



Snapshot of Research on Children in Child Welfare and Health Care

Janet U. Schneiderman, PhD

Associate Research Professor

November 19, 2012

Congressional Social Work Caucus Briefing



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
- <http://www.socialworkpolicy.org/wp-content/uploads/2012/06/childrenatrisk-report1.pdf>
- Any other questions, please email me at:
- juschnei@usc.edu