time they were interviewed

A large majority of young women in the Iowa sample who had been pregnant since their last interview had received prenatal care during their most recent pregnancy, and almost all of those who received prenatal care did so in their first trimester. Even more concerning, nearly 60 percent of these young women wanted to become pregnant, and fewer than one-quarter were using birth control around the time that they conceived. Almost half of these young women were still pregnant when they were interviewed; most of the other pregnancies had resulted in a live birth.

The young women in the Iowa sample were less likely to be using contraception around the time they became pregnant and were more likely to have wanted to become pregnant than their Add Health counterparts.

Table 49. Characteristics of Most Recent Pregnancy: Females in Iowa Compared with Females in Add Health

	Iowa (*n* = 13)			Add Health (*n* = 134)			
	n	#	%	*n*	#	%	*P*
Received prenatal care	13	12	92.3	131	107	81.7	
Trimester first received prenatal care	11			90			
First		10	90.9		77	85.6	
Second		1	9.1		9	10.0	
Third		-	-		4	4.4	
Using birth control at time of conception*	12	3	25.0	131	52	39.7	
Wanted to get pregnant by partner[a]*	12	7	58.3	130	59	45.4	
Married at time of conception[b]	10	2	20.0				
Outcome of pregnancy	11			134			
Still pregnant		6	46.2		21	15.7	
Live birth		6	46.2		81	60.5	
Stillbirth or miscarriage		1	7.7		16	11.9	
Abortion		0	0.0		16	11.9	

[a]Includes females who responded "definitely or probably yes."
[b]Add Health asked the young women if they were married at the time they gave birth.

Nearly half of the young men in the Iowa sample reported that they had ever gotten a female pregnant compared with just 19 percent of the males in Add Health, and just over one-third of the young men in the Iowa sample had gotten a female pregnant since their most recent interview.

Table 50. Young Men's Experiences with Pregnancy: Iowa Former Foster Youth Compared with Add Health Young Adults

	Iowa Study			Add Health			
	N	#	%	*N*	#	%	*p*
Any female partner became pregnant	29	14	48.3	349	67	19.2	*
Number who became pregnant	14						
1		14	100.0				
2		0	-				
3 or more		0	-				
Any female partner became pregnant since last interview	29	10	34.5				
Number who became pregnant	10						
1		10	100.0				
2		0	-				
3 or more		0	-				

All but one of the young men who had gotten a female pregnant since their last interview reported that the female whom they had gotten pregnant most recently had received prenatal care, and a majority of those females received prenatal care during their first trimester. A majority of the pregnancies had resulted in a live birth. Only one-fifth of the young men who had gotten a female pregnant reported that they and their female partner had been using birth control around the time she conceived, and 30 percent had wanted their female partner to become pregnant.

Table 51. Characteristics of Most Recent Pregnancy: Males in Iowa Compared with Males in Add Health

	Iowa (n = 10)			Add Health (n = 67)			
	N	#	%	*n*	#	%	*P*
Impregnated girl received prenatal care	10	9	90.0	60	48	80.0	
Trimester first received care	9						
First		5	55.6				
Second		1	11.1				
Third		3	33.3				
Using birth control at time of conception	10	2	20.0	64	27	42.2	
Wanted partner to get pregnant	10	3	30.0	64	28	43.8	
Married to partner at time of conception	10	1	10.0				
Outcome of pregnancy	10						
Still pregnant		1	10.0		8	12.1	
Live birth		8	80.0		37	56.1	
Stillbirth or miscarriage		1	10.0		8	12.1	
Abortion		0	-		13	19.7	
Missing	-				1		

Young adults in the Iowa sample were also asked about pregnancy prevention. Although their responses varied depending on the wording of question, less than one-quarter of the females and even fewer males reported that they had received either family planning services or information about birth control since their last interview.

Table 52. Receipt of Family Planning Services and Birth Control Information since Last Interview

	Males			Females		
	N	#	%	*N*	#	%
Received family planning services	34	1	2.9	32	4	12.5
Received information about birth control	34	4	11.7	32	5	15.6
Either	34	5	14.7	32	7	21.9

MARRIAGE, COHABITATION, AND RELATIONSHIPS

Over one-half of the young women and 40 percent of the young men in the Iowa sample were either married or cohabiting (i.e., living with a partner in a marriagelike relationship). They were more likely to be married or cohabiting than their Add Health counterparts, largely because they were about twice as likely to be cohabiting.

Table 53. Marriage and Cohabitation by Gender: Iowa Former Foster Youth Compared with Add Health Young Adults

	Iowa				Add Health			
	Male *N* = 34		Female *n* = 32		Male *n* = 347		Female *n* = 396	
	#	%	#	%	#	%	#	%
Ever married	4	11.8	7	21.9	35	10.1	71	17.9
Currently married	4	11.8	7	21.9	30	8.6	64	16.2
Currently living with spouse	3	8.8	6	18.8	28	8.1	60	15.2
Currently cohabiting (BC)	9	26.4	11	34.4	47	13.5	66	16.7
Either married or cohabiting (BC)	13	38.2	18	56.3	77	22.2	129	32.7
Very important to marry someday (if never married)	15	50.0	14	56.0	150	48.1	182	56.0

A = statistically significant difference between Iowa males and females.
B = statistically significant difference between Iowa and Add Health males.
C = statistically significant difference between Iowa and Add Health females.

Approximately 40 percent of both the young women and young men in the Iowa sample who were neither married nor cohabiting were involved in some type of relationship. Half of those females and more than three-quarters of those males were dating one partner exclusively.

