

# **Medical, Developmental and Behavioral Problems of Foster Children and the Capacity of Foster Care Providers in Florida**

**SUMMARY REPORT OF KEY FINDINGS\***

**Study Conducted by**



**at the  
University of South Florida**

**and the**

**Department of Health Policy and Epidemiology  
Institute for Health Policy Research**



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Foster Children and the Capacity of Foster Care  
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*Summary Report of Key Findings\**

**Ed Feaver**  
Project Director  
Lawton and Rhea Chiles Center for Healthy Mothers and Babies  
1310 Cross Creek Circle, Suite A  
Tallahassee, FL 32301  
850-413-0714

**Leslie L. Clarke, Ph.D.**  
Co-Principle Investigator  
Department of Health Policy and Epidemiology  
Institute for Health Policy Research  
University of Florida  
Gainesville, FL 32610-0166

**Cheryl Amey, Ph.D.**  
Co-Principle Investigator  
Department of Health Policy and Epidemiology  
Institute for Health Policy Research  
University of Florida  
Gainesville, FL 32610-0166

**Research Assistants:**  
**Marika Spevack, Ph.D.**  
**Sylvia Ansay, Ph.D.**  
**Galina Stavreva, M.A.**  
**Secretarial Support:**  
**Susan Gale**

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**\* To obtain an electronic version of the full report, this summary or the Phase 1 Foster Care Study Report see the Team Florida website index: <http://www.teamfla.org/siteindex.html> and click on the report title. To obtain a paper copy of the full report call Susan Gale in the Department of Health Policy and Epidemiology, University of Florida at 352-265-80341. Questions about the study should be directed to: Leslie Clarke, Ph.D. , Department of Health Policy and Epidemiology at 352-246-3545 or email: [llc@hpe.ufl.edu](mailto:llc@hpe.ufl.edu).**

## STUDY BACKGROUND

### Study Purpose

This document summarizes the results of the second phase of a two-part study on foster children in Florida, completed by the Lawton and Rhea Chiles Center for Healthy Mothers and Babies. The first part of this study examined issues related to the recruitment and retention of foster parents in Florida. Recommendations were made regarding ways to improve recruitment and retention, based on the analysis of interviews and focus groups with foster parents and foster children in Florida. A full report on this study is available on the Team Florida website: <http://www.teamfla.org/siteindex.html>.

The purpose of this second phase of the study was to understand the specific needs of foster children in Florida and compare this information to the availability of foster parents to identify the gaps or needs in the number of foster care providers based on child needs. To accomplish this we surveyed a random sample of foster care providers in Florida, statewide and in Palm Beach and Broward counties<sup>1</sup>. Palm Beach and Broward counties were surveyed specifically because of concerns raised in recent lawsuits related to the adequacy of foster care in those counties. The purpose of the study was to measure:

- The types and severity of health, developmental, emotional and behavioral problems among foster children in their care;
- The skill and knowledge levels of foster parents;
- The willingness of foster parents to care for children with different levels of problems; and
- The match between parent skills and the needs of the foster children they care for.

The full report presents estimates<sup>2</sup> of the following for the state and separately for Palm Beach and Broward counties<sup>3</sup>:

- The distribution of health, developmental and behavioral problems among foster children in Florida;
- The characteristics of foster care providers, overall and by type of foster care provider;
- The knowledge and skill levels of foster parents and their willingness to care for children with average, moderate and severe levels of need;
- The average amount of hours and out-of-pocket expenses foster parents contribute to the care of foster children; and
- The gaps in foster home capacity based on foster child age, and health and behavioral problems.

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<sup>1</sup> Any reference to regional differences in this report refers to these regions only: Palm Beach County, Broward County, and the State as a whole.

<sup>2</sup> All estimates presented in this report exclude children in Independent Living situations and children in hospitals, detention centers, or similar facilities, as well as some children for whom Child Placing Agencies were responsible (see methods section).

<sup>3</sup> All regional comparisons are based on children in family foster homes only. See full report for an explanation of this limitation.

