

Physical Health of Children in DCFS Care: Findings from 2017 Illinois Child Well-Being Study

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More than thirty years of research have shown that children entering out-of-home care are significantly more likely than other children to have health problems. A 2015 review of studies by the American Academy of Pediatrics found that 30% to 80% of children begin foster care with at least one physical health problem, a third have a chronic health condition, and about one-fifth have dental problems¹. Children in foster care also frequently have nutritional deficits that threaten their health and development². Abuse and neglect can lead to physical health problems and neglect of children's health needs can exacerbate these problems³. In addition, children in foster care often experience conditions that can impair their health, such as homelessness, exposure to drugs prenatally, insufficient pre-natal care, prematurity and exposure to other environmental toxins in their home or neighborhood⁴. The risks underline the need for up-to-date health information on Illinois children in out-of-home care.

This research brief reports findings on the physical health of Illinois children in out-of-home care through the Illinois Department of Children and Family Services (DCFS). The brief is one in a series that presents capsule summaries of results from the 2017 Illinois Child Well-Being Study in different domains of well-being.

2017 Illinois Study of Child Well-Being

The 2017 Illinois Child Well-Being Study provides a “snapshot” of the well-being of children and youth in out-of-home care in Illinois in 2017. The Children and Family Research Center (CFRC) drew a stratified random sample of 700 children and youth from the population of children and youth in DCFS care in October 2017. Older youth and youth in care for more than two years were oversampled to provide large enough subsamples of these groups to analyze, and

¹ Szilagyi, M.A., Rosen, D.S., Rubin, D., Zlotnik, S. (2015). Health care issues for children and adolescents in foster care and kinship care. *Pediatrics*, 136, E1131-E1140.

² Tooley, U., Fisher, P., & Makhoul, Z. (2016). Nutritional status of foster children in the U.S.: Implications for cognitive and behavioral development. *Children and Youth Services Review*, 70, 369-374.

³ Deutsch, S. A., & Fortin, K. (2015). Physical health problems and barriers to optimal health care among children in foster care. *Current Problems in Pediatric and Adolescent Health Care*, 45, 286–291.

⁴ Deutsch & Fortin (2015), *ibid*.

statistical weights were used to compensate for the effects of oversampling. The Survey Research Laboratory of the University of Illinois at Chicago conducted interviews with caseworkers, foster care providers, and children age seven and older between December 2017 and July 2018. For more information, see the full report of the study⁴.

Findings on Children's Physical Health

Caregivers and children themselves (age 7 and older) were asked about the child's health. Over 94% of caregivers reported that their child was in good to excellent health. However, this percentage was lower for children in group homes and residential treatment (85.7%) and specialized foster care (82.8%). Almost all children (98.0%) were up-to-date with immunizations.

However, nearly half of children and youth (46.9%) had serious or chronic health problems, based on caregivers' responses to several questions⁵. When children age 7 and older were asked questions about their health, 32.4% reported that they had an illness, disability or recurring health problem.

Caregivers were more likely to report serious or chronic health problems for boys (52.5%) than for girls (40.4%). Caregivers were also more likely to report serious or chronic health conditions for children in specialized foster care (69.0%) compared to children in other placements. Out of 12 LGBTQ+ youth in the sample, 7 (58.3%) reported that they had serious and/or chronic health problems. This is more than twice the percentage of other youth age 12 to 17 (26.1%). There was a similar difference by sexual orientation for caregiver reports of the child's serious or chronic health conditions. However, the sample of LGBTQ+ youth was so small that we must be careful in interpreting these comparisons.

Almost half of children and youth (48.4%) reported suffering an injury in the past year. The most common type of injury was a bad cut or scrape (36.3%). However, 9.0% reported a broken bone or dislocated joint, head injury or concussion (8.3%) or bad burn (6.3%). Fortunately, no child reported being shot or stabbed. For the entire sample, 27.7% of youth reported that they had seen a doctor or nurse for an injury in the previous year.

