Lessons from Recent Research on Children in Child Welfare and Health Care

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Outline

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   b. Mental health
   c. Developmental delays
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3. Health Care Use
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Who are the children in child welfare?

In 2010: 6 million children referred to child protective agencies; 3.7 million children investigated; 700,000 children found to have been maltreated. (USDHHS, 2011)

1.2 million (1 in 58) children are demonstrably harmed or injured by child abuse or neglect annually (Sedlak, Mettenburg, Basena, 2010, National)

Victims of maltreatment 2009 (USDHHS, 2009)

Mostly, birth to 1 year (20.6 per 1,000 children)

87% percent three ethnicities—African-American (22.3%), Hispanic (20.7%), and White (44.0%).

78% neglect; 19% physical abuse; 10% sexual abuse; 8% psychological maltreatment

Number of children served in foster care in FY2010=662,000 decline from 800,000 in 2002 (USDHHS, 2011; Casey Family Programs, 2011)
NSCAW: only national study of children in child welfare

Large longitudinal nationally representative dataset of 5,500 children referred to child welfare services in 97 counties

4 waves of data collection beginning in 1999.

Data obtained through from children and their caregivers and child protective services (CPS) caseworkers

Sample was subdivided into nine strata—one each for eight key states and a ninth stratum for 28 other states; combined to produce national estimates.

Infants, children who were investigated for sexual abuse, and children who were receiving ongoing child welfare services were oversampled to ensure that enough children in these groups were included to sufficiently analyze.

Sampling weights are used in analyses to adjust for unequal selection, nonresponse, and undercoverage. (Dowd et al., 2002).
Health problems of children in child welfare

• Developmental and physical problems similar for young children in foster children and children who remain at home (Leslie et al., 2005, San Diego; Schneiderman et al, 2010, Los Angeles)

• One quarter to a third of children in foster care have a diagnosed medical problem (Sullivan & Zyl, 2008, Kentucky; Kortenkamp & Macomber, 2002, National)
What increases chances of having a diagnosed health problem?

Greater time in foster care and greater number of agency visits in the past 6 months (at least monthly) (Sullivan & Zyl, 2008; Kentucky)

Age: Younger children (under 6 years old) in foster care have more medical problems and developmental delays than the general population and than their older counterparts in child welfare (Berkoff, Leslie, & Stahmer, 2006; Leslie et al., 2005; Stahmer et al., 2005; Vandivere, Chalk, & Moore, 2003)
National studies on physical health problems

27.9% of the children had chronic medical conditions, with children under 2 years old more likely to report a chronic medical condition than older children; rates did not differ by placement (Ringeisen, Casanueva, Urato, & Cross, 2008).

Children who had been in foster care for one year:

- 30% chronic condition: 20% one chronic condition, 3.8% reported their child had two chronic conditions, and 3.1% reported three or more conditions
- 32.8% asthma; 12.3% other respiratory problem; 6% allergies, repeated ear infection, and eczema/other skin disease
- Increased risk of chronic condition if child age under 2 years, caregiver race/ethnicity other than Hispanic, and relatively few household members (Jee et al, 2006)
Obesity in child welfare

Adverse Childhood Experiences (ACE) study: link between specific violence–related stressors, including child abuse and neglect, and risky behaviors and health problems in adulthood (Felitti et al., 1998, San Diego).

In ACE: report of childhood maltreatment was related to obesity in adulthood, the risk of obesity increased with the severity of the maltreatment and number of types of maltreatment, and childhood physical and verbal abuse were most strongly related to BMI and obesity (Williamson, Thompson, Anda, Dietz, & Felitti, 2002).

Childhood obesity is now recognized as a problem for children in child welfare (Steele & Buchi, 2008, Utah; Schneiderman et al, 2011, Los Angeles)

Obesity as Medical Neglect? (Varness et al, 2009; Murtagh & Ludwig, 2001)
Injuries after child maltreatment investigation

In CA, after adjusting for risk factors at birth, children with a prior allegation of maltreatment died from intentional injuries at a rate that was 5.9 times greater than unreported children and died from unintentional injuries at twice the rate of unreported children (Putnam-Hornstein, 2011)

From NSCAW, 10.3% children who remain at home after a CPS investigation had a serious injury. More likely if child had a chronic medical problem (2.1 times) or if caregiver was depressed (2.3 times). Less likely for older caregivers. (Schneiderman et al, 2010)
Prevalence of Mental Health/Developmental Problems in Maltreated Children

Up to 80% of all children involved with child welfare agencies (compared to approximately 20% of the general population) have been estimated to have emotional or behavioral disorders, developmental delays, or other indications of needing mental health intervention. (Kortenkamp & Ehrele, 2002, National; Dore, 2005)
Mental Health Problems

Foster care: Rates of delinquent (15%) and aggressive behavior (11%) over twice as high as rates among children in the general population (Armsden et al., 2000, 13 states).