## KEY FINDINGS

### Demographic Characteristics of Foster Children

- ❖ Approximately 26% of children in foster care are age 3 or under, 45% are between the ages of 4 and 12, and 30% of these children are over 12. Comparing children in family foster homes only, age varies across Palm Beach County, Broward County, and the State. Statewide, approximately 22% of foster children in family foster homes are teens, compared with 16.2% in Palm Beach and 25.7 % in Broward.
- ❖ Slightly less than half of children in foster care are white (45.8%), slightly fewer children are black (37.7%), and 7% are Hispanic. The remaining 10% of children are of Haitian (1.7%), Asian (0.01%), or other (5.2%) ethnic/racial heritage. Race also varies across Palm Beach County, Broward County, and the State among children in family foster homes. Children cared for in family foster homes in both Palm Beach (39.7%) and Broward (41.3%) counties are slightly less likely to be white than children in this type care statewide (45.7%).
- ❖ White foster children are significantly more likely to be cared for by foster parents with incomes of over \$40,000 than are children of color. Overall, black children are less than half as likely as are white children to live in a higher income home. Even in homes where the provider is black, the proportion of white children in higher income homes is almost twice that of black children.
- ❖ Seventy-nine percent of all children in foster care are cared for in Family Foster Homes, 3% are in Family Group Homes, 17.3% are in Residential Facilities, and 0.8% are cared for in Therapeutic Foster Homes. Palm Beach and Broward Counties are less likely to provide care for children in Family Group Homes and Therapeutic Homes than are their counterparts across the State.

### Health and Medical Problems of Foster Children

- ❖ Nearly 27% of foster parents reported that their foster child had a chronic health or medical problem.
- ❖ Statewide, children in family foster homes are roughly as equally likely to have chronic medical problems (29.47%) as are children in all types of care. However, the proportion of children in family foster homes with chronic medical problems is significantly different across Palm Beach County, Broward County, and the State. Children in family foster homes in Palm Beach are more likely to have a chronic medical problem (36.4%) and children in Broward are less likely (21.2%) than are these children statewide.
- ❖ Of all children with chronic conditions regardless of type of care, 39% require medical equipment, 22.2% have conditions that limit their ability to feed themselves, and more than 58% of these children require 24-hour care.

- ❖ Approximately one-quarter (25.4%) of children in foster care have severe health problems (as determined by limitations of chronic illness and other health problems). An equal proportion (26.9%) have moderate levels of health problems, and 47.7% of all children in foster care have only mild levels of health problems or none at all. Among children in family foster homes, those in Broward County are more likely to have few health problems (57.0%) than are children in Palm Beach (44.9%) or children in this type of care statewide (46.6%).
- ❖ The most frequent medical problems are speech, hearing or vision impairments (28%), developmental delays (23.6%), attention deficit and attention deficit hyperactivity disorders (20.9%), dyslexia (19.9%), and depression or other mental illness (15.9%).

### **Developmental and Behavioral Problems of Foster Children**

- ❖ Approximately one-quarter of children in foster care 0-3 years of age suffer from potentially severe functional deficiencies as measured by the Parent's Evaluation of Developmental Status (PEDS)--an instrument used to identify behavioral and developmental problems in young children. Roughly thirty-five percent of children in this age group show moderate deficiencies and 39% show no indication of functional deficiencies.
- ❖ The PEDS scores of children in family foster homes vary across Palm Beach County, Broward County, and the State such that among foster children less than one year of age, Broward County has a disproportionate share of children with potentially severe functional deficiencies (28.5%) compared to children in Palm Beach (18.8%) and statewide (13.3%). However, children ages 1-3 in both Broward (44.4%) and Palm Beach (45.6%) are more likely to show no indication of problems than are children in this type of care statewide (36.6%).
- ❖ Foster parents' responses to the Pediatric Symptom Checklist (PSC)—an instrument used to detect behavior problems in older children—indicate that Hispanic and white foster children may have higher levels of behavior problems than other foster children. When examined by race, the prevalence of behavior problems (as indicated by the PSC) among 4-18 year olds was 44.7% for Hispanic children and a slightly lower 38.4% for white children. By comparison the scores of only 24.3% of black children and 20.5% of children of other races indicated some level of behavior problems.
- ❖ Similar to their younger counterparts, 26.6% of 4 -18 year olds suffer severe emotional/behavioral problems, based on a composite index of behaviors. More than half (52%) show no more than average levels of emotional/behavioral problems.
- ❖ There are no significant differences in the distribution of severe emotional/behavioral problems among children in family foster homes comparing Palm Beach County, Broward County, and the State.

- ❖ Racial differences in placement may alter the foster care experience for children of different racial and ethnic backgrounds with severe emotional or behavioral problems. Comparing children with similar levels of problems, black children with severe problems are 50% more likely than Hispanic children and twice as likely as white children to be living in a residential facility. More than 8 out of 10 children in therapeutic foster homes are white.

