Midwest Evaluation of the Adult Functioning of Former Foster Youth:

Conditions of Youth Preparing to Leave State Care in Iowa

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INTRODUCTION

Each year, 20,000 adolescents leave the foster care system and attempt to live independently (GAO, 1999). Studies of adolescent high-risk populations typically include those who grew up in poor communities, have families that lack economic and social resources, live in large urban areas and are of members of racial or ethnic minority groups. Foster youth are particularly vulnerable not only because they share many of these characteristics but also because of the abuse, and more commonly neglect, that led to their placement.

In some cases, the system that is supposed to help youth who have been removed from their families fails to adequately address their needs or to prepare them to live independently. Youth in most jurisdictions are discharged at the age of 18 or shortly thereafter and few states are currently using their limited federal child welfare funding to allow youth the option of remaining in care much past their eighteenth birthday. In other words, youth are "aging out" of care, and are "on their own" at a relatively early stage in the transition to adulthood.

The few studies that have focused on the transition to adulthood among foster youth suggest that those who age out of the child welfare system tend to have educational deficits as well as mental and physical health problems. They are also likely to experience adverse outcomes such as homelessness, incarceration, and non-marital pregnancy (Collins, 2001; McDonald , Allen, Westerfelt, & Piliavin, 1996).

In response to some early studies that described the challenges faced by youth after leaving care (see, e.g., Meier, 1965; Festinger, 1983), independent living programs were developed to better

prepare young people aging out for the transition to adulthood. In principle, these programs were supposed to provide services to youth for whom out-of-home care had become a permanent situation (i.e., those unlikely to be returned home or adopted). In 1985, the Independent Living Initiative (Public Law 99-272) provided federal funds to states under Title IV-E of the Social Security Act to help these youth develop the skills they would need to live independently. Congressional appropriations for Title IV-E were made annually until 1993 when the Independent Living Program (ILP) was reauthorized indefinitely (Public Law 103-66). This allowed states to engage in longer-term planning.

The ILP gave states increased flexibility in the kinds of services they could provide to foster youth. Basic services outlined in the law included outreach programs to attract eligible youth, training in daily living skills, education and employment assistance, counseling, case management, and a written transitional independent living plan. ILP funds could not, however, be used for room and board. The federal government required very little from states beyond creation of state ILP plans and had "no established method to review the states' progress in helping youths in the transition from foster care" (GAO, 1999, p. 3). The General Accounting Office (GAO) found that at least 42,680 youths in 40 states (only about 60 percent of all eligible youth) received some type of independent living service in 1998 (GAO, 1999).

The Foster Care Independence Act (FCIA) of 1999 (Public Law 106-169) amended Title IV-E to create the John Chafee Foster Care Independence Program. FCIA doubled the federal funding available to states to $140 million per year and gave states greater flexibility in their use of those funds. States are now allowed to assist 18-21 years olds who have left care and to use up to 30

percent of their funds to pay for room and board. States can also extend Medicaid eligibility to former foster youth to the age of 21. There is currently a great deal of interest on the part of policy makers as to whether youth are receiving independent living services while they are still in care, whether they continue to receive them after they leave care, and whether such services help them with the transition to young adulthood.

This report is based on data collected from 80 foster youth in Iowa, one of three states participating in the Midwest Evaluation of the Adult Functioning of Former Foster Youth (hereafter referred to as the Midwest Study). The Midwest Study is a collaborative effort of the state public child welfare agencies in Illinois, Iowa and Wisconsin and the Chapin Hall Center for Children at the University of Chicago. The purpose of the project is to gather information about services provided to foster youth in the participating states and to report on their outcomes across a variety of domains including self-sufficiency. It will also provide guidance to the states in their efforts to comply with and implement the FCIA.

The project is a longitudinal study that is following a sample of foster youth who reached the age of 17 while they were still in care, who had entered care prior to their 16th birthday, and who had been placed in care due to abuse and/or neglect or juvenile delinquency. The data on which this report is based were collected from the youth when they were 17 or 18 years old and still in out-of-home care. Future reports will focus on the functioning of the youth at ages 19 and 21.

BACKGROUND AND OVERVIEW OF STUDY

Planning for the Midwest Study began in early 2001 when public child welfare agencies in Illinois, Iowa, and Wisconsin agreed to allocate part of their Chafee Program federal funding to the collection of data on the early adult outcomes of foster youth eligible for independent living services. The University of Wisconsin Survey Center was contracted to conduct in-person interviews with youth from each of the participating states, and the states agreed to provide Chapin Hall with a list of youth who fit the study's selection criteria.

Each of the three participating states identified all youth currently in care who had entered care before their 16th birthday, were between 17 and 17½ years old, and had been placed in care because they had been neglected or abused. .[1] Youth were ineligible to participate in the study if they had a developmental disability or a severe mental illness, if they were incarcerated, or if they were in a psychiatric hospital. All of the Iowa and Wisconsin youth who fit the sample selection criteria were included in the sample. Because Illinois has a much larger out-of-home care population, only two thirds of the youth who met the criteria were selected.

Baseline interviews were completed with 749 or percent of the 791 youth who were eligible to participate in the study. These interviews were conducted between May 2002 and March 2003 when the youth were 17 or 18 years old and still under the jurisdiction of the state child welfare system. A total of 94 Iowa youth were eligible to participate in the study: 70 non-delinquent youth and 24 delinquent youth. Eighty of these youth completed baseline interviews: 63 or 90 percent of the non-delinquent youth and 17 or 71 percent of the delinquent youth.

[1] Unlike Wisconsin and Illinois, Iowa included adjudicated delinquents in its pool of eligible participants. These adjudicated delinquents were excluded from the analyses on which this report is based.