Table 54. Other Intimate Partner Relationships by Gender

	Males *n* = 21		Females *n* = 14	
	#	%	#	%
Currently involved in a relationship	9	42.9	6	42.9
Type of relationship				
Dating exclusively	7	77.8	3	50.0
Dating frequently	0	-	1	16.7
Dating once in a while	2	22.2	2	33.3
Only having sex	0	-	0	-
Missing	0	-	0	-

CHILDREN AND PARENTING

Over one-third of the young women and nearly one-third of the young men in the Iowa sample had at least one living child at age 21. Most of these young women and more than half of these young men reported that one or more of their children were living with them. Conversely, nearly half of these young men but less than one-fifth of these young women reported that one or more of their children were living somewhere else.

Both male and female young adults in the Iowa sample were more likely to have at least one living child than their Add Health counterparts. However, Add Health males and females were more likely to be living with one or more of their children if they had at least one. They were also less likely to have one or more children living somewhere else.

Table 55. Parenthood by Gender: Iowa Former Foster Youth Compared with Add Health Young Adults

	Iowa[a]				Add Health			
	Male		Female		Male		Female	
	#	%	#	%	#	%	#	%
At least one living child (BC)	11	32.4	12	37.5	40	11.5	93	23.5
Living with any children (ABC)	5	55.5	9	81.8	26	65.0	93	100
Any nonresident children (ABC)	4	44.4	2	18.2	3	11.5	1	1.1

A = statistically significant difference between Iowa males and females.
B = statistically significant difference between Iowa and Add Health males.
C = statistically significant difference between Iowa and Add Health females.
[a]Data on where children were living were missing for two male parents and one female parent.

Three-quarters of the young women and all the young men in the Iowa sample who had at least one living child had only one. Although there was no gender difference in the number of children that they had, among those who had children, the young women had more of their own children living with them.

Table 56. Number of Children and Resident Children by Gender

	Males		Females	
	#	%	#	%
Number of children				
1	11	100.0	9	75.0
2	-		3	25.0
3 or more	-		-	
Mean number of children	1.0		1.25	
Number of "resident" children[a]				
0	4	45.5	2	18.2
1	5	54.5	7	63.6
2	0	-	2	18.2
3 or more	-	-	-	
Mean number of resident children*	0.55		1.00	

[a]Data on where children were living were missing for two male parents and one female parent.

Nearly half of the young men but just over one-quarter of the young women who had at least one living child reported that one or more of their children were not living with them.

Table 57. Current Living Circumstances and Frequency of Visits with Nonresident Children during the Past Year

	Male		Female	
	#	%	#	%
At least one nonresident child[a]	4	44.4	2	18.2
Has at least one nonresident child living with				
Child's other parent	2	50.0	0	-
Maternal grandparents or other maternal relatives	1	25.0	1	50.0
Paternal grandparents or other paternal relatives	0	-	0	-
Adoptive parents	1	25.0	1	50.0
Foster parents		25.0	0	-
Has at least one nonresident child who they visited				
Never	2	50.0	1	50.0
Less than once a month	1	25.0	0	-
Once a month	0	-	0	-
Two or three times a month	1	25.0	0	-
Once a week	0	-	1	50.0
Every day	0	-	0	-

[a]Data on where children were living were missing for two male parents and one female parent.

Only one of the young adults in the Iowa sample who had at least one child reported that a child had health problems or disabilities.

Table 58. Child Well-being by Gender

		Male			Female	
	N	#	%	*N*	#	%
At least one living child	34	11	34.3	32	12	35.5
One or more resident children	9	5	54.5	11	9	81.8
Any child fair or poor health	10	1	9.1	11	0	-
Any resident child fair or poor health	5	0	-	9	0	-
Any child learning disability	9	0	-	11	0	-
Any resident child learning disability	5	0	-	9	0	-
Any child disability limits activities	9	0	-	11	0	-
Any resident child disability limits activities	5	0	-	9	0	-

We asked the young parents in the Iowa sample who were working or in school a number of questions about childcare. Most reported using informal childcare providers, and a majority reported no difficulties finding childcare. Although none of these young parents was receiving childcare assistance, many were not paying anything "out-of-pocket," probably because the child's/children's other parent or a grandparent was providing care.

Table 59. Childcare among Parents Working or in School (*n* = 7)

	#	%
Childcare provider while working or going to school		
Other parent	2	33.3
Grandparent	2	33.3
Other relative	-	
Neighbor or babysitter	-	
Day-care center, nursery school, or pre-K	1	16.7
Other	1	16.7
Missing	1	
Difficulty of finding someone to care for child(ren) while working or going to school		
Very difficult	1	20.0
Somewhat difficult	1	20.0
Not at all difficult	3	60.0
Missing	2	-
Times missed work or school during the past 6 months due to lack of childcare		
Never	5	100.0
Once or twice	-	
Three or more times	-	
Missing	2	-
Times changed childcare providers during the past 6 months		
Never	6	100
Once or twice	-	
Three or more times	-	
Missing	1	-
Currently receiving childcare assistance from government agency	0	-
Usual weekly out-of-pocket cost for childcare (not counting any childcare assistance)		
$0	3	60.0
$1 - $50	0	-
$51 - $100	1	20.0
More than $100	1	20.0

More than half of the young parents in the Iowa sample identified their biological mother or another relative as both a source of information about parenting and as someone who had taught them how to be a good parent. Others identified their foster mother. No statistically significant gender differences in receipt of information about parenting were found.