### **Demographic Characteristics of Foster Care Providers**

- ❖ The mean age of foster parents is 47 years. Foster parents range in age from 18-81.
- ❖ Approximately fifty-six percent of foster parents are white, 34.7% are black, 6.8% are Hispanic, and the remainder (2.1%) is of other ethnic/racial heritage. Providers of family foster care in Palm Beach (39.4%) and Broward (47.0%) Counties are less likely to be white than are their counterparts statewide (55.6%).
- ❖ The income of foster parents is slightly higher than that of all households in the State. Only 6.2% of foster parents have incomes less than \$10,000 compared to 15.1% for the population at large, and more foster parents have incomes greater than \$50,000 than the general population (26.4% compared to 20.8%). Family foster care providers in Palm Beach (35.1%) and Broward (36.7%) are more likely to be in the highest income category (>\$50,000) than are family foster parents statewide (25.9%).
- ❖ On average, foster parents have been engaged in the care of foster children for 5.8 years. However, some have been foster parents for as long as 37 years. Half of all foster parents have been providing this care for 4 or fewer years. Palm Beach County has the fewest family foster care providers who have been engaged in this work for 2 or fewer years (19.1%) and the greatest proportion of those who have been foster parents for more than 10 years (34.8%).
- ❖ Approximately 40% of foster parents have been engaged in the care of foster children in Florida for 2 years or less.
- ❖ On average, foster parents have cared for 25 children in the course of their tenure. Half of all foster parents have cared for more than 9 children. Palm Beach family foster care providers are more likely to have cared for more than 40 children (25.8%) than are their counterparts in either Broward County (14.7%) or statewide (16.0%).
- ❖ Eighty-four percent of family foster care providers statewide indicated that there was no overcrowding in their homes based on state standards. However, only 58% of group home providers comply with state capacity standards. Among family foster homes, Broward County had the least overcrowding: only 7% of family foster care providers in Broward County reported that there were more than 5 children living in their home. The level of overcrowding in family foster homes in Palm Beach was similar to the state level.

## **Foster Parent Investments in the Care of Foster Children**

- ❖ In nearly half of all foster homes (45.4%) both parents work outside of the home at least part-time.
- ❖ About 1/3 of all providers report having to take time off from work to attend to the needs of their foster children.
- ❖ Of those who do take off time from work, 23% have had to take off more than 3 days in the past month. Nearly one-quarter of these foster parents report that they have lost more than \$500 in a recent month as a result of this lost work. Family foster care providers in Broward County report taking off more days of work and losing more pay for time lost than do family foster care providers statewide. Palm Beach providers do not vary significantly from providers statewide on these characteristics.
- ❖ More than sixty percent (62.2%) of foster parents report that the board rate does not cover the cost of caring for their foster children. Family foster care providers in Broward County are more likely to report that the board rate does not cover their expenses (67.7%) than are these providers in Palm Beach (57.3%) or statewide (61.1%).
- ❖ Clothes (50.6%) and extracurricular activities (33.9%) are the leading out-of-pocket expenses reported by these foster parents.

## **Knowledge and Skills of Foster Parents**

- ❖ A comparison of foster parents' responses with data from case records indicates that about half (46.3%) of all foster parents do not have important information related to the history of the child that is available in the case record.
- ❖ In response to questions about the trauma history (i.e., abuse, neglect, exposure to drugs and domestic violence, etc.) of the children in their care, only 6.7% of respondents in residential facilities could answer yes or no to 100% of these questions. Providers in other types of homes were somewhat better informed (25% of therapeutic providers, 22% of family foster home providers, and 20% of family group home providers).
- ❖ Providers in Palm Beach County (27.1%) were slightly more likely to report knowledge of 100% of the questions related to the trauma history of the child for whom they were caring than were their counterparts in Broward County (21.0%) or across the State (24.2%).
- ❖ When asked about their foster child's interaction with his or her birth parents, foster parents reported that only about 24% of foster children visit with their birth parents on a regular basis. In addition, nearly three-quarters of all foster parents report that they never talk with their foster child's birth parents outside of these visits.

- ❖ Foster parents in Palm Beach County, Broward County, and statewide feel that they are most knowledgeable about building self-esteem in children. Between 70 and 84% of providers, depending on the type of provider, rated themselves as very knowledgeable in this category.
- ❖ Foster parents feel least knowledgeable in such varied areas as foster care case planning and goal setting, allergy management, and the legal rights of juvenile offenders. In none of these areas did more than half of the providers, regardless of type, consider themselves very knowledgeable.
- ❖ In no category of knowledge do family foster care providers in Broward County rate their skills and knowledge lower than that of similar providers statewide. In only one category, Contraception and Birth Control, did these providers in Palm Beach rate themselves lower than their statewide peers.