The survey instrument included questions covering three domains: attributes of the youth before they entered care (e.g., gender, race-ethnicity, characteristics of former primary caregivers, reasons for their out-of-home care placement); the experiences of the youth while they were in care (e.g., the number and type of foster care placements, receipt of health, mental health and independent living services); and the circumstances of the youth at the time of their interview (e.g., educational attainment, employment, health and mental health status, expectations for the future, ties to family and perceived availability of social support). Appendix A provides additional information about some of the measures used.

Many items were drawn from the first wave of the National Longitudinal Study of Adolescent Health (Add Health). This federally funded study was intended 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 7th through 12th graders in 1994 and then again with these same adolescents in 1996. The Add Health study participants were interviewed a third time when they were 18 to 26 years old. Throughout the report, we make comparisons between the youth in our Wisconsin sample and the 1922 Add Health study participants who were 17 and 18 years old when the first wave of data were collected.[2]

[2] Several groups were over-sampled (e.g., African American youth whose parent had a college degree), but only youth in the core sample were included in our analyses.

DEMOGRAPHIC CHARACTERISTICS AND FAMILY OF ORIGIN

Table 1 shows the demographic characteristics of the 80 Iowa youth who completed a baseline interview. Just under half were female, most were 17 years old, and over three quarters identified themselves as Caucasian.

Demographic Profile of Iowa Foster Youth (N=80)

Age	#	%
17yrs	66	82.5
18yrs	14	17.5
Gender		
Male	42	52.5
Female	38	47.5
Race		
Caucasian	62	77.5
African American	4	5.0
Asian or Pacific Islander	1	1.3
American Indian or Native Alaskan	1	1.3
Mixed Race	12	15.0
Ethnicity		
Non-Hispanic origin	71	88.8
Hispanic origin	9	11.3

Table 2 shows the family members with whom the youth were living and whether the youth identified those family members as primary caregivers just prior to their placement in out of home care. Most had been living with their birth mother and almost two thirds had been living with at least one sibling. Ninety percent of those who were living with their biological mother or grandmother identified her as a primary caregiver.

Table 2
Family Members in Household and Their Caregiver Status
Prior to Placement in Out-of-Home Care (N = 80)

	Present in Household		Identified as Primary Caregiver (if present in household	
	#	%	#	%
Birth mother	59	73.8	53	89.8
Birth father	14	17.5	12	85.7
Adoptive mother	4	5.0	4	100.0
Adoptive Father	3	3.8	2	66.7
Step-mother	5	6.3	5	100.0
Step-father	11	13.8	8	72.7
Grandmother	10	12.5	9	90.0
Grandfather	2	2.5	2	100.0
Other adult relatives	15	18.8	8	53.3
Other unrelated adults	16	20.0	5	31.3
Biological siblings	52	65.0	5	9.6
Unrelated children	13	16.3	0	-

Nearly all of the foster youth in our sample reported that they had at least one sibling, half-sibling or step-sibling, including 40 percent who reported having five or more. A majority also reported that at least one of their siblings, half-siblings or step-siblings had been placed in foster care.

Table 3
Out-of-Home Care Placement of Siblings, Half-Siblings and Step-Siblings

	Siblings		Siblings in Care (if # of siblings ≥ 1)	
	#	%	#	%
Number of siblings, half-siblings and step siblings				
0	3	3.8	29	39.7
1	9	11.4	15	20.5
2	10	12.7	6	8.2
3	17	21.5	13	17.8
4	8	10.1	6	8.2
5	10	12.7	1	1.4
6 or more	22	27.8	3	4.1
Missing	1		4	

We asked the foster youth in our sample about problems that their primary caregivers may have experienced before the youth were placed in out-of-home care. The most commonly reported caregiver problem was inadequate parenting skills.

Table 4
Primary Caregiver Problems (N = 80)

	#	%	Don't Know
Abused alcohol	31	38.8	1
Abused drugs	32	40.0	1
Mental illness	21	36.3	4
Mentally retardation	2	2.5	3
Inadequate parenting skills	42	52.5	3
Abused spouse	20	25.0	3
Criminal record	24	30.0	5
Other problems	19	23.8	1

HISTORY OF MALTREATMENT

The Lifetime Experiences Questionnaire (Rose, Abramson, & Kaupie, 2000) was used to assess the ways in which these youth had been mistreated by their primary caregivers before being placed in out-of-home care. This measure was developed as a modification of Cicchetti's Child Maltreatment Interview (1989). The youth were asked about various acts of physical abuse and neglect they may have experienced prior to being placed in out-of-home care. They were not asked about sexual abuse during this first interview due to Institutional Review Board (IRB) concerns.[3] Consistent with prior studies, the percentage of youth who reported a history of neglect was higher than the percentage who reported a history of physical abuse.

Table 5
Self-Reports of Physical Abuse and Neglect by Caretakers (N = 80)

	#	%
Experienced physical abuse	43	53.8
Experienced neglect	49	61.3
Experienced physical abuse and neglect	56	70.0

[3] Questions about sexual abuse will be included in follow-up interviews.

EXPERIENCES IN OUT-OF-HOME CARE

The youth were asked about their out-of-home experiences using a series of questions developed by Courtney and colleagues (2001) as part of a smaller study of Wisconsin youth aging out care.[4] Table 6 shows the type of placement in which the youth were living at the time they were interviewed. Over half (N=44) were living in a traditional foster home with non-relative foster parents or in a foster home with relatives.

Table 6
Current Living Situation (N = 80)

	#	%
Non-relative foster home	36	45.0
Relative foster home	8	10.0
Group home or residential treatment facility	22	27.5
Adoptive home	0	0
Independent living arrangement	9	11.3
Other	5	6.3

Table 7 shows with whom the youth were living in their current placement. Only 11 percent were living with a biological sibling, although many more were living with one or more of their caregiver's children or with other unrelated foster children.