Maltreatment: increased depression, subsequent substance abuse, becoming sexually active at an early age, and greater risk of teen pregnancy (NSCAW, 2005).
Types of Mental health problems

50% of child welfare involved children score in the clinical range for disorder, with more children having externalizing rather than internalizing symptoms (McCrae, 2009, National)

- Clinical-level thought problems (25%)
- Aggressive behavior (21%)
- Delinquent behavior (19%)
- Attention problems (18%)
- Social behavior problems (14%)
- Anxious/depressed behavior (13%)
- Withdrawn behavior (11%)
- Sexualized behavior (9%)
- Somatic complaints (7%)
Placement affects mental health problems

Foster care: twice as likely as in-home children who are not receiving services to report problem behaviors (NSCAW, 2005)

Group care: more likely to exhibit serious behavior problems and depression compared with children in other out-of-home settings (maybe due to selection bias) (NSCAW, 2005)

Kin care: improvements in behavior problems over other foster settings (Barth, Green, Guo, & McCrae, 2007, Review article)

Foster care as a child: increases the likelihood of mental health disorders and social dysfunction in adulthood. (Casey Family Programs, 2005, Oregon and Washington)
Developmental problems

Developmental delays: children younger than the age of 6 years in foster care: 16–62% compared 4–10% for the general population (Halfon et al., 1995; Leslie, Gordon, Ganger, & Gist, 2002; Stahmer et al., 2005; Drillien, Pickering, & Drummond, 1988; Fox & McManus, 1996)

Children in foster care nationally: developmental delays at 5 times the rate of all other children (Zimmer & Panko, 2006)

In almost half of young children in foster care in a national study, delays in cognitive, behavioral, and social skills were severe enough to indicate eligibility for early intervention services (Stahmer et al., 2005)

Young children in the child welfare system are also not receiving the services and supports that they need to meet their developmental needs (Cooper et al., 2008, National)
Young children: most unmet needs

Preschoolers exposed to family violence show increased rates of disturbances in self-regulation and in emotional, social, and cognitive functioning. (Cooper, Banghart & Aratani, 2010, Review article)

Infants in foster care have longer placements, higher rates of reentry into foster care (experiencing recurrent maltreatment and disruption of family bonds), and high rates of behavioral problems (NSCAW, 2005)

32 -42% of children in child welfare with emotional and behavioral needs are under age 6 (McCrae, 2009, National).

Age of the first episode of maltreatment is associated with mental health problems in adulthood: the younger the child, the more significant mental health problems in adulthood (Kaplow & Widom, 2007, Midwest).

About 7% of young children received services to meet mental health needs (Burns et al, 2004, National)
Older Youth

Over 11 year old: twice as likely to exhibit conduct problems than younger children in child welfare services \(\text{(NSCAW, 2005)}\)

Involved with CWS:

- almost 4X more likely than youth in the general population to have been pregnant or gotten someone pregnant \(\text{(NSCAW, 2005)}\)

- more likely to receive mental health services than other age groups, though only 26% receive needed services \(\text{(Burns et al., 2004, National)}\)

Living in out-of-home care: more reported problem behaviors and substance use issues than those in their homes \(\text{(NSCAW, 2005)}\)
Pediatric health care utilization

Nationally, targeted case management increases Medicaid spending on foster care. Foster care disproportionate share of Medicaid expenditures due to mental health services (Geen, Sommers, & Cohen, 2005)

Rural vs urban does not determine adequacy of resources in Kentucky (Sullivan & Zyl, 2008)

30% of foster children do not get adequate health services due to:
  providers not taking Medicaid,
  health and mental health assessments not timely
  lack of preventive health services and dental care (Health and Human Services, 2005)

Emergency department visits (from NSCAW data) higher than national averages:
  36% of children who remain at home (Schneiderman et al, in press)
  31% for children in foster care one year (Jee et al, 2005)
Mental health service use

Latinos, African Americans, and Asian minority children in foster care are less likely to receive mental health services (Garland, Lau, Yeh, McCabe, Hough, & Landsverk, 2005, San Diego, CA)

On average only 11% of children receive services to address all their specific needs (Burns, et al., 2004; National)

Young service users are more likely to be male, in out-of-home placements, white, have a caregiver with high education, and experience multiple risks (Mcrae, Barth, & Guo, 2010, National)

Child Welfare agencies lack the necessary services, training, and supports to meet the mental health and developmental needs. (Cooper et al., 2010; Cooper, et al., 2008; McCarthy et al., 2004).

- Lack systemic approach for identifying children with mental health and developmental needs.
- States lack collaboration
- Poor provider capacity
How does the caregiver fit in the picture?

Caregivers voices: not part of health care delivery team  
(Schneiderman et al, 2007, Los Angeles)

Foster unrelated caregivers:  
Barriers to service use: lack of continuity of care, transportation and childcare 
Facilitators of service use: preexisting relationships with a pediatrician  (Pasztor et al, 2006, National)

Caregivers: child welfare caseworkers help with insurance and referrals. Kinship caregivers: less support from caseworkers. Foster parents: health training not adequate; need child’s prior health record and Medicaid card immediately on placement.  (Schneiderman et al, 2011, Los Angeles).