



findings brief

Children in Foster and Kinship Care at Risk for Inadequate Health Care Coverage and Access

Historically, federal child welfare policy has overlooked the role of kinship caregivers, and, if states provided assistance, it was done through income-assistance programs. Now, children are preferentially channeled into formal kinship care by the child welfare system.

Children who live in foster care or kinship care arrangements often lack adequate physical or mental health care, according to new research by the University of Colorado's Stephen Berman, M.D., and Sara Carpenter, M.D.

Using data from the 1997 and 1999 rounds of the National Survey of America's Families (NSAF) representing 4.5 million children, the researchers examined the relationship between out-of-home placement and health insurance status and utilization of physical and mental health care services. They found that a lack of health insurance, poverty, poor health status, low level of caregiver education, and disability are some of the factors that contribute to the lack of adequate health care in this population.

"There is little information about health care utilization in this vulnerable population," says Berman. "Gaining a better understanding of these underserved groups is imperative so that policies can be developed to address their needs."

The project is the first to address health insurance, access to care, and physical and mental health service use among a nationally representative sample of children in out-of-home placement. It also identifies the impact that the type of out-

of-home placement has on health care service use and provides a direct comparison of traditional foster care, formal kinship care, and informal kinship care.

Background

Approximately three million children in the United States live in households without either of their biological parents. More than two million of these children live in kinship care arrangements. (See box on p. 2 for definitions of foster and kinship care.)

Historically, federal child welfare policy has overlooked the role of kinship caregivers, and, if states provided assistance, it was done through income-assistance programs and not the child welfare system. Now, children are preferentially channeled into formal kinship care by the child welfare system, but very little is known about this group.

Kinship care has generated much attention in recent years, mainly due to the changes in the social service system as a result of the Welfare Reform Act of 1996. The increased placement of children with relatives has created a rapidly growing segment of the out-of-home placement population.



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— Sara Carpenter,
University of Colorado

What Are Foster and Kinship Care?

Foster care is care provided for children in state custody who are unable to remain safely in their homes. Children in foster care stay with a family that provides safety, nurturing, and support. Foster care is part of a process that leads to a permanent home for the child. If a child is a temporary ward, then the goal is to return home. When this is not possible, the child becomes a permanent ward, and the outcome goal is adoption.

Kinship care is a generic term that is broadly used to include formal and informal arrangements where children are living with and being raised by relatives, or even close family friends, who are not their parents.

- ◆ Formal kinship care arrangements apply to children reported to the Child Protective Service agency, removed from the care of a parent or guardian, and placed in state custody with the local department of social services. This department is then responsible for providing support services and supervision to the child/children while they are cared for in a kinship care placement. These children fall under the care and protection of the formal child welfare system.
- ◆ Informal kinship care is care provided by a blood relative or friend of the family without the involvement of the local department of social services. Often, these children have not come to the attention of the Child Protective Services agency and are living under an agreement among family members. All family matters are handled within the family unit.

“It is important to distinguish between informal and formal kinship care, yet this is rarely done in studies,” says Carpenter. “There may be substantial differences in these populations with respect to the events precipitating the placement, the potential impact of social services involvement, the degree and monitoring of parental involvement, and the structure of the households.”

Methods

The NSAF survey sample is representative of the non-institutionalized, civilian population under 65 years of age and gathers data on economic, health, and social characteristics of U.S. children and families in order to estimate well-being. Data collection occurred primarily in 13 states: Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New York, Texas, Washington, and Wisconsin. In addition, a sample of households was also identified from the balance of the country.

The researchers’ primary objective was to examine the children’s health status, health insurance status, age-appropriate well-child

care use, and utilization of the emergency department and hospitalizations. In addition, they planned to identify unmet health care needs, such as the inability to obtain dental, medical, or surgical care when required. They evaluated these variables for each of the study groups in comparison to a control group of children who were living with at least one biological parent, as well as in comparison to the various types of out-of-home placement.