Table 7
Other Current Household Residents Total (N=80)

	#	%
Lives alone	3	3.8
Foster mother	36	45.0
Foster father	32	40.0
Any biological siblings	9	11.3
All biological siblings	2	2.5
Aunt/Uncle	3	3.8
Other relatives	4	5.0
Children of current caregivers	34	42.5
Other unrelated foster children	50	62.5
Anyone else	3	3.8

[4] See Courtney et al. (2001) for a description of the questions.

All but 5 of the youth reported they had been placed in at least one foster home since they entered care, including 27 percent who reported four or more foster home placements. Eighty one percent of the youth reported that they had been placed in at least one group home, residential treatment center, or child caring institution, and one-third had experienced four or more of these congregate care placements.

Table 8
Number of Foster Home and Congregate Care Placements (N = 80)

	Foster Homes		Congregate Care	
	#	%	#	%
0	5	7.9	15	18.8
1	18	28.6	18	22.5
2	12	19.0	15	18.8
3	10	15.9	6	7.5
4	5	7.9	11	13.8
5 or more	12	19.0	15	18.8

In addition to placement instability, a significant number of the foster youth in our sample had experienced multiple out-of-home care spells. Thirty five percent had re-entered care after being returned home to their families and 43 percent of those who had re-entered did so more than once.

Table 9
Out-of-Home Care Reentries (N = 80)

	#	% of Sample	% of Re-entrants
Re-entered care at least once	28	35.0	-
1 re-entry	16	20.0	57.1
2 re-entries	5	6.3	17.9
3 or more re-entries	7	8.8	25.0

Running away was also a common experience among our sample of foster youth. Forty-six percent had run away from an out-of-home care placement, and nearly one third of those who had runaway had done so five or more times.

Table 10
Run Away Episodes (N = 80)

	#	% of Sample	% of Runaways
Ran away at least once	37	46.3	
1 episode	14	17.5	37.8
2 episodes	7	8.8	18.9
3 episodes	4	5.0	10.8
4 episodes	0	-	0.0
5 or more episodes	12	15.0	32.4

ATTITUDES TOWARDS OUT-OF-HOME CARE

Attitudes towards out-of-home care were measured using items adapted from Festinger's (1983) study of 277 former New York City foster youth. The Iowa youth in our study were asked to indicate the extent to which they agreed or disagreed with a series of statements about their out-of-home care placement. Responses ranged from "very strongly agree" to "very strongly disagree."

Nearly three quarters of the youth in our Iowa sample felt that they were "lucky" to have been placed in out-of-home care. About the same percentage were generally satisfied with their out-of-home care experiences.

Table 11
Attitudes Towards Out-of-Home Care (N = 80)

	Feel lucky to have been placed in foster care		Satisfied with foster care experience	
Very strongly agree	27	33.8	16	20.0
Strongly agree	8	10.0	17	21.3
Agree	24	30.0	26	32.5
Neither agree nor disagree	12	15.0	10	12.5
Disagree	4	5.0	6	7.5
Strongly disagree	1	1.3	1	1.3
Very strongly disagree	4	5.0	4	5.0

Most of those who were currently placed in a foster or group home felt that the foster parents or other adults they were living with had been helpful, and a majority felt the same way about their social workers. They also reported a mean of 12 and a median of 5 face-to-face visits as well as a mean of 6 and a median of 2 telephone conversations with their social workers during the past year.

Table 12
Helpfulness of Social Workers and Care Givers

	Social workers have been helpful		Foster parents have been helpful (N = 36)*		Group home staff have been helpful (N = 40)	
	#	%	#	%	#	%
Very strongly agree	9	11.3	15	41.7	5	22.7
Strongly agree	17	21.3	4	11.1	5	22.7
Agree	24	30.0	15	41.7	8	36.4
Neither agree nor disagree	10	12.5	1	2.8	4	18.2
Disagree	11	13.8	1	2.8	17	17.0
Strongly disagree	6	7.5	0	0	1	1.0
Very strongly disagree	3	3.8	0	0		

*Only asked of youth currently living in a foster or group home.

The youth were asked a series of questions about the likelihood that they would turn to their foster care agency for help after their discharge. They were least inclined to turn to the agency for help with financial problems and most inclined to turn to the agency for help with personal problems.

Table 13
Likelihood of Turning to Foster Care Agency for Help After Discharge (N = 80)

	#	%
Help with financial problems	34	42.5
Help with personal problems	54	67.5
Help with employment problems	42	52.5
Help with family problems	47	58.8
Help with housing problems	40	50.0
Help with health problems	36	45.0
Help with any other problems	52	65.0

Finally, youth were asked about their thoughts and experiences concerning adoption. Thirty one percent reported that they had wanted to be adopted, and adoption was or had been the permanency plan for a significant number of these youth. However, just under half of the youth who wanted to be adopted actually were.

Table 14
Adoption (N = 80)

	#	%
Ever want to be adopted	25	31.3
Current plan is adoption by foster family	6	7.5
Had been in a foster home where plan was adoption	13	16.3
Ever been adopted	12	15.0

CONTACT WITH FAMILY

Table 15 shows the percentage of youth who visited with various family members during the past year and the median number of visits that they had with those family members. Overall, youth were most likely to have visited with their siblings and grandparents.

Table 15
Visits with Family Members During the Past Year (N=80)

	% Whose Family Member Visited	Median # of Visits (if family member visited)
Birth mother	53.5	10.5
Birth father	29.6	5.5
Grandparents	66.0	7.0
Siblings	78.9	12.0

Youth were also asked how satisfied they were with the frequency of their visits with parents and siblings. Few thought that their visits with parents and siblings were too frequent.

