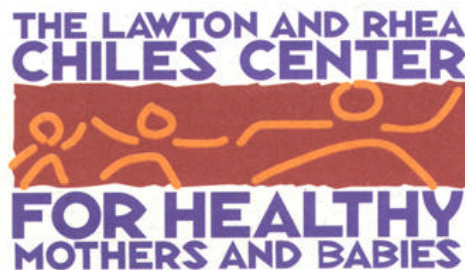


# **Medical, Developmental and Behavioral Problems of Foster Children and the Capacity of Foster Care Providers in Florida**

**FINAL REPORT**

**Study Conducted by**



**at the  
University of South Florida**

**and the**

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



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

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## STUDY BACKGROUND AND KEY FINDINGS

### Study Purpose

This document reports on 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.

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.

This 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;

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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 Appendix A for an explanation of this limitation.

- 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.

The next section contains a summary of the key findings of this research.

## 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 (29.4%) 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.

## STUDY METHODOLOGY

### 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. This information was used to determine that a telephone survey of foster care providers in Florida would be the most efficient way to collect information on the problems and needs of foster children. The study was designed to collect information from foster care providers on provider characteristics, skills and self-assessed capacity, as well as on known behavioral and emotional problems of a randomly selected foster child or children in their home. 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. The following describes the details of the study design and sampling.

**Survey Instrument.** The survey instrument is comprised of more than 100 questions on the problems and needs of foster children and the current capacity of the foster parent population to meet those needs. The categories of questions include the following:

- ❖ Medical problems of and medical care received by foster children;
- ❖ Behavioral and emotional problems of foster children and the levels of severity of these problems;
- ❖ Distribution of various characteristics of foster care providers, including race, age, marital status, employment and years as foster care providers;
- ❖ Skills, knowledge and comfort levels of foster care providers;
- ❖ Time and financial commitments of foster care providers to foster children;
- ❖ Willingness of foster care providers to care for foster children with different levels of need; and
- ❖ Interest of foster care providers in additional foster care training.

Several scientifically validated instruments were selected for inclusion in the survey instrument. We selected two pre-existing instruments in their entirety—one for children under age 4 and one for older children - to efficiently and effectively categorize children in need of support for behavioral and emotional problems. These instruments are superior to informal methods and are becoming widely used as screening tools in pediatricians' offices. They are designed to be completed quickly by a parent and do not require professional administration, though they correlate closely with many of the



more extensive professional tools (CGAS, CAFAS, etc.) currently in use to assess child functioning. Both instruments are endorsed by the American Academy of Pediatrics.

The first instrument is the **Parents' Evaluations of Developmental Status (PEDS)**. Designed for children 0 to 8 years by Dr. Frances Page Glascoe and colleagues at Vanderbilt University, *PEDS* has been thoroughly validated, assessed for reliability and accuracy, and standardized on 971 families from varying socioeconomic and ethnic backgrounds (see Glascoe FP, Altemeier WK, MacLean WE, 1989). This instrument is also used in at least one state, Tennessee, to assess all foster children before they are placed in a foster home.

The PEDS is a 10-item tool that assesses the following concerns regarding the developmental status of children: global/cognitive development; expressive language and articulation; fine- and gross-motor skills; behavioral problems; social-emotional problems; self-help; school problems and other issues. The PEDS is one of the most brief and accurate methods for detecting developmental delays and behavioral problems among very young children. The instrument was designed to allow screening of children upon entrance to school. It has been standardized and has high specificity. The results suggest needed follow-up depending on the levels of problems. It is designed to be completed by a parent but has also been validated under interviewer administration.

For children four years of age and older, we selected the **Pediatric Symptom Checklist (PSC)** developed by Drs. Michael Jellinek and Michael Murphy at Massachusetts General Hospital. This instrument, too, has been validated in a variety of settings representing diverse socioeconomic backgrounds, can be completed by a parent, and is easy to score (see Jellinek, Murphy, Robinson, et al., 1988 and Murphy, JM & Jellinek, MS, 1988). The child's score on this 35-item instrument indicates the potential presence of a behavioral disorder and can also help decide whether mental health services or behavior interventions are needed.

In addition to the 35-item PSC, we included seven (7) questions that allow us to group children with more serious problems. Based on research by Fields and Ogles (see Fields, S and Ogles, B, 2000) these questions allow us to effectively categorize older children with emotional disturbances by levels of severity. These items are also virtually the same as the major maladaptive behaviors used in Hillsborough County to assess foster children for placement in competency-trained homes.

The other questions in the survey follow closely on the criteria used by other states both to categorize a child's need for care and to select foster parents to provide care for these children. In most of these questions a 0 to 3 scale is used so that we can better measure the distribution of skill levels than we could with simple yes or no questions.

Staff at the Department of Children and Families reviewed instrument drafts. The final instrument was field tested with volunteer foster parents in phone interviews