Iowa Research Online
The University of Iowa's Institutional Repository

Health Policy Research

3-1-2004

A study of Iowa's children in foster care

Public Policy Center, The University of Iowa

Copyright © 2004 Public Policy Center, the University of Iowa

Hosted by Iowa Research Online. For more information please contact: lib-ir@uiowa.edu.

Health Policy Brief

A study of Iowa's children in foster care

University of Iowa, Public Policy Center

March, 2004

A study of the access to care and health status of Iowa foster children was conducted by the Public Policy Center

Background

Recent nationally recognized cases of children being lost within the foster care system, children being abused in foster homes, and children dying at home due to abuse when not moved to foster care have led to many questions being asked and reforms considered to improve the foster care systems at the state level.

Concerns regarding access to health care for children in foster care, particularly mental health services, have led to the need to examine the current status of foster children in more detail.

This policy brief draws information from a study of foster children in Iowa conducted in the summer of 2001 by the University of Iowa Public Policy Center for the Iowa Department of Human Services. A telephone survey was conducted with 340 foster parents in Iowa regarding the access to care and health status of the foster children in their household. All of these children had been in foster care for at least 6 months prior to participating in this study.

What are children in foster care like?

Over 50% of children included within the survey were over 11 years of age, while 16% were under 4 years of age. 52% of children in the survey were male and the vast majority (82%) was white. Of children identified as non-white (n=39), the majority was African-American (44%, n=17) or Hispanic (31%, n=12).

Most children in foster care had been in their foster home for 10-12 months.

Although all children included in the study had been in foster care for at least 6 months during December 2000 through May 2001, only 5 had been in foster care for just 6 months (2%). The majority (79%) had been in foster care for 10-12 months. This indicates a consistent pattern for children in foster care: once children are in for more than 6 months they are normally in foster care for at least 1 year. This pattern does not appear to vary based on age or gender.

Children in foster care are placed in foster homes with a wide range of income levels. 6% lived in a household with an income less than $25,000, 16% with an income between $25,000-$29,000, 30% with an income between $30,000-$39,000, 29% with an income between $40,000-$49,000, and 13% with an income between $50,000-$75,000.

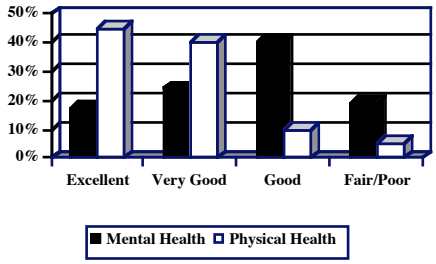
They also reside in a wide variety of family situations. Some reside in families with no other children, while others reside in families with other children who may or may not be foster children. Approximately 13% of the foster children within this study resided in homes where they were the only children at the time of the survey. These children were more likely to be older than children living in homes with other children.

Most children in foster care resided in a household with two adults (67%) or three adults (18%). However, over 10% lived in a household with only one adult and almost 5% lived in a household with more than three adults.

The mental health of foster children was rated worse than their physical health.

How is the health of children in foster care?

Knowing that children in foster care have significant needs for mental health care, we asked the parents to rate the child's physical health separate from their mental health. Though over 80% of children in foster care were rated as having very good or excellent physical health, approximately 40% were rated as having very good or excellent mental health.



Dental care was the service area with the highest unmet need.

Access to health care for foster children

Meeting the health care needs of children in foster care can be very difficult. Children may be placed in a home away from their previous primary care provider or may have never had a regular primary care provider. Often the health care needs are great, while the ability of the system to meet these needs is minimal.

The need for dental care was that most often not met. Figure 1 shows that parents of nearly 40 children indicated that they needed either dental care or orthodontic care but could not get it. Care for mental health needs was also difficult to find. Though less than 30 children had unmet need for either outpatient psychiatric care or inpatient psychiatric care, over 60% of the children needing inpatient psychiatric treatment were reported as not being able to get it.

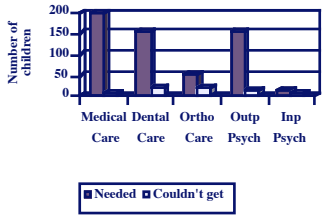


Figure 1. Number of foster children with need and unmet need for care

How did children in foster care relate to their birth parents?

Less than one-third of foster children see a birth parent on a weekly basis.

While children reside in a foster home, efforts continue to try and reunite them with their parents. Contact during the foster placement period is important to maintaining and improving family relationships in preparation for reunification.