Table 60. Information about Parenting (*N* = 21)

	#	%
Received information about parenting from		
Biological mother	7	35.0
Biological father	1	5.0
Foster mother	4	20.0
Foster father	1	5.0
Grandparent	2	10.0
Other relative	2	10.0
Friend	3	15.0
Social worker/caseworker	-	
Book/parenting magazine	-	
Parenting class	-	
Other	-	
Missing [a]	1	-
Learned how to be a good parent from		
Biological mother	6	33.3
Biological father	2	11.1
Foster mother	4	22.2
Foster father	1	5.6
Grandparent	2	11.1
Other relative	-	
Friend	-	
Social worker/caseworker	-	
Book/parenting magazine	-	
Parenting class	-	
Other	3	16.7
Missing [a]		

[a] Data were missing for an additional 15 females and 3 males who did not complete the ACASI portion of the interview, which included some of the questions about parenting.

We asked young parents in the Iowa sample a series of nine questions designed to measure their level of parenting stress.[8] For each question, parents indicate how frequently their child causes them to feel a particular way, using a 5-point scale that ranged from 1 = "not at all" to 5 = "very true." Parents who had more than one child living with them were instructed to think about the eldest. A parenting stress score was constructed by summing the responses to these questions and taking the mean. The scale exhibited good reliability (alpha = .72), meaning that all the items seem to be measuring the same underlying construct.

In general, these young parents were not experiencing high levels of parenting stress. Their mean score on the scale was 1.37 out of a possible 5, with 5 corresponding to high levels of stress. A majority responded "not at all" to eight of the nine items. Nevertheless, most also acknowledged that being a parent was harder than they had expected. There was no difference in mean scores on the parenting stress scale between the young women (mean = 1.45) and the young men (mean = 1.11).

[8] This scale has been used in studies of other low-income parents (Bos, Polit, & Quint, 1997; Courtney et al., 2005; Dworsky et al., 2007; Huston et al., 2003).

Table 61. Parenting Stress

	N	#	%
Feel I am giving up my life to meet my child's needs	12		
Not at all true		9	75.0
Moderately or a little true		1	8.3
Mostly or very true		2	16.7
Feel trapped by my responsibilities as a parent	12		
Not at all true		10	83.3
Moderately or a little true		2	16.7
Mostly or very true			
Taking care of my child is more work than pleasure	12		
Not at all true		10	83.3
Moderately or a little true		2	16.7
Mostly or very true		-	
Child seems much harder to care for than most	12		
Not at all true		11	91.7
Moderately or a little true		1	8.3
Mostly or very true			
Child does things that really bother me a lot	12		
Not at all true		6	50.0
Moderately or a little true		6	50.0
Mostly or very true			
Sometimes lose patience with child	12		
Not at all true		11	91.7
Moderately or a little true		1	8.3
Mostly or very true			
Often feel angry with my child	12		
Not at all true		12	100.0
Moderately or a little true			
Mostly or very true			
Being a parent is harder than expected	12		
Not at all true		4	33.3
Moderately or a little true		6	50.0
Mostly or very true		2	16.7
Child has been a lot of trouble to raise	12		
Not at all true		11	91.7
Moderately or a little true		1	8.3
Mostly or very true			
Mean	1.37		

We also administered the revised Child Parent Conflict Tactics Scale (Strauss et al., 1998). This widely used measure has been used to assess the extent to which parents use various

modes of discipline (i.e., nonviolent discipline, psychological aggression, minor physical assault, severe physical assault, and very severe physical assault) with their children. Parents are asked to rate how frequently they have taken each of 22 specific actions to discipline their child during the past year using a 7-point scale that ranges from 0 = "never" to 6 = "more than 20 times."

Table 62 shows the percentage of young parents in the Iowa sample who reported taking a specific action to discipline their child during the past year, as well as the number of times they took that action if they took it at least once.[9] These young parents were most likely to report using nonviolent modes of discipline, as well as "shouting, screaming, or yelling" and spanking with a bare hand. However, the percentages were consistently higher for the young women than for the young men. Very few of these young parents reported using the more severe types of physical discipline.

[9] The seven categories were never, once, twice, 3 to 5 times, 6 to 10 times, 11 to 20 times, and more than 20 times. As recommended by Strauss et al. (1998), medians were calculated using the midpoint of the category for categories 4 through 6 and using 25 for the last category.

Table 62. Disciplinary Actions Taken during the Past 12 Months by Gender

		Male			Female		
	n	#	%	N	#	%	*P*
Nonviolent Discipline							
Explained why something was wrong*	9	1	11.1	10	7	70.0	*
Put child in a time-out or sent child to room*	10	1	10.0	11	8	72.7	*
Took away privileges or grounded child	10	0	0.0	11	4	36.4	
Gave child something else to do*	9	1	11.1	11	8	72.7	*
Psychological Aggression							
Threatened to spank or hit child but didn't do it	10	0	-	11	3	27.3	*
Shouted, screamed, or yelled at child	10	1	10.0	11	5	45.5	*
Swore or cursed at child	10	0	-	11	0	-	
Called child dumb or lazy or some other name	10	0	-	11	0	-	
Threatened to send child away or kick him or her out of the house	10	0	-	11	0	-	
Minor Physical Assault							
Spanked child on the bottom with a bare hand	10	1	10.0	11	4	36.4	
Hit child on the bottom with a belt or hard object	10	0	-	11	1	10.0	
Slapped child on the hand, arm, or leg	10	0	-	11	1	10.0	
Pinched child	10	0	-	11	0	-	
Shook child (if child > 2 years old)							
Severe Physical Assault							
Slapped child on the face, head, or ears	10	0	-	11	0	-	
Hit child somewhere other than on the bottom with a belt or hard object	10	0	-	11	0	-	
Threw or knocked child down	10	0	-	11	0	-	
Hit child with a fist or kicked the child hard	10	0	-	11	0	-	
Very Severe Physical Assault							
Beat child over and over	10	0	-	11	0	-	
Grabbed child around the neck and choked him or her	10	0	-	11	0	-	
Burned or scalded child on purpose	10	0	-	11	0	-	
Threatened child with a knife or gun	10	0	-	11	0	-	
Shook child (if child < 2 years old)	10	0		11	0		

The revised Child Parent Conflict Tactics Scale also includes five items designed to measure parental neglect. Parents use the same 7-point scale to rate how frequently they engaged in a particular neglectful behavior. Only one of the parents in the Iowa sample had engaged in any of these behaviors according to the self-reports.