After the preliminary evaluation of the NSAF data, the primary objective was refined to reflect:

- ◆ Informal kinship care vs. with-parent group (control group);
- ◆ Formal kinship care vs. foster care; and
- ◆ Informal and formal kinship care vs. foster care, focusing on mental health needs.

The researchers examined all the variables in the NSAF data to identify which were appropriate and reliable enough to address the study questions of interest. They also ensured

that the study groups of interest created by the NSAF researchers accurately reflected their definitions for those groups. The researchers then performed univariate analyses for all the variables of interest to ensure the appropriateness of collapsing both the 1997 and 1999 rounds of the NSAF together. Finally, they performed multivariate analyses to address the study questions of interest.

Findings

The researchers found that children living in both formal and informal kinship care arrangements had an increased risk of lacking health insurance. Children in informal kinship care were also less likely to receive preventive health care than controls. In addition, both kinship groups were more likely to live in homes below the federal poverty level and with caregivers who were older and in poorer health.

Children in formal kinship care may not have access to the same support services afforded to children in the child welfare system. The following findings are broken down by each of the specific comparison groups.

Compared to the with-parent control group, those in informal kinship care were more likely to:

- ◆ Be older, African American, living in poverty, and experience household food shortages in univariate analyses.
- ◆ Be uninsured and either lack well-child care, or have a caregiver who was unaware of well-child care that had been received in both univariate and multivariate analyses.
- ◆ Lack a regular source of care and to be in poor health in univariate analyses but not in multivariate analyses. However, lacking health insurance was the most significant predictor for lacking a regular source of care and likely contributes substantially in the informal kinship population.
- ◆ Have older, unmarried, and less educated caregivers, who are in poor health, or have a disability in univariate analyses.

Compared to those in traditional foster care, those in formal kinship care were:

- ◆ More likely to be older, African American, living in poverty, and have a higher probability of experiencing household food insecurity in univariate analyses. In multivariate analyses, children in formal kinship care had twice the odds of living in poverty and experiencing household food insecurity.
- ◆ Equally likely to experience poor health status and a limitation in their activity in univariate and multivariate analyses.
- ◆ More likely to lack health insurance, and have a five-fold increase in the odds of lacking health insurance in multivariate analyses. However, they were more likely to receive well-child care (or to live with a caregiver who knew about prior well-child care) in univariate analyses.
- ◆ More likely to be older, unmarried, less educated, in poorer health and disabled in univariate analyses.

Compared to those in traditional foster care, those in any type of kinship care:

- ◆ Were more likely to be African American and living in poverty in univariate analyses.
- ◆ Had significantly lower mental health service use, even among children with mental health need. Mental health need was lowest in the informal kinship group in univariate analyses. Children in informal kinship care were almost five times more likely, and children in formal kinship care were more than twice as likely, to lack mental health services in multivariate analyses.

Conclusion

Clearly, obtaining health insurance is a problem for both formal and informal kinship groups. “Most of these children would likely be eligible for Medicaid based on household income,” says Berman. “Outreach and enrollment policies for public insurance programs need to recognize children living in kinship arrangements as a unique and high-risk population.”

While children in formal kinship care received fewer mental health services than those in foster care, almost one quarter of children in foster care with mental health needs did not receive services.

“Children who have been removed from their homes by state agencies have experienced significant abuse and/or neglect,” says Carpenter. “Regardless of who they are placed with, they all deserve thorough mental health evaluations and ongoing therapy if it is deemed necessary.”

“Policies of obtaining mental health evaluations for these high-risk groups of children must address this unmet need,” Berman concludes.

In addition, child welfare agencies and policymakers may need to re-evaluate the current

practice of preferentially placing children in kinship homes. These placements may require a substantially greater amount of financial and social services support to address the fact that formal kinship children have high rates of health problems, while their caregivers are often elderly, living in poverty, and suffering from poor health.

“Children in formal kinship care are not dissimilar to those in traditional foster care in their high rates of physical and emotional problems,” says Carpenter. “However, formal kinship children may live in households with far fewer resources to meet their needs.”

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