### **Foster Parent Training Issues**

- ❖ Roughly 63% of all foster parents reported the need for additional skills to manage their foster children. Family foster care providers in Broward County (52.3%) were somewhat less likely to report the desire for additional skills than were similar providers in either Palm Beach (60.5%) or statewide (62.2%).
- ❖ When asked to design a training program, more parents would include behavior management (33%) than any other topic. Improving the relationship with and support from the Department of Children and Families, identifying and dealing with children's mental health problems, a better understanding of their foster children's history, and medically-oriented topics were the next most frequently identified topics, at approximately 17% each.
- ❖ Providers are most interested in receiving training from mental health specialists (51.7%). Department of Children and Families staff/social workers (7.9%) are second only to courts/police (3.7%) as the least mentioned groups from whom foster parents desire training.
- ❖ Across all regions and provider types, the number one barrier to attendance at training is the timing. Roughly fifty-two percent of all providers reported that trainings are held at inconvenient times. A close second is childcare (43.2%).
- ❖ Nearly 9 out of 10 parents reported that they would attend training if these barriers were addressed. Only slightly fewer family foster care providers statewide (86.7%) and in Broward County (85.0%) report that the alleviation of barriers would enhance their attendance. Family foster care providers in Palm Beach are the least likely (80.2%) to report that the alleviation of barriers would enhance their attendance at training.

## **Estimated Gaps in Foster Home Capacity Relative to Foster Child Needs**

- ❖ Nearly half of children in foster care have average levels of emotional and behavioral problems and can be adequately cared for by a skilled and experienced parent.
- ❖ Nearly 1/3 of foster children (N=3552) have severe emotional and behavioral problems and may require therapeutic care. Yet, only 17.3% of providers (N=813) report that they hold a therapeutic license. As a result, only 31% of children with severe emotional or behavioral problems are in a licensed therapeutic home.
- ❖ Gaps in available services are particularly stark for teens—1400 of whom (nearly 40% of all teens in foster care) can be classified as having severe emotional or behavioral problems. Only 740 foster parents (15% of all foster parents) are willing, even with all the training and supports they would need, to care for this group of children. In addition, there is a shortage of more than 100 homes for children with severe problems in the 1-3 year age category.
- ❖ Variation in foster children’s and providers’ characteristics and providers’ preferences may influence local gaps in service. Though overall equal numbers of foster parents in Palm Beach, Broward, and statewide are willing to care for severely troubled children, white family foster care providers in Palm Beach County are significantly less likely to indicate a willingness to care for these children.
- ❖ Gaps also appear to exist in regard to the ideal care for children with severe health problems—this is especially true for very young children who are more likely to fall in this category. While nearly 30% of all children (N=3449) in foster care have severe health problems, only 10.9% of foster homes (N=514) report that they have a medical foster care license. Because of this gap in licensed providers, only 22% of children with severe health problems are cared for in a home or facility with a medical license.

### **Policy Implications**

The results of this study provide extensive detail on the problems and needs of foster children and the skills and capacity of foster parents in Florida. The data show a high level of medical, developmental, and behavioral needs among foster children as well as some gaps in foster parent capacity to care for foster children with the greatest needs. These data also show that foster parents do not have complete information regarding their foster child and often do not feel highly skilled or knowledgeable in some key areas related to the care of foster children. These results corroborate those of the first phase of this foster care research (The Lawton and Rhea Chiles Center for Healthy Mothers and Babies, 2000) in which we found that the foster care system needed to improve its ability to assess the needs of foster children and communicate these needs to foster parents, to expand targeted recruitment efforts, and to expand health care and social services to children with medical or behavioral problems.

In addition to these general conclusions, we have highlighted specific areas of greatest concern below.

- 1. The medical, behavioral and emotional needs of foster children are not adequately or routinely assessed, and when this information is available, it is often not communicated to foster parents or adequately documented. The consequence of this information gap is that many of the needs of foster children are not being met.**
  - The assessment, documentation and dissemination of information on the needs of foster children must be improved to assure that that critical diseases, trauma and other issues can be properly addressed by foster parents, foster care staff, the medical system or other treatment systems. A few regions in the State are implementing assessment and treatment procedures that could be used as models for expanding assessment and treatment statewide.
  