Table 63. Neglectful Parent Behaviors by Gender

	Male			Female			*P*
	N	#	%	*N*	#	%	
Neglect							
Left child home alone even when some adult should be with him or her	10	0	-	11	0	-	
Not able to show or tell child you loved him or her due to being so caught up with own problems	10	0	-	11	1	9.1	
Not able to make sure child was fed	10	0	-	11	0	-	
Not able to make sure child got to a doctor or hospital	10	0	-	11	0	-	
Problem taking care of child due to being drunk or high	10	0	-	11	0	-	

CRIMINAL BEHAVIOR AND CRIMINAL JUSTICE SYSTEM INVOLVEMENT

We asked the young adults in the Iowa sample a series of questions about their engagement in criminal behaviors during the past 12 months and then compared their responses to the behaviors reported by the nationally representative sample of young adults who participated in Add Health. In general, males in both samples were more likely to report engaging in these behaviors than females. Young men in the Iowa sample were most likely to report having belonged to a gang, having stolen something worth less than $50, or selling drugs; young women were most likely to report belonging to a gang or damaging someone's property. There were no statistically significant differences between the young men or young women in the Iowa sample and their Add Health counterparts with respect to the criminal behaviors they reported.

Table 64. Self-Reported Criminal Behavior by Gender: Iowa Compared with Add Health

	Males				*P*	Females				*P*
	Iowa (n = 28)[a]		Add Health (n = 347)			Iowa (n = 27)[a]		Add Health (n = 396)		
	#	%	#	%		#	%	#	%	
Deliberately damaged someone's property	3	10.7	52	15.0		2	7.4	21	5.3	
Stole something worth < $50	4	14.3	41	11.8				18	4.5	
Entered a house or building to steal something	1	3.7	7	2.0		1	3.7	3	.8	
Used or threatened to use a weapon to get something from someone	1	3.6	10	2.9		0	0	3	.8	
Sold marijuana or other drugs	4	14.3	44	12.7				16	4.0	
Stole something worth > $50	2	7.1	13	3.7		1	3.7	9	2.3	
Took part in a fight involving one group against another	5	17.9	74	21.3		0	0	16	4.1	
Bought, sold, or held stolen property	3	10.7	25	7.2		0	0	4	1.0	
Used someone's credit card or bank card without their permission or knowledge	0	0	8	2.3		0	0	3	.8	
Deliberately wrote a bad check	2	7.1	15	4.3		1	3.7	17	4.3	
Used a weapon in a fight	1	3.6	12	3.5		0	0	6	1.5	
Carried a handgun to school or work	0	0	9	2.6		0	0	2	.5	
Ever belonged to a named gang	4	14.3	52	15.0		2	7.4	55	13.9	
Own a handgun	2	7.1	59	17.0		0	0	15	3.8	
Became so injured in a fight that medical treatment was required	1	3.6	26	7.5		0	0	7	1.8	
Hurt someone so badly in a fight that medical treatment was required	3	10.7	51	14.7		0	0	8	2.0	
Pulled a knife or gun on someone	1	3.6	8	2.3		0	0	2	.5	
Shot or stabbed someone	0	0	2	.6		0	0	1	.3	

[a] Data were missing for the six young men and five young women in the Iowa sample who were currently incarcerated and/or did not complete the ACASI portion of the interview.

Though not all criminal behavior results in criminal justice system involvement, young adults in the Iowa sample reported a fairly high level of involvement with the criminal justice system since their most recent interview. Twenty-seven percent reported being arrested, 17 percent reported being convicted of a crime, and 24 percent reported being incarcerated. However, criminal justice involvement was higher among the young men.

We asked those who were arrested, convicted, or incarcerated whether this was the result of a violent crime, a property crime, or a drug-related crime. The response categories were neither mutually exclusive nor exhaustive. For example, a young adult could report being arrested for more than one type of crime or, alternatively, could report that the crime they were arrested for did not fall into any of the three categories. A fairly large percentage of the criminal justice system involvement these young adults reported was for other reasons, such as probation violations or traffic-related offenses.[10] There were no significant gender differences with respect to the types of crimes that led to their involvement.

Table 65. Self-Report of Arrest, Conviction, and Incarceration since Last Interview

	Males (n = 34)[a]		Females (n = 32)[a]		Total (n = 66)[a]		p
	#	%	#	%	#	%	
Arrested since last interview[bc]	13	43.3	3	10.7	16	27.6	*
Arrested for violent crime	1	8.3	0	-	1	6.3	
Arrested for property crime	4	33.3	2	50.0	6	40.0	
Arrested for drug-related crime	4	33.3	1	33.3	5	33.3	
Convicted of a crime since last interview[b]	8	25.8	2	7.1	10	16.9	
Convicted of violent crime	1	14.3	0	-	1	10.0	
Convicted of property crime	2	28.6	2	100.0	4	40.0	
Convicted of drug-related crime	1	14.3	1	50.0	2	20.0	
Spent at least one night in jail, prison, other correctional facility since last interview[b]	12	38.7	3	10.7	15	25.4	*
Incarcerated for violent crime	4	36.4	0	-	4	26.7	
Incarcerated for property crime	5	45.5	2	66.7	7	46.7	
Incarcerated for drug-related crime	1	9.1	1	33.3	2	13.3	

[a] Data were missing for the three young men and four young women in the Iowa sample who did not complete the ACASI portion of the interview and who were not currently incarcerated.
[b] Although one incarcerated young man did not complete the ACASI portion of the interview, we coded him as having been arrested, convicted, and incarcerated since his most recent interview.
[c] Data were missing for one young man in the Iowa sample for the question regarding arrest since last interview.