Table 16
Satisfaction with the Frequency of Family Visits

	Biological Parents (N = 56)		Siblings (N = 57)	
	#	%	#	%
Too little	21	38.2	31	56.0
Just about enough	28	50.9	22	40.0
Too much	6	10.9	2	3.6

RELATIONSHIPS WITH FAMILY AND CURRENT CAREGIVERS

The youth in our Iowa sample were asked how close they felt to various family members and other caregivers. They were most likely to feel very close to their siblings and grandparents. They also reported feeling close to their current caregivers if they were placed kin or with a non-relative foster family.

Table 17
Closeness to Family Members and Current Caregivers

	#	%
Biological mother	(N=54)	
Very close	12	22.2
Somewhat close	15	27.8
Not very close	15	27.8
Not at all close	12	22.2
Biological father	(N=49)	
Very close	2	4.0
Somewhat close	7	14.0
Not very close	12	24.0
Not at all close	28	56.0
Step-mother	(N=21)	
Very close	0	0
Somewhat close	4	19.0
Not very close	2	9.5
Not at all close	10	47.6
No Step-mother	5	23.8
Step-father	(N=17)	
Very close	0	0
Somewhat close	6	28.6
Not very close	2	9.5
Not at all close	11	52.4
No step-father	2	2.5
Grandparents	(N=58)	
Very close	20	34.5
Somewhat close	17	29.3
Not very close	4	6.9
Not at all close	9	15.5
No grandparents	8	13.8
Siblings	(N=56)	
Very close	25	44.6
Somewhat close	15	26.8

Not very close	9	16.1
Not at all close	6	10.7
No siblings	1	1.8
Current foster family	(N=36	
Very close	26	72.2
Somewhat close	7	19.4
Not very close	0.0	0.0
Not at all close	3	8.3
Relatives youth was living with	(N=8)	
Very close	4	50.0
Somewhat close	4	50.0
Not very close	0	0.0
Not at all close	0	0.0
Group home staff	(N=22)	
Very close	8	36.4
Somewhat close	8	36.4
Not very close	3	13.6
Not at all close	3	13.6

SOCIAL SUPPORT

Youth perceptions of social support were measured using the MOS Social Support Survey (Sherbourne & Stewart, 1991). This brief, multidimensional social support survey was designed for use in clinical practice and research, health policy evaluations, and general population surveys. It can be administered by a trained interviewer in person or by telephone.

The MOS contains sub-scales for four dimensions of social support: emotional/informational, tangible, affectionate, and positive social interaction. Emotional/informational support refers to the expression of positive affect, empathetic understanding, and the encouragement of expressions of feelings as well as the offering of advice, information, guidance or feedback. Tangible support refers to the provision of material aid or behavioral assistance, positive social interaction refers to the availability of other persons to do fun things with, and affectionate support refers to expressions of love and affection.

The youth were asked to indicate on a 5-point Likert scale how often each type of support was available to them (i.e., 1 = none of the time; 2 = a little of the time; 3 = some of the time; 4 = most of the time; 5 = all of the time). Their mean scores for each of the individual items and for each of the four domains are shown in Table 18.[5] Overall, the mean score for social support is 4.00. Iowa youth reported experiencing a wide range of support most of the time.

Table 18
Perceived Social Support (N=80)

	Mean	SD	Missing
Emotional/Informational Support Overall Scale Score	**4.03**	**0.90**	**0**
Someone to listen to you	4.05	1.10	0
Someone to give you information	4.13	0.99	0
Someone to give you good advice	4.08	1.11	0
Someone to confide in	4.25	0.93	0
Someone whose advice you really want	3.73	1.21	0
Someone to share your worries with	3.86	1.41	0
Someone to turn to for suggestions	4.05	1.14	0
Someone to understand your problems	4.02	1.03	0
Tangible Support Overall Scale Score	**3.80**	**1.02**	**0**
Someone to help you if you were confined to a bed	3.72	1.14	0
Someone to take you to the doctor if you needed it	4.32	0.96	0
Someone to prepare meals if you were unable to	3.97	1.18	0
Someone to help with daily chores if you were sick	3.76	1.25	0
Affectionate Support Overall Scale Score	**4.14**	**0.96**	**0**
Someone who shows you love and affection	4.27	1.14	0
Someone to love and make you feel wanted	4.32	0.98	0
Someone who hugs you	3.84	1.35	0
Positive Social Interaction Support Overall Scale Score	**4.05**	**0.89**	**0**
Someone to have a good time with	4.24	0.96	0
Someone to relax with	3.81	1.19	0
Someone to do something enjoyable with	4.11	0.97	0
Additional Item			
Someone to distract them from their problems	3.96	1.06	0

[5] Coefficient alpha is .80 or higher for the overall scale and all subscales.

INDEPENDENT LIVING SERVICES

Youth were asked whether they had received independent living services in a number of domains: educational support, employment and training, budgeting and financial management, health education, housing and youth development. They were most likely to report receiving services in the domains of health education and employment or vocational support. Twenty percent reported that there was at least one independent living service which they needed but did not receive.

Table 19
Receipt of Independent Living Services by Domain (N=80)

Domain	#	%
Educational Support	53	66.3
Employment/Vocational Support	65	81.3
Budget and Financial Management Services	58	72.5
Housing Services	55	68.8
Health Education Services	71	88.8
Youth Development Services	38	47.5

Table 20 provides additional information about the specific independent living services they received. Several of the health education services were received by more than two thirds of the youth.