Findings on Health Services

Caseworkers reported that large percentages of children and youth who needed the following services received them: routine check-ups or immunization (98.7%), routine or preventative dental care (95.5%), services for a dental problem (87.5%), hearing screening or services (98.2%), and vision and screening services (93.3%). Caseworkers played a role in connecting children and youth with health services. They referred the child for routine check-up or im-

⁵ Children were coded as having a serious or chronic health problem if one or more of the following conditions applied: a) caregivers rated children as in fair to poor health; b) children had enduring health problems, c) child currently needed health care from a specialist, d) child currently needed special medical equipment. The same method was used in the second ILCWB study; see Hartnett, M.A., Bruhn, C., Helton, J., Fuller, T. & Steiner, L. (2009). *Illinois Child Well-Being Study: Year Two Final Report*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign

munizations in 80.7% of cases in which the service was needed, and referred the child for routine or preventative dental care in 69.3% of cases in which it was needed (in a number of cases children received the health service without needing the caseworker referral).

Caseworkers were significantly more likely to report that youth aged 12 to 17 needed services for a dental problem (22.9%) versus 12.9% of children and youth overall. They were also significantly more likely to report a need for vision screening among youth in group homes and residential treatment (65.4%) and specialized foster care (60.9%) than among children in kinship care (47.5%) or traditional foster care (40.8%). On the other hand, caseworkers were significantly more likely to report that children in kinship care needed hearing screening (41.3%) compared to children in other placement settings (27.9% to 36.2%).

Discussion

The vast majority of caregivers reported that their child was in good to excellent health. But this needs to be put in context, because caregivers' responses' suggested that nearly half of children had a serious or chronic health condition, and almost a third of youths interviewed reported a serious or chronic health problem. Clearly, health issues are a concern for a large proportion of children in out-of-home care. The good news is that high rates of children were receiving preventative health and dental services, according to caseworkers. Perhaps that explains the paradox of caregivers reporting children were in good health despite serious or chronic health conditions. Many conditions might be well-managed, allowing children to enjoy the best health that is possible for them.

The health of youths in specialized foster care and group homes and residential treatment deserves special attention, although we need to be cautious about interpreting percentages because of the smaller sample sizes for these groups. Lower percentages of youth from these settings were judged to be in good health and higher percentages needed vision screening. A large percentage of children in specialized foster care had a serious or chronic health condition. Perhaps health problems are one reason these youths received specialized versus other forms of foster care.

Several of these findings suggest the need for more study. More research is needed to explore what health problems boys and girls experience, and why boys were more likely to have serious or chronic health conditions. More study is needed to understand why adolescents were more likely to have dental problems – to what extent did they suffer from cumulative effects of poor dental care, or from age-specific dental problems such as the emergence of third molars (wisdom teeth)? We also need to understand more about the health of LGBTQ+ youth in care. Though the sample was very small, we should be concerned that most of them had a serious or chronic health condition according to both caregivers and children themselves.

The results for injuries are worrisome, though somewhat difficult to interpret because we do not know how severe a child's injuries were. Nevertheless, the finding that over a quarter of children saw a doctor or a nurse for an injury in the previous year suggests that children in out-of-home care are at risk for injuries that require medical attention. This seems high relative to

the annualized rate of 11.3% seen for nonfatal unintentional injury found by a study of American youth conducted for the Centers for Disease Control.⁶ This raises questions about whether children were in safe environments and are provided appropriate monitoring and taught safety practices.

We can take satisfaction in the finding that most children in need of regular health services were receiving them. But the high rates of health problems and injuries among children in out-of-home care means that we need to be vigilant about understanding and responding to their health care needs. We need to be especially vigilant about the health care needs of those in specialized foster care, group homes and residential treatment. The health of LGBTQ+ youth may also need greater attention, though the extent of their need should be studied in a larger sample of these youth. .

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⁶ Borse NN, Gilchrist J, Dellinger AM, Rudd RA, Ballesteros MF, Sleet DA. (2008) *CDC Childhood Injury Report: Patterns of Unintentional Injuries among 0-19 Year Olds in the United States, 2000-2006*. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.