Snapshot of Research on Children in Child Welfare and Health Care

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Outline

• Physical, mental, & developmental health of children in child welfare system
• Data gathered from both national and local studies
• Comparing children in out-of-home care (foster care) to those served at home and general population
NSCAW: only national study of children in child welfare (CPS)

NSCAW I:
Large longitudinal nationally representative dataset
5,500 children referred to child welfare services in 97 counties
4 waves of data collection beginning in 1999.
Data obtained: children; caregivers; CPS caseworkers

NSCAW II:
5,873 children from birth to 17.5 years old from February 2008 and April 2009 in 83 counties
Health problems of children in child welfare

• Developmental and physical problems similar for young children in foster children and children who remain at home

• One quarter to a third of children in foster care have a diagnosed medical problem
What increases chances of having a diagnosed health problem?

1. Greater time in foster care

2. Greater number of agency visits

3. Age: Younger children (< 6 years)
National studies on physical health problems

All children in child welfare:
- 30% of the children had chronic medical condition(s)
- Under 2 years increased odds
- No difference by placement

Children who had been in foster care for one year:
- 32.8 % asthma; 12.3 % other respiratory problems;
- 6% allergies, repeated ear infection, skin diseases
Obesity in child welfare

Adverse Childhood Experiences (ACE) study: link between specific violence–related stressors and risky behaviors and health problems in adulthood including obesity

Childhood obesity in child welfare is now recognized as a problem

Obesity as Medical Neglect?
Obesity among children in foster care in Los Angeles CA

Long-term foster care: Prevalence of overweight/obesity (40%) and obesity (23%) was higher than national stats

Foster children in care for one year: No change in obesity

Children entering foster care: highest prevalence (46.9%) observed among the 12- to 18-year-olds
Injuries after child maltreatment investigation

In CA: Compared to unreported children
   Intentional injury death: 5.9 times greater
   Unintentional injury death: 2 times greater

NSCAW: Report of serious injuries
   10.3 % children who remain at home
   2 X more: child with chronic illness or depressed caregiver
   Less likely with older caregivers
Pediatric health care utilization

Foster care disproportionate share of Medicaid expenditures

30% of foster children do not get adequate health services

Higher than average emergency department visits
Prevalence of mental health/developmental problems

Up to 80% of all children involved with child welfare agencies (compared to approximately 20% of the general population) estimated to have emotional or behavioral disorders, developmental delays, or other indications of needing mental health intervention.
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.

**Maltreatment**: Increased depression, subsequent substance abuse, active sexually at an early age.

**Foster care as a child**: Increases problems in adulthood.
Placement affects mental health problems

**Foster care:** 2X behavior problems compared to in-home children who are not receiving services

**Group care:** serious behavior problems and depression compared with children in other out-of-home settings (selection bias?)

**Kin care:** improvements in behavior problems over other foster settings
Mental health service use

Ethnicity/Race: Latinos, African Americans, and Asian children in foster care are less likely to receive mental health services

Only 11% of children receive services to address all their specific needs
Developmental problems

Developmental delays: children <6 years in foster care: 16–62% compared 4–10% general population

Children in foster care nationally: delays at 5X the rate of all other children

½ young children in foster care: delays meet eligibility for early intervention services
Young children: most unmet needs

Infants in foster care: longer placements, higher rates of reentry into foster care

Preschoolers: increased disturbances in self-regulation

Children under 6: highest percentage of emotional/behavioral needs

About 7% of young children received services to meet mental health needs
Older Youth

Over 11 years old:
2X more likely to exhibit conduct problems than younger children in child welfare

Involved with Child Welfare:
4X more likely than youth in the general population to have been pregnant or gotten someone pregnant

Living in out-of-home care: more reported problem behaviors and substance use issues than those in homes
How does the caregiver fit in the picture?

**Caregivers voices:** not part of health care delivery team

**Foster unrelated caregivers:**
- Lack transportation and continuity of care
- Previous experience with pediatrician helps

**Kinship caregivers:**
- Less support from caseworkers
- More difficulty finding medical care
Conclusions

• Children in child welfare - most medically vulnerable population in the U.S.
• Nexus between child welfare and health/mental health systems imperfect
• Effects of childhood maltreatment lifelong
Future Information

- References and longer version of powerpoint
- Any other questions, please email me at:
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