- 2. Many foster parents are inadequately trained or otherwise prepared to deliver the medical or behavioral interventions needed by their foster children.**
  - The training program for foster parents must be expanded to include effective skill-building in the areas of: behavior management, coping with sexually aggressive children, communicating with Department staff and receiving support, dealing with children's mental and emotional health problems, identifying and treating childhood diseases and understanding legal issues relating to foster care. Trainings should be provided by mental health professionals or other experts in these areas, physicians and other health care providers or experienced foster parents.
  
- 3. The current board rate paid to foster parents does not meet all of the expenses or cover the lost wages that may be associated with caring for a foster child. The average deficit reported by foster parents was approximately \$200 per month. These additional funds were spent primarily on clothing, extracurricular activities, and family activities and entertainment. While foster parents in this study did not mention the board rate as a hindrance to recruitment, they did mention frustration at the low levels of funding for clothing, extracurricular activities, and other things they thought should be covered by the state and not out of pocket.**
  - The board rate should be raised to help parents meet the needs of foster children. The majority of foster parents work outside of the home; a higher board rate may free up some time from work to meet the needs of foster children.
  
- 4. The behavioral and medical needs of foster children currently in care exceed the willingness and capacity of current foster care providers to care for all children, particularly those with the greatest needs. As reported here, only 740 foster parents are available and willing to care for the 1400 teens who have severe emotional or behavioral problems.**

- To address this problem, improved recruitment of foster parents is needed, but this recruitment should come only after improvements have been made to the overall system of training, communicating with and supporting foster parents before, during and after a foster care placement.
- 5. The experience of children in foster care varies according to their racial and ethnic backgrounds. This is especially true for black children and, to a lesser extent, Hispanic children. Black children are disproportionately placed in residential facilities and in family foster homes with lower household incomes. Both black and Hispanic children with severe emotional or behavioral problems are more likely to be placed in a residential facility than white children with similar levels of problems.**
- This study cannot determine the reasons for these differences. The fact that black providers are more likely to have limited resources may play a role in this. If so, targeted recruitment efforts may be a useful strategy. However, more research is needed to better understand these discrepancies and to address them effectively.

## **STUDY METHODOLOGY (Abbreviated)\***

### **Study Design and Instrument**

The design of this study was based on many months of literature review, discussions with State and national experts, and data gathering from other states on instruments used to assess and place foster children. The random sampling of both foster parents and foster children assures the generalizability of the survey data to both populations of interest. Case record reviews on a subset of foster care children were completed to compare the extent and validity of foster parent knowledge of their foster children.

### **Sampling**

A multi-stage design and sampling procedure was used for this study. First, we divided the state into three regions: Broward County, Palm Beach County, and the rest of the state. This division was necessary to allow for oversampling to be completed to be drawn in Broward and Palm Beach so that the data could be analyzed separately for these regions. As a whole, the three samples reflect the entire State and all foster children and providers in it (with the exception of those excluded from the target population as indicated in footnote 4).

Second, each region was divided into four (4) categories by types of foster care providers to enhance the likelihood that the sample would accurately reflect the distribution of provider types across the state, and a sample was selected from each category based on the proportion of foster children cared for with in each group. The large number of foster care providers in ICWSIS was collapsed into four main types of homes: 1) Family foster homes, 2) Family group homes, 3) Therapeutic foster homes, and 4) Residential facilities. Table 1 summarizes how the

ICWSIS provider types were collapsed into the smaller set of provider types used for this study. [Note: category names are from the ICWSIS Manual, Chapter 5, Providing Licensing/Placement Information Form, Data Elements and Codes, September 1, 1994, DCF].

It is important to note that some proportion of children in the State database are children who have been placed in emergency shelter care and are not officially foster children. We examined the State data to estimate what proportion of children are in this category. Although only 4.5% of all providers are designated as Emergency Shelter providers, an examination of the ICWSIS database<sup>4</sup> indicates that approximately 25% of all children in the target population are categorized as having the status of “Emergency shelter waiting disposition.”

### **Completed Interviews**

A total of 639 provider interviews were completed reflecting 818 foster children. These interviews were completed between December 27<sup>th</sup>, 2000 and March 10<sup>th</sup>, 2001. To complete this number of surveys, contact was attempted with more than 1,500 providers. A large number of subjects could not be contacted due to incorrect or disconnected numbers, answering machines, subjects who were no longer foster parents, and various other reasons.

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<sup>4</sup> It is not possible to ascertain the exact percent of children in the sample population by status as child variables in the ICWSIS cannot readily be linked to the focus children selected at the time of the interview. We can, however, assume that the distributions are very similar.