[10] In fact, preliminary analysis of official arrest data suggests that many arrests are for traffic-related offenses or probation violations.

Although there were few differences between young adults in the Iowa sample and their Add Health counterparts with respect to self-reported criminal behaviors, both males and females in the Iowa sample reported significantly higher levels of criminal justice system involvement than males and females in Add Health. In fact, *females* in the Iowa sample were significantly more likely than *males* in Add Health to report ever being arrested (56% vs. 20%), ever being convicted (36% vs. 12.1%), and being arrested as an adult (24.0% vs. 7.5%).

Table 66. Self-Reported Arrests and Convictions by Gender: Iowa Former Foster Youth Compared with Add Health Young Adults

	Males					*p*	Females					*p*
	Iowa			Add Health (*n* = 348)			Iowa			Add Health (*n* = 396)		
	N	#	%	#	%				%	#	%	
Ever arrested[ab]	20	10	50	70	20.1	*	24	13	54.2	17	4.3	*
Arrested since age 18[abc]	20	8	40	26	7.5	*	22	5	22.7	2	0.5	*
Ever convicted[ab]	19	8	42.1	42	12.1	*	22	8	36.4	5	1.3	*
Convicted since age 18[abc]	19	5	26.3	36	10.3		21	2	9.5	5	1.3	*

[a] Data on "arrested ever" were missing for three young women, on "arrested since age 18" for one young man and three young women, on "convicted ever" for one young man and four young women, and on "convicted since age 18" for one young man and four young women who completed the ACASI portion of the interview.
[b] Although one incarcerated young man did not complete the ACASI portion of the interview, we coded him as having been arrested and having been convicted since his most recent interview.
[c] The Add Health figures reflect arrests and convictions since age 18, whereas the Iowa figures include arrests and convictions since the wave 1 interview, when 83 percent of the respondents were still 17.

VICTIMIZATION

Young adults in the Iowa sample were asked two sets of questions about victimization they may have experienced since their last interview. The first set of questions focused on violent crime. Generally speaking, the young adults in the Iowa sample reported similar rates of victimization as their counterparts in Add Health.

Table 67. Self-Report of Victimization by Gender: Iowa Former Foster Youth Compared with Add Health Young Adults

	Males					Females				
	Iowa (n = 30)[a]		Add Health (n = 348)		p	Iowa (n = 28)[a]		Add Health (n = 396)		p
	#	%	#	%		#	%	#	%	
Saw someone being shot or stabbed	0	0	33	9.5		0	0.0	11	2.8	
Someone pulled a knife on you	1	3.3	36	10.3		0	0.0	9	2.3	
Someone pulled a gun on you	2	6.7	26	7.5		1	3.6	9	2.3	
Shot by someone	0	0.0	2	.6		0	0.0	2	.5	
Cut or stabbed by someone	1	3.3	4	1.1		0	0.0	3	.8	
Beaten up with nothing stolen	4	13.8	14	4.0	*	2	7.1	11	2.8	
Beaten up and belongings stolen	0	0.0	5	1.4		0	0.0	3	.8	

[a]Data were missing for the four young men and four young women who did not complete the ACASI portion of the interview.

The second set of questions dealt with sexual victimization. Seven items adapted from the Lifetime Experiences Questionnaire (Rose, Abramson, & Kaupie, 2000) were used. Each item describes a specific way in which someone could be sexually victimized. Young adults in the Iowa sample were asked if they had experienced each type of sexual victimization since their last interview. There was little difference in the incidence of sexual victimization between the young women and the young men. Ten percent of the young men and 7 percent of the young women reported that they had experienced at least one of the seven types of sexual victimization about which they were asked since their last interview.

Table 68. Sexual Victimization

	Females			Males			
	N	#	%	*N*	#	%	*p*
Male inserted sexual body part inside private sexual part, anus, or mouth when not desired	28	1	3.6	30	2	6.7	
Individual inserted fingers or objects inside private parts or anus when not desired	28	0	0.0	30	1	3.3	
Individual put their mouth on private parts when not desired	28	0	0.0	30	1	3.3	
Individual touched private sexual parts when not desired	28	0	0.0	30	2	6.7	
Coerced to touch an individual's private sexual parts	28	1	3.6	30	0	0.0	
Individual touched other private sexual parts when not desired	28	1	3.6	30	1	3.3	
Female put private sexual part inside her body when not desired				30	0	0.0	
Experienced any of the above	28	2	7.2	30	3	10.0	

[a] Data were missing for the four young men and four young women who did not complete the ACASI portion of the interview.

CIVIC PARTICIPATION

We asked the young adults in the Iowa sample a series of questions about their civic participation that young adults in the Add Health had also been asked. The two groups were similar with respect to their participation in unpaid volunteer or community service work during the past 12 months. Although a higher percentage of the Add Health young adults were registered to vote and a higher percentage of the young adults in the Iowa sample reported voting in the last election, neither of these differences was statistically significant. Very few young adults in either sample had contributed money to a political party or candidate, contacted a government official, or attended a political rally.