Table 20
Specific Independent Living Services Received (N=80)

	#	%	# Missing
Educational support			
Career counseling	22	27.5	1
Study skills training	25	31.3	0
School to work support	17	21.3	2
GED preparation	10	12.5	0
SAT preparation	17	21.3	0
College application assistance	23	28.8	1
Financial aid/loan application assistance	20	27.0	1
Attend university/college fairs	16	19.0	1
Employment/vocational support services			
Resume writing workshop	23	28.8	0
Assistance identifying employers	21	26.3	0

Help with completing job applications	46	57.5	0
Help with developing interviewing skills	48	60.0	0
Help with job referral/placement	22	27.5	0
Help with use of career resources library	23	28.8	0
Explanation of benefits coverage	20	25.0	0
Help securing work permits / social security cards	29	36.3	0
Given an explanation of workplace values	47	58.8	0
Received an internship	11	13.8	0
Summer employment programs	21	26.3	0
Budget and financial management services			
Money management courses	29	36.3	0
Assistance with completing tax returns	23	28.8	0
Training on use of a budget	35	43.8	0
Training on opening a checking and savings account	47	58.8	0
Training on balancing a checkbook	52	65.0	0
Developing consumer awareness	33	41.3	0
Accessing information on credit	22	27.5	0
Housing services			
Assistance with finding an apartment	26	32.5	0
Help with completing apartment application	14	17.5	0
Learning about security deposits and utilities	26	32.5	0
Handling landlord complaints	21	26.3	0
Training on health and safety standards	29	36.3	0
Training on tenants' rights and responsibilities	25	31.3	0
Training on meal planning and preparation	46	57.5	0
Cleaning classes	37	46.3	0
Courses on home maintenance and repairs	28	35.0	0
Health education services			
Training on personal care needs (basic hygiene)	50	62.5	0
Training on nutritional needs	54	67.5	0
Training on health/fitness	55	68.8	0
Training on preventive and routine healthcare	42	52.5	0
Accessing information about health/dental insurance	24	30.0	0
Courses on first aid	40	50.0	0
Maintaining personal health records	21	26.3	0
Information on birth control and family planning	54	67.5	0
Education on substance abuse	61	76.3	0
Youth development services			
Youth conferences	16	20.0	0
Youth leadership activities	25	31.3	0
Mentoring services	15	18.8	0

The youth were also asked whether they had received an independent living subsidy that would have allowed them to live on their own while they were still in care. Twenty percent reported

that they had received an independent living subsidy, but only 12.5 percent reported that they were currently receiving one.

MENTAL HEALTH AND MENTAL HEALTH CARE SERICES

We assessed the mental health of the youth in our sample using the lifetime version of the Composite International Diagnostic Interview or CIDI (World Health Organization, 1998). The CIDI is a highly structured interview that can be used by non-clinicians to diagnose mental and behavioral health disorders according to the criteria listed in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV).

Table 21 shows the lifetime prevalence of eight mental and behavioral health disorders among our sample of Iowa foster youth: major depression, social phobia, generalized anxiety disorder, post-traumatic stress disorder, alcohol abuse, alcohol dependence, substance abuse and substance dependence. Fifty-two percent met the diagnostic criteria for one or more disorders, with post-traumatic stress disorder (PTSD) and alcohol abuse identified as most prevalent.

Table 21
Lifetime Prevalence of Mental and Behavioral Health Disorders (N = 80)

Diagnosis	#	%
Post Traumatic Stress Disorder (PTSD)		
Depression (any type)		
Generalized Anxiety Disorder (GAD)		
Social Phobia		
Alcohol Abuse		
Alcohol Dependence		
Substance Abuse		
Substance Dependence		

We asked the Iowa youth about their receipt of various mental and behavioral health care services during the past year and compared their responses to the responses of their Add Health

peers. The Iowa foster youth were more than four times as likely to report that they had received counseling as adolescents in the Add Health sample. Additionally, just under half of the Iowa youth reported taking medication for emotional problems.

Table 22
Mental and Behavioral Health Care Services Received During the Past Year

	Iowa Foster Youth N = 80		Add Health (N=1922)	
Services	#	%	#	%
Psychological or emotional counseling	45	56.3	93	12.3
Substance abuse treatment	13	16.3	18	3.9
Medication for emotional problems	37	46.3	---	
Psychiatric hospitalization	6	7.5	---	

Another indicator of mental health is optimism about the future. Despite the challenges facing many of the Iowa foster youth, over 90 percent reported feeling very or fairly optimistic.

Table 23
Optimism About the Future (N = 80)

	#	%
Very optimistic	38	47.5
Fairly optimistic	35	43.8
Not too optimistic	5	6.3
Not at all optimistic	2	2.5

HEALTH STATUS AND AVAILABILITY OF HEALTH CARE SERVICES

We also asked the foster youth in our Iowa sample about their physical health and their access to health care services, and compared their self-reports to the self-reports of the 17 and 18 year olds in the Add Health sample. There were relatively few differences between their physical health and the physical health of their Add Health study peers.

Table 24
Health Status

	Iowa Foster Youth (N = 80)		Add Health Sample (N=1922)	
	#	%	#	%
General health rating				
Excellent	18	22.5	547	28.5

Very good	26	32.5	776	40.4	
Good	27	33.8	467	24.3	
Fair	8	10.0	125	6.5	
Poor	---	---	7	0.4	
Missing	1			-	
Worst injury during past year					
Very minor	20	25.0	853	44.5	
Minor	42	52.5	765	39.9	
Serious	12	15.0	196	10.2	
Very serious	4	5.0	52	2.7	
Extremely serious	2	2.5	53	2.8	
Missing		-		3	
Missed school due to health or emotional problem during the past month					
Never	66	82.5	1278	66.9	
A Few Times	11	13.8	529	27.7	
Weekly or more	2	2.5	103	5.4	
Missing		-		12	
Missed social or recreational activities due to health or emotional problem during the past month					
Never	66	79.4	1421	74.0	
A Few Times	10	15.9	448	23.3	
Weekly or more	3	3.9	50	2.6	
Missing		-		3	

Although the vast majority of the Iowa foster youth had had a medical exam and dental exam during the past year, 16 percent reported that there had been at least one occasion when they did not receive medical care that they thought they needed. The Iowa foster youth were twice as likely to report that they had received family planning services as their Add Health counterparts.