Most of the children in this study had seen a birth parent within the last 6 months (72%). Of these children 29% saw a birth parent weekly, 14% saw one every other week, and 11% saw one monthly. Within the time frame of this study, 39% had seen a birth parent within the last week and 21% had seen a birth parent within the last month. Most birth parents visited as planned (82%), though some visited when not expected (16%). In an effort to determine how important children felt it was to be reunified with parents we asked foster parents whether children spent time talking about birth parents. Only about 1/3 (36%) of children spent at least sometime talking about living with birth parent.

Family environment for foster children

72% of children switched schools when placed in foster care.

Several questions were asked regarding the relationship of the foster child with the foster family. When asked whether the child fits into the family, 98% of parents providing foster care indicated that the child fits in very well or well. 88% of children in foster care eat all or most meals with at least one adult in the household. This rate matches the rate found for all children in Iowa.

For 49% of children, foster parents estimated that they watched TV 10 or more hours per week. This rate is below that found for all children in Iowa, which was 52%. Perhaps one of the most concerning statistics is that 72% of school age children switched schools upon foster placement. However, 80% of children and adolescents attended some extracurricular activity.

Medication use for mental health problems

42% of children in foster care had a prescription filled for a psychotherapeutic medication.

Recently, attention has been focused on the use of psychotherapeutic medications in the treatment of children in foster care (Weber, LA Times, 1998). At least one study has detailed the rates of use within a foster care population, indicating that 18% of children in foster care had used a stimulant medication, 15% had used an antidepressant and 7% had used an anticonvulsant in the previous year (dosReis, et al., 2001).

Within this study, 337 children (42%) had filled a prescription for some psychotherapeutic agent within the 20-month study period. 193 of these children (57%) were male and 144 (43%) were female. The most highly prescribed medication class was antidepressants with 203 children (25%) filling such a prescription. One hundred and sixty-one children (20%) filled a prescription for an antinarcoleptic and 126 (16%) filled a prescription for an anti-psychotic with the majority of these being for atypicals such as clozapine, risperadone, or olanzapine. Children taking an antipsychotic ranged in age from three to seventeen and were more likely to be between the ages of 7 and 15 than the study population. Those taking antipsychotics were more likely to be male.

University of Iowa, Public Policy Center
David J. Forkenbrock, PhD
Director

227 South Quadrangle
Iowa City, IA 52242

PHONE:
319.335.6800

FAX:
319.335.6801

FOR MORE INFORMATION ON THIS TOPIC CONTACT:

Elizabeth T. Momany, PhD
Assistant Research Scientist, Health Policy Research Program

elizabeth-momany @uiowa.edu

Other research reports are available for download or can be ordered from our Website:

http://ppc.uiowa.edu

What can be done to help?

Foster parents need annual education regarding the mental health treatment and prescription medications their foster child is receiving to help them manage the psychiatric medications and understand newly developing treatment options. In addition, an information and referral system to aid foster parents in locating and accessing mental health services may help to alleviate unmet needs.

Children in foster care switch schools at a time when they are already under great stress due to the identification and removal process. Though this may be an unavoidable result of removal, efforts should be made to ensure that schools are ready to aid these children in adapting to their new environment.

Related Public Policy Center Publications

1. Damiano PC, Willard JC, Momany ET, Tyler MA, Schor E, Hageman MA, Lobas J, Penziner A, Khal B. *Children with Special Health care Needs in Iowa: Results for the Iowa child and Family Household Health Survey*. October 2002.
2. Damiano PC, Willard JC, Momany ET, Tyler MA, Schor E, Hageman MA, Lobas J, Penziner A, Khal B. T*he 2000 Iowa Child and Family Household Health Survey: Statewide results*. October 2001.
3. Damiano PC, Willard JC, Momany ET, Tyler MA, Schor E, Hageman MA, Lobas J, Penziner A, Khal B. *Racial and Ethnic Disparities in the Health and Health Care use of Children in Iowa: Results from the Iowa Child and Family Household Health Survey*. October 2003.

About these policy briefs

The University of Iowa's Public Policy Center's ***Policy Briefs*** are designed to succinctly provide our research findings in a manner that is more accessible to policymakers and others. The nature of the Briefs does not allow for extensive explanation of the methods we used in our research however. More information about the specific methodologies used in any particular study can be obtained by contacting researchers at the Center and or by downloading reports with more detailed methods sections. We hope you find these policy briefs helpful to your discourse of some of the most challenging societal issues.

About the Public Policy Center

The University of Iowa's Public Policy Center was formed in 1987 to facilitate interdisciplinary academic research on public policy issues. A freestanding unit in the Office of the Vice President for Research, the Center's mission is to: carry out public policy-related research; facilitate collaboration among researchers from a variety of fields and disciplines; conduct research on topics that will affect future development and promote positive social change within the state and region; and disseminate research findings both to scholarly and lay audiences.