Table 69. Civic Participation during Past 12 Months: Iowa Former Foster Youth Compared with Add Health Young Adults

	Iowa (N = 66)		Add Health (N = 744)		p
	#	%	#	%	
Performed unpaid volunteer or community service	17	25.8	217	29.2	
Type of service performed:					
Youth organizations (e.g., Scouts)	4	23.5	59	27.3	
Service organizations (e.g., Big Brothers)	1	5.9	29	13.4	
Political clubs or organizations	1	5.9	17	7.8	
Ethnic-support groups (e.g., NAACP)	2	11.8	11	5.1	
Church groups	4	23.5	73	33.6	
Community centers	5	29.4	65	30.0	
Social action groups	2	11.8	37	17.1	
Educational organizations	2	11.8	63	29.0	
Environmental groups (e.g., Sierra Club)	1	5.9	18	8.3	
Registered to vote	45	68.2	550	73.9	
Voted in 2004 presidential election	24	53.3	309	41.5	
Contributed money to political party or candidate	2	3.0	12	1.6	
Contacted government official	4	6.1	20	2.7	
Attended a political rally or march	3	4.5	23	3.1	

Young adults in the Iowa sample were also asked about their political beliefs. Compared with their Add Health counterparts, young adults in the Iowa sample were no more or less likely to report trusting the government. They were more likely than their Add Health counterparts to be uncertain or ambivalent about their political ideology or party identification.

Table 70. Political Beliefs and Identification: Iowa Former Foster Youth Compared with Add Health Young Adults

	Iowa (*N* = 66)		Add Health (*N* = 744)		*P*
	#	%	#	%	
Strongly agree or agree:					
I trust the federal government	32	49.2	439	45.6	
I trust my state government	37	56.1	371	49.8	
I trust my local government	36	54.5	356	47.9	
Political ideology					
Very conservative	1	1.5	21	2.8	
Conservative	9	13.6	114	15.3	
Middle-of-the-road	22	33.3	406	54.6	*
Liberal	8	12.1	118	15.9	
Very liberal	7	10.6	21	2.8	*
Don't know/refuse/NA	19	28.8	64	8.6	*
Political party identification[a]					
None	50	75.8	486	65.3	
Democrat	8	12.1	134	18.0	
Republican	6	9.1	102	13.7	
Other	2	3.0	10	1.3	

[a] Percentages may not add up to 100 percent due to a small amount of missing data.

RELIGION

Young adults in the Iowa sample were more likely to report never having attended religious services during the past 12 months than their Add Health counterparts. However, there were no statistically significant differences in the importance they attributed to their religious faith.

Table 71. Religious Participation and Faith: Iowa Former Foster Youth Compared with Add Health Young Adults

	Iowa (*N* = 66)		Add Health[a] (*N* = 744)		*p*
	#	%	#	%	
Number of times attended a religious service during the past year					*
Never	33	50.0	214	28.8	
A few times	13	19.7	186	25.0	
Several times	4	6.1	92	12.4	
Once a month	3	4.5	48	6.5	
Two or three times a month	5	7.6	73	9.8	
Once a week	4	6.1	91	12.2	
More than once a week	3	4.5	34	4.6	
Importance of religious faith					
Not important	14	21.2	112	15.1	
Somewhat important	26	39.4	235	31.6	
Very important	23	34.8	329	44.2	
More important than anything else	3	4.5	62	8.3	

[a]Percentages may not add up to 100% due to a small amount of missing data.

FEELINGS ABOUT THE TRANSITION TO ADULTHOOD

The transition from adolescence to adulthood has become longer, more complex, and less orderly. Because much of the research on this transition has focused on youth in the general population, less is known about how it is experienced by vulnerable populations, such as youth exiting foster care. For this reason, we asked the young adults in the Iowa sample a series of questions about how they experienced the transition to adulthood and compared their responses to the responses of their peers in Add Health.

Nearly two-thirds of the young adults in the Iowa sample thought they became socially mature and took on adult responsibilities faster than others their age. In this respect, they were not very different from their Add Health peers. They were, however, less likely than their Add Health peers to think that they became socially mature and took on adult responsibilities more

slowly than others their age and more likely to think of themselves as being adults most or all of the time.

Table 72. Experiences with the Transition to Adulthood: Iowa Former Foster Youth Compared with Add Health Young Adults

	Iowa (N = 66)		Add Health (N = 744)		p
	#	%	#	%	
Became socially mature					*
Faster than others	42	64.6	473	63.7	
About the same rate as others	21	31.8	59	8.0	
Slower than others	2	3.0	210	28.3	
Missing	1	-	2	-	
Took on adult responsibilities					*
Faster than others	42	63.6	506	68.2	
About the same rate as others	19	28.8	54	7.3	
Slower than others	5	7.6	182	24.5	
Missing	-		2	-	
Think of self as an adult					*
Most or all of the time	54	83.1	539	72.6	
Sometimes	7	10.8	135	18.2	
Never or seldom	4	6.2	69	9.3	
Missing	1	-	1		

LIFE SATISFACTION AND FUTURE ORIENTATION

We also asked the young adults in the Iowa sample a series of questions about their lives and their futures. Most reported feeling satisfied or very satisfied with their lives as a whole, and many reported that life had been better or much better since they exited foster care. A majority also reported feeling very optimistic about their futures.

Table 73. Life Satisfaction

	N	#	%
Satisfaction with life as a whole	66		
Satisfied or very satisfied		54	81.8
Neither satisfied nor dissatisfied		9	13.6
Dissatisfied or very dissatisfied		3	4.5
Life since exiting foster care	65		
Better or much better		46	70.8
Sometimes better/sometimes worse		17	26.2
Worse or much worse		2	3.1
Optimism about the future	66		
Very optimistic		38	57.6
Fairly optimistic		22	33.3
Not very or not at all optimistic		6	9.1

Another way of looking at the direction in which these young adults think their lives are headed is to consider their responses to a set of questions that asked them to rate their likelihood of experiencing a particular event. Responses could range from 1 = "almost no chance" to 5 = "almost certain." Although young adults in the Iowa sample were, on average, relatively less optimistic about their prospects for the future than their Add Health counterparts, these differences were not statistically significant.