Table 25
Receipt of Health Care Services

	Iowa Foster Youth (N = 80)			Add Health Sample (N=1922)		
	#	%	Missing	#	%	Missing
Routine physical examination in the past year	67	83.8	0	1298	67.7	5
Routine dental examination in the past year	66	82.5	0	1239	64.5	2
Did not receive needed medical care	13	16.3	0	426	22.2	2
Did not know who to see				49	9.6	-
No transportation	2	15.4	-	24	5.6	

No one available to go along	2	15.4	-	13	3.1	-
Parent or guardian would not go	3	23.1	-	22	5.2	-
Didn't want parents to know	2	15.4	-	50	11.7	-
Difficult to make an appointment	3	23.1	-	33	7.7	-
Thought the problem would go away	6	46.2	-	275	64.6	-
Couldn't pay	1	7.7	-	87	20.4	-
Tested or treated for sexually transmitted disease	17	21.3	0	175	9.1	1
Received family planning services	16	20.0	1	144	7.5	2

PREGNANCY HISTORY

Twenty percent of the female foster youth in our Iowa sample reported that they had been pregnant compared to 13.5 percent of the females in the Add Health sample. Moreover, of those females who had been pregnant at least once, the Iowa foster youth were less than half as likely to have received prenatal or postpartum care.

Table 26
Pregnancy History

	Iowa Females N = 35		Add Health Females N = 957	
	#	%	#	%
Ever been pregnant	7	20.0	129	13.5
Number of pregnancies				
One	6	85.7	103	79.8
Two or more	1	14.3	26	20.2
Received prenatal or postpartum care	3	20.0	70	54.3
Wanted to become pregnant	0	0.0	---	---
Wanted to marry father of child	2	28.6	---	---
Outcome of pregnancy				
Live birth	2	33.3	---	---
Still birth or miscarriage	3	50.0	---	---
Abortion	1	16.7	---	---
Still pregnant	0			
Missing	1			
Is the parent of at least one child	2	5.7	---	---

Females in our Iowa sample who had been pregnant more than once were asked about their most recent pregnancy. Add Health females were asked about their first.
Due to a programming error, Add Health females were not asked several of the pregnancy-related questions.

EDUCATION

All, but one youth in the Iowa sample reported that they were currently enrolled in school, and most of those who were enrolled were high school students.

Table 27
Current School Enrollment (N = 80)

	#	%
Enrolled in school*	79	98.8
Enrolled in high school	71	89.9
Enrolled in college	3	3.8
Enrolled in other type of program	5	6.3

* Because some youth were interviewed during the summer, this includes both youth currently enrolled (N = 71) and youth who were enrolled during the most recent academic year (N=8).

Although 10 percent of these Iowa youth already had their high school diploma or GED, most were still in high school, and a significant number were old for their grade.

Table 28
Highest Level of Schooling Completed (N = 80)

	#	%
High school diploma	8	10.0
GED	1	1.3
Neither	71	88.8
8th Grade	2	2.5
9th Grade	-	-
10th Grade	21	26.3
11th Grade	52	65.0
12th Grade	5	6.3

To find out more about how they were faring in school, we asked the Iowa foster youth about their course grades. Compared to their Add Health counterparts, these Iowa foster youth were less likely to have received an A and more likely to have received a D or F in their major subjects.

Table 29
Academic Course Grades

Subjects	Iowa Foster Youth (N = 80)		Add Health Sample (N=1922)	
	#	%	#	%

English				
A	15	19.0	479	26.8
B	32	40.5	718	40.2
C	18	22.8	414	23.2
D or lower	4	5.1	176	9.8
Missing	11		135	
Math				
A	13	16.5	365	24.4
B	24	30.4	496	31.8
C	14	17.7	446	28.6
D or lower	14	17.7	254	16.3
Missing	15		361	
History				
A	20	25.3	531	33.7
B	22	27.8	535	34.0
C	12	15.2	329	20.9
D or lower	12	15.2	179	11.4
Missing	14		348	
Science				
A	11	13.9	422	29.8
B	17	21.5	480	33.9
C	16	20.3	332	23.5
D or lower	8	10.1	180	12.7
Missing	28		508	

In addition to asking the Iowa foster youth about their course grades, we also administered the word recognition portion of the Wide Range Achievement Test (WRAT) to assess their reading ability. The WRAT was developed as an addition to the Wechsler-Bellevue Scales intelligence test and its primary purpose is to measure whether individuals have adequate grasp of the codes that are needed to learn basic skills of reading, spelling, and arithmetic. With a mean score of 42.76, the typical Iowa foster youth was reading at a high school level.

We don't know how these Iowa foster youth were faring in school prior to their placement in out-of-home care. However, their performance may have been adversely affected by school mobility. All but five reported that they had experienced at least one school change due to their

out-of-home care placement, and nearly half had changed schools five or more times. Changes in their out-of-home care placement also caused 20 percent to miss at least a month of school. .

Table 30
Impact of Foster Care Placement on Absenteeism and School Mobility

	#	%
Missed at least one month of school due to foster care placement change	16	20.3
Number of school changes due to foster care placement change		
0	5	6.3
1	12	15.0
2	7	8.8
3	3	5.0
4	14	17.5
5+	38	47.5

Several other indicators of school performance also suggest that many of these Iowa foster youth were having trouble in school. Nearly two thirds had been placed in special education classes. And compared to their Add Health peers, they were more likely to have repeated a grade, twice as likely to have been suspended, and four times as likely to have been expelled.

Table 31
Indicators of School Performance

	Iowa (N=80)		Add Health (N=1922)		
	#	%	#	%	Missing
Placed in special education	51	63.8	---	---	
Repeated a grade	24	30.0	516	26.9	1
Received out-of-school suspension	52	65.0	570	29.7	2
Expelled from school	17	21.3	92	4.8	5

Although many of the foster youth in our Iowa sample had experienced academic and other school-related problems, they were less likely to report trouble paying attention, trouble doing homework and trouble getting along with teachers other students, than their Add Health peers.

Table 32
Indicators of Difficulties at School

	Iowa Foster Youth (N = 80)		Add Health Sample (N=1922)	
	#	%	#	%
Had trouble getting along with teachers				
Never	53	67.1	808	43.6

Just a few times	17	21.5	759	41.0
Weekly or more	9	11.4	285	15.4
Missing	1		70	
Had trouble paying attention in school				
Never	31	39.2	404	21.8
Just a few times	28	35.4	804	43.4
Weekly or more	20	25.3	644	34.8
Missing	1		70	
Had trouble getting homework done				
Never	46	57.5	505	27.3
Just a few times	15	18.8	753	40.7
Weekly or more	18	22.5	594	32.1
Missing	1		70	
Had trouble with other students				
Never	49	62.0	768	41.5
Just a few times	21	26.6	848	45.8
Weekly or more	9	11.4	236	12.7
Missing	1		70	

Finally, research suggests that adolescents' educational aspirations are a good predictor of their later educational attainment (Kao & Thompson, 2003; Marjoribanks, 2005). Thus, it is important to note that despite the various challenges they face, many of the foster youth in our Iowa sample expressed relatively high educational aspirations. A majority wanted to and expected to graduate from college.

Table 33
Educational Aspirations and Expectations (N=80)

	Aspirations		Expectations	
Aspirations	#	%	#	%
9-11th grade	1	1.3	0	-
Graduate from high school	10	13.0	17	21.8
Some College	14	18.2	20	25.6
Graduate from college	38	49.4	33	42.3
More than college	8	10.4	2	2.6
Other	6	7.8	6	7.7
Missing	3	-	2	1

EMPLOYMENT

Research examining the relationship between adolescent development and employment has been mixed (Furstenberg, 2000). Some studies indicate that employment during high school can promote positive values such as personal responsibility (Mortimer, Pimentel, Ryu, Nash, & Lee, 1996), while others suggest that under some conditions working can have harmful effects (Markel & Frone, 1998). However, few, if any of these studies, have specifically examined the relationship between employment and development among youth in foster care.

All but 10 of these Iowa foster youth had some work experience; 50 percent were currently employed and 37.5 percent had previously worked for pay.[6] Youth who were currently employed worked a mean of 23.2 hours and a median of 20 hours per week. Their mean hourly wage was $6.36 and their median hourly wage was $6.00. Youth who had previously held a job had worked a mean of 25.2 hours and a median of 20 hours per week. Their mean hourly wage was $6.34 and their median hourly wage was $6.25.

[6] The Add Health data on employment are not comparable because youth were only asked if they had been employed within the past four weeks.

Table 34
Job Characteristics

	Currently Employed		Not Working But Employed Before	
	#	%	#	%
	40	50.0	30	37.5
Hours worked per week				
10 or less	5	12.5	3	10.0
11-20 hours	17	42.5	12	40.0
21-30 hours	10	25.0	8	26.7
31-40 hours	6	15.0	4	13.3
More than 40 hours	2	5.0	3	10.0
Hourly wages				
Less than 5.15	0	0.0	3	12.0
5.15	2	6.9	2	8.0
5.16 to 5.99	9	31.0	4	16.0
6.00 to 6.99	9	31.0	10	40.0
7.00 to 7.99	6	21.7	3	12.0
At least 8.00	3	10.3	3	12.0
Missing	11		5	
Obtained job through Job Corps or other program	3	7.5	3	10.0
Satisfied with job	35	87.5	23	76.7

DELINQUENCY

We asked the foster youth in our Iowa sample about a variety of delinquent behaviors in which they might have engaged and compared their self-reports to the self-reports of their Add Health peers. The percentage of foster youth who reported engaging in these delinquent behaviors was consistently higher than the percentage of Add Health 17 and 18 year olds. The largest differences were in their likelihood of having running away, using or threatening someone with a weapon, breaking and entering or selling drugs.

Table 35
Delinquent Behaviors Engaged in During the Past 12 Months

	Iowa Foster Youth N = 80		Add Health Sample N = 1922		
Delinquent Behaviors	#	%	#	%	Missing
Painted graffiti	8	10.0	133	7.0	9
Damaged property	26	32.5	292	15.0	10
Lied to parents	47	58.8	1068	56.0	16
Shoplifted	43	53.8	391	20.5	12
Involved in serious physical fight	42	52.5	515	26.9	10
Caused someone serious physical injury	28	35.0	309	16.2	10
Ran away	39	48.8	195	10.2	9
Stole a car	23	28.8	187	9.8	9
Stole more than $50	13	16.3	92	4.8	9
Breaking and entering	13	16.3	79	4.1	9
Used or threatened someone with a weapon	12	15.0	64	3.3	8
Sold drugs	29	36.3	175	9.1	8
Stole less than $50	45	56.3	309	16.2	9
Fought as part of a gang	18	22.5	309	16.1	8
Disturbed the peace	44	55.0	839	43.9	9

Males in our Iowa sample were, in general, more likely to report engaging in delinquent behaviors than females. Moreover, in most of the cases where differences were observed, males and females in our Iowa sample were more likely to engage in the delinquent behavior than their male and female Add Health counterparts.

Table 36
Delinquent Behaviors Engaged in During the Past 12 Months by Gender

	Males				Females			
	Iowa Foster Youth N =		Add Health Sample N = 965		Iowa Foster Youth N =		Add Health Sample N = 957	
	#	%	#	%	#	%	#	%
Painted graffiti	5	11.9	88	9.2	3	7.9	45	4.7
Damaged property	16	38.1	204	21.2	10	26.3	88	8.6
Lied to parents	25	59.5	514	53.8	22	57.9	554	58.5
Shoplifted	24	57.1	230	24.0	19	50.0	161	16.9
Involved in serious physical fight	23	54.8	340	35.4	19	50.0	175	18.4
Caused someone serious physical injury	16	38.1	236	24.6	12	31.6	73	7.7
Ran away	17	40.5	88	9.2	22	57.9	107	11.2
Stole a car	14	33.3	126	13.1	9	23.7	61	6.4
Stole more than $50	8	19.0	63	6.6	5	13.2	29	3.0
Breaking and entering	8	19.0	61	6.3	5	13.2	18	1.9
Used or threatened someone with a weapon	9	21.4	46	4.8	3	7.9	18	1.9
Sold drugs	15	35.7	124	12.9	14	36.8	51	5.4
Stole less than $50	26	61.9	200	20.8	19	50.0	109	11.4
Fought as part of a gang	11	26.2	215	22.3	7	18.4	94	9.9
Disturbed the peace	20	47.6	456	47.5	24	63.2	383	40.2

The Iowa foster youth were asked about violent acts they may have been the victim or perpetrator of. Forty seven percent had been the victim and 15 percent had been the perpetrator of at least one. Thus, violence had been a "normal" part of life for many of these foster youth during the past year.

Table 37
Victimization and Perpetration of Violent Acts During the Past Year

	Iowa Foster Youth N = 80		Add Health N=1922		
	#	%	#	%	Missing
Threatened with a knife or gun	27	33.8	284	14.8	9
Shot by someone	3	3.8	28	1.5	9
Cut or stabbed by someone	15	18.8	89	4.7	9
Jumped by someone	23	28.8	204	10.7	8
Victim of at least one violent act	33	41.3	121	6.3	8

Perpetration			0		
Pulled a knife or gun on someone	9	11.3	97	5.1	8
Shot or stabbed someone	4	5.0	36	1.9	8
Perpetrator of at least one violent act	9	11.3	28	1.5	8

However, both victimization and perpetration varied by gender. Not only were males were more likely to have been the victim of a violent act, but moreover, all of the Iowa youth who reported perpetrating a violent act were male.

Table 38
Delinquent Behaviors by Gender

	Males				Females			
	Iowa Foster Youth N =		Add Health Sample N = 965		Iowa Foster Youth N =		Add Health Sample N = 957	
	#	%	#	%	#	%	#	%
Threatened with a knife or gun	17	40.5	221	23.0	10	26.3	63	6.6
Shot by someone	3	7.1	19	2.0	0	0.0	9	0.9
Cut or stabbed by someone	11	26.2	70	7.3	4	10.5	19	2.0
Jumped by someone	15	35.7	166	17.3	8	21.1	38	4.0
Victim of at least one violent act	21	50.0	106	11.0	12	31.6	15	1.6
Perpetration								
Pulled a knife or gun on someone	9	21.4	82	8.5	0	0.0	15	1.6
Shot or stabbed someone	4	9.5	32	3.3	0	0.0	4	0.4
Perpetrator of at least one violent act	9	21.4	26	2.7	0	0.0	2	0.2

Finally, we also asked the foster youth in our Iowa sample about their involvement with the juvenile justice system. Thirty nine percent reported that they had been arrested and nearly half reported that they had spent at least one night in a correctional facility. However, juvenile justice system involvement was more common among the males.

Table 39
Juvenile Justice System Involvement by Gender (N = 80)

	Male		Female		Total	
	#	%	#	%	#	%
Ever arrested	19	45.2	12	31.6	31	38.8
Ever convicted of a crime	15	35.7	10	26.3	25	31.3

Ever spent at least one night in jail, prison, juvenile hall, or other correctional facility	24	57.1	15	39.5	39	48.8
Any juvenile justice system involvement	29	69.0	20	52.6	49	61.3

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APPENDIX

Selected Instruments Used in the Midwest Study

Domain	Instrument	Author	Date
Family Background	Longitudinal Study of Post Discharge Functioning of Former Foster Children in the State of Wisconsin	Courtney et al.	1999
Family Relationships & Visitation	Longitudinal Study of Post Discharge Functioning of Former Foster Children in the State of Wisconsin	Courtney et al.	1999
Experiences Prior To and During Out-of-Home Care		Festinger	1983
Health Status	National Longitudinal Study of Adolescent Health	Carolina Population Center at The University of North Carolina at Chapel Hill	1997
Social Support	Medical Outcome Study (MOS) Social Support Survey	Sherbourne, C.D. and Stewart, A.L.	
Interpersonal Relationships	Experiences in Close Relationships Scale-Revised	Brennan, et al. Fraley, et al.	1998 2000
Mental Health	Composite International Diagnostic Inventory-(CIDI)	World Health Organization	1998
Delinquency	National Longitudinal Study of Adolescent Health	Carolina Population Center at The University of North Carolina at Chapel Hill	1997
Substance Abuse	Composite International Diagnostic Interview	World Health Organization (WHO)	1998
Preparation For Independent Living	Chafee Pilot Data Form-	John H. Chafee Foster Care Independence Program Work Group	2001
Reading Ability	Wide-Range Achievement Test-3 (Reading Subscale)	Wilkinson	1993
History of Maltreatment	Lifetime Experiences Questionnaire (LEQ)	Rose, Abramson, & Kaupie	2000