

Children in Child Welfare Systems: Physical and Behavioral Health Needs

There are an estimated 5.5 million children involved in the child welfare system in the United States, and between 500,000 to 800,000 of these children are in foster care.^{1,2} They are far more likely than other children to require ongoing treatment for physical and behavioral health conditions. This fact sheet examines the population of children served in child welfare in terms of their physical and behavioral health needs.

Prevalence of Physical Health Needs

Children entering foster care are more likely to have chronic medical problems. Estimates for foster children with chronic medical problems “range between 30% and 80%, with an estimated 25% of children having three or more chronic conditions. Common physical health problems include infestations, infections, asthma, vision and hearing problems, malnutrition, short stature, skin abnormalities, anemia, failure to thrive, dental caries and manifestations of abuse. A large proportion of children entering foster care also have significant emotional and behavioral health problems, with estimates ranging from 35% to 50%. Problems identified have ranged from relational and coping difficulties and school failures to emotional and behavioral disturbances causing moderate to severe impairment, with conduct disorder, attentional disorders, aggressive behavior, and depression being the most common disorders.”⁸

A recent national study examining children entering child welfare found that “86.7% had physical problems noted on their charts, with the majority having one (31.5%) or two (30.0%) problems noted. The highest occurrence of diagnoses was dermatologic, with 66.5% of the sample exhibiting atopic or infectious dermatitis. The respiratory system had the next highest occurrence of diagnoses, with 22.6% of the sample demonstrating a respiratory problem, primarily asthma. Dental caries were found in 13.2% of the sample; hematological problems were also prevalent, with 7.4% receiving a diagnosis of anemia.”⁹

Prevalence of Behavioral Health Needs

Another recent study also found that nearly half (47.9%) of children age 2-14 years (N=3,803) with completed child welfare investigations had clinically significant emotional or behavioral problems.⁶

Current research based on studies across several states suggests that between one-half and two-thirds of the children entering foster care or juvenile justice exhibit emotional or behavior problems warranting mental health services. The rate of problems is significantly higher than what would be expected among the general population. An analysis of California’s Medicaid expenditures for children showed that children in foster care accounted for 53% of all psychological visits; 47% of psychiatry visits; 43% of the public hospital inpatient hospitalization, and 27% of all psychiatric inpatient hospitalization.⁷

The Center for Health Care Strategies is working to improve the quality of physical and behavioral health care services for children in the child welfare system, particularly those covered under managed care.

Selected Prevalence Findings

For nearly three decades, researchers have documented a high prevalence of physical and mental health problems in foster children. In 1972 and 1973, researchers systematically studied the health status of 668 children, 0 to 15 years old, who had been in foster care in New York City for at least one year. Approximately half (45%) of the children had one or more chronic medical problems, and more than a third (37%) required a referral to a specialist for further evaluation and treatment. Moderate to severe mental health problems were noted in approximately 70% of the children. Since then, surveys of children living in different cities or regions of the country, statewide population-based studies, and a multi-city comparison study have confirmed these observations.³

A 2004 study examining referral data compared the overall physical and behavioral health status of a group of children entering foster care with a group of Medicaid-eligible children living with their parents. The children in the study were matched for age and gender. It identified significantly more referrals for health and developmental problems in children in foster care versus the comparison group.⁴

Referrals in Foster Care and Medicaid⁵		
Referral	Medicaid (N=264)	Foster Care (N=223)
Medical	9 (3.4)	37 (16.6)
Mental Health	2 (0.9)	28 (12.6)
Developmental	4 (1.5)	58 (26.0)
Hearing	4 (1.5)	27 (12.1)
Vision	6 (2.3)	36 (16.1)
Dental	26 (9.8)	69 (30.9)

Overall, the data in this fact sheet point to the need for constructive approaches to identifying physical and behavioral health needs among children in child welfare and to ensuring access to appropriate services

¹ L.K. Leslie, M.S. Hurlburt, J. Landsverk, et al., "Comprehensive assessments for children entering foster care: A national perspective," *Pediatrics* 112 no. 1 (2003): 134-142.

² Administration for Children and Families, U.S. Department of Health and Human Services, "Adoption and Foster Care Analysis and Reporting System," July 2006, http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report11.htm (September 2006).

³ L.K. Leslie, et al., op. cit.

⁴ L.K. Leslie, J.N. Gordon, L. Meneken, et al., "The physical, developmental, and mental health needs of young children in child welfare by initial placement type," *Journal of Developmental & Behavioral Pediatrics* 26 no. 3 (2005):177-85.

⁵ B. J. Burns, S.D. Phillips, H.R. Wagner, et. al., "Mental health need and access to mental health services by youths involved with child welfare: A national survey," *Journal of the American Academy of Child and Adolescent Psychiatry* 43 no. 8 (2004): 960-70.

⁶ Little Hoover Commission, "Testimony on Children and Mental Illness Presented at A Public Hearing on Children's Mental Health Policy," 26 October 2006, <http://www.lhc.ca.gov/lhcdir/childmh/LandsverkOct00.pdf> (September 2006)

⁷ M.D. Simms, H. Dubowitz and M.A. Szilagyi. "Health care needs of children in the foster care system," *Pediatrics* 106, no. 4 (2000): 909.

⁸ R.L. Hansen, F.L. Mawjee, K. Barton, et al., "Comparing the health status of low-income children in and out of foster care," *Child Welfare*, 83 no.4 (2004): 367-80.

⁹ R.L. Hansen, et al., op. cit.