Table 74. Orientation toward the Future: Iowa Former Foster Youth Compared with Add Health Young Adults

	Iowa			Add Health			*p*
	N	Mean	S.D.	*N*	Mean	S.D.	
Live to 35	66	4.6	0.67	741	4.7	.62	
Divorced by 35	65	1.6	1.0	719	1.6	.94	
Married within the next 10 years	54	3.8	1.2	644	3.9	1.1	
Middle-class income by age 30	65	3.6	1.2	724	4.1	.99	
More than middle-class income by age 30	65	3.1	1.2	735	3.5	1.1	

MENTORING

We asked the young adults in the Iowa sample about mentoring relationships they may have had. A majority of these young adults reported that they had maintained a positive relationship with a caring adult since age 14. Although they were less likely to do so than their Add Health

counterparts, this difference was not statistically significant. Young adults in the Iowa sample were most likely to describe their mentor as a friend, whereas young adults in Add Health were most likely to describe their mentor as a teacher/counselor/coach. A majority of the young adults in the Iowa sample who had a mentor reported that they still had monthly telephone or email contact with their mentor. Even more had in-person contact that frequently. Given this level of contact, it is probably not surprising that more than half of the young adults in the Iowa sample who had a mentor felt quite or very close to him or her.

Table 75. Mentoring Relationships: Iowa Former Foster Youth Compared with Add Health Young Adults

	Iowa (N = 66)		Add Health (N = 744)		p
	#	%	#	%	
Maintained a positive relationship with a caring adult since age 14	46	69.7	572	77.4	
Relationship to mentor					
Sibling	0	0.0	71	12.4	*
Grandparent or uncle/aunt	9	19.6	120	21	
Teacher, counselor, coach	1	2.2	148	25.9	*
Clergy member	2	4.4	23	4	
Employer or co-worker	0	0.0	42	7.4	
Friend	23	50.0	88	15.4	*
Neighbor or parent of friend	4	8.7	31	5.4	
Volunteer from mentoring program (e.g., Big Brothers, Big Sisters)	3	6.5	0	0	*
Social worker	3	6.5	3	0.5	*
Email or telephone contact with mentor					*
Not at all or less than once a year	7	22.6	172	32.1	
Every few months	2	6.5	67	12.5	
Monthly	3	9.7	71	13.2	
Weekly or more	19	25.9	226	42.2	
In-person contact with mentor					*
Not at all, once a year or less	10	32.3	162	30	
Every few months	2	6.5	98	18.1	
Monthly to every few weeks	2	6.4	52	9.6	
Weekly or more	19	61.4	228	42.2	
Closeness to mentor					*
Not at all close	5	10.9	121	22.4	
Somewhat close	4	8.7	130	24	
Very or quite close	37	56.1	290	53.6	

Percentages may not add up to 100 percent due to a small amount of missing data.

CONNECTEDNESS

Finally, youth aging out of foster care have been identified as being at high risk of becoming disconnected young adults, that is, young adults who are neither working nor enrolled in school (Haveman & Wolfe, 1994; Levin-Epstein & Greenberg, 2003; Sheehy et al., 2001; Sum et al., 2002; Wald & Martinez, 2003; Youth Transition Funders Group, 2004). Thus, we looked at the percentage of young adults in the Iowa sample who were connected to employment or to education, first at age 19 and then again at age 21.

There was an increase in connectedness among both males and females between the wave 2 and wave 3 interviews. Although young women were more likely than young men to be connected at both points, the differences were not statistically significant.

Although many young adults combine work or school with parenthood, we wanted to rule out the possibility that young adults in the Iowa sample were disconnected because they were parenting. Thus, we broadened our definition of connectedness to include young adults who had one or more of their own children living with them. When we used this more inclusive definition, the percentage of young women who were connected was considerably higher at both points. It has a much smaller effect with respect to the young men, because they were much less likely to be parenting even if they had a child.

Table 76. Connected at Ages 19 and 21 by Gender (*n* = 59)

	Females *N* = 30				Males *N* = 29			
	Age 19		Age 21		Age 19		Age 21	
	#	%	#	%	#	%	#	%
Working or enrolled in school	18	58.1	20	66.7	16	55.2	18	62.1
Working, enrolled in school, or parenting	20	64.5	25	83.3	18	62.1	20	69.0

DISCUSSION AND NEXT STEPS

What do these descriptive findings tell us about how Iowa's former foster youth are functioning 3 to 4 years after they've aged out? Does the evidence suggest that most young people leaving the child welfare system in Iowa are making a relatively smooth transition into early adulthood? Or, alternatively, do the data indicate that they were not adequately prepared to live without the services and supports that had been provided as long as they were under the care and supervision of the state?

Although the sample of young people from Iowa is not a monolithic group, and some have made significant progress toward self-sufficiency and are living reasonably stable lives, they are faring poorly as a group in several key domains. On average, they are less likely to have a high school diploma (or the equivalent) and less likely to be pursuing higher education than their peers. They are also less likely to be earning a living wage and more likely to have experienced economic hardships. Far too many of the young men have become involved with the criminal justice system, and far too many of the young women are single parents who cannot support their children without needs-based assistance from the government.

These challenges notwithstanding, there are strengths that a large majority of Iowa's former foster youth appear to share. In particular, they continue to exhibit extraordinary optimism about their futures and perceive themselves as having sufficient social support. In fact, a significant number of these young people managed to maintain ties with family members and feel close to at least one adult.

What then, are the implications of these results for child welfare policy and practice in Iowa? On the most basic level, they suggest that much more could be done to fully implement the John Foster Care Independence Act of 1999. Specifically, although this legislation made former foster youth eligible for federally funded independent living services until age 21, only a small fraction of these young adults had received assistance in any given service domain. Moreover, nearly one-third reported that there were independent living services from which they would have benefited but did not receive.

On another level, these results raise questions about the wisdom of the current policy, which is to discharge foster youth because they turn 18. Indeed, the introduction of S. 1512 suggests that federal policymakers are giving serious consideration to legislation that would allow states to claim Title IV-E reimbursement for the cost of foster care services provided to young people until age 21. Comparisons we made in our earlier report between young adults who were still in care at age 19—almost all of whom were from Illinois—and their counterparts who had already exited seemed to indicate that extending foster care beyond age 18 would be advantageous.

Some preliminary analyses we have conducted based on their experiences through age 21 suggest that allowing foster youth to remain in care may lead to better outcomes during the transition to adulthood. Most notably, the young people in our study who were from Illinois, where remaining in care until age 21 is already an option, were 1.9 times as likely to have ever attended college and 2.2 times as likely to have completed at least 1 year of college as their peers from Wisconsin or Iowa (Courtney, Dworsky, & Pollack, 2007). Importantly, this state

effect seems to increase after controlling for the individual characteristics and placement histories of the former foster youth. That is, the estimated odds of ever having attended college were approximately 4 times as high and the estimated odds of having completed at least 1 year of college were approximately 3.5 times as high for the young adults from Illinois. Given the importance of higher education to economic self-sufficiency over the long term, policies that enhance the likelihood that vulnerable youth in transition will attend college should receive serious consideration.

There is some, albeit weaker, evidence that giving youth the option to remain in care through age 21 is associated with higher earnings and delayed pregnancy (Courtney, Dworsky, & Pollack, 2007). Moreover, despite being less likely to have received independent living services before age 18 than their Iowa or Wisconsin peers, the Illinois young adults were more likely to have received independent living services between 19 and 21 years old, when youth in Iowa and Wisconsin were no longer in care; in other words, fulfilling the promise of the John Foster Care Independence Act to support foster youth in transition through age 21 may be difficult to accomplish without extending foster care to age 21.

One might expect that additional benefits will be realized over the longer term. For example, although increasing college enrollment should have positive effects on employment and earnings, there may be a tradeoff between post-secondary education and labor market outcomes at age 21, particularly if the college-educated young adults are still in school. However, it is also possible that the apparent advantages of allowing young people to remain in care will not persist over time. Determining which of these possibilities is more likely requires data on

outcomes beyond age 21. Thus, we plan to follow these young adults for at least another 2 years and re-interview them at age 23.

With respect to providing additional support to Iowa foster youth during the transition to adulthood, Iowa has already taken a major step with the creation of a statewide, comprehensive system of aftercare services. The Iowa Aftercare Services Network (IASN), funded by the Iowa Department of Human Services, addresses the needs of former foster youth who are at least 18 but not yet 21 years old and residents of Iowa.[11] IASN provides case management, support services, and links to community resources. IASN participants who have a high school diploma or GED may also be eligible for a monthly stipend if they are (1) in an approved living arrangement and (2) enrolled in a post-secondary education or training program, or employed full-time.[12] IASN participants who do not qualify for the stipend may be eligible for subsidized apartments or direct rent subsidies of up to $350 per month. Moreover, regardless of their participation in the IASN, former foster youth in Iowa who left care on or after their 18th birthday are eligible for Medicaid coverage until age 21.

Although the creation of the IASN and the extension of Medicaid eligibility were both important policy developments, more could be done. In particular, Iowa could adopt a policy more like that of Illinois, and give young people the option of remaining in foster care until age 21. This would probably require amending Iowa law to allow courts to retain custody of young people beyond age 18 (or 19 in the case of 18-year-olds who will soon graduate from high

[11] To be eligible, former foster youth must have (1) been placed in a shelter, licensed family foster home, residential facility, or DHS-supported supervised community apartment and (2) left foster care on or after their 18th birthday or between age 17.5 and 18 if they had been in foster care continuously for at least the past 6 months.

[12] The monthly stipend is part of the Preparation for Adult Living (PAL) component of IASN.

school) and to provide funding for the range of housing options—beyond foster home and group care—that are developmentally appropriate for this age group (e.g., supervised independent living settings).

Finally, these results suggest that child welfare practitioners should pay more attention to the connections that foster youth have to their families. Nearly all the young people in our Iowa sample had maintained close relationships with members of their biological family, and these family ties were often quite strong. In fact, a large majority of the young people still had contact with biological family members at least once a week. These family ties could be an important resource on which young people could draw for emotional, financial, or other types of support after they leave care.

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Appendix A

Outcome of Baseline Field Period

	IL	IA	WI	Total
Completed Interviews	474	80	195	749
Eligible but not interviewed				
Care provider refusal	2	1	1	3
Respondent refusal	5	1	1	7
Contact with care provider or informant but not respondent	6	1	2	8
Unable to reach respondent after prior contact	2	0	1	3
Respondent no-show for appointment	1	0	0	1
Respondent out of state or country after start of field period	2	0	0	2
Respondent runaway after start of field period	2	0	0	2
	20	3	5	26
Not interviewed and eligibility unknown				
No attempt to contact respondent	1	0	0	1
Unable to reach respondent	0	1	0	1
Unable to locate address or valid contact information not available	2	4	1	7
	3	5	1	9
Not eligible to be interviewed				
Respondent physically or mentally unable to complete interview	17	1	16	34
Respondent runaway or missing prior to start of field period	13	1	1	15
Respondent out of state prior to start of field period	11	1	1	12
Respondent incarcerated prior to start of field period	38	1	1	40
Other eligibility issue	5	2	1	8
Total	604	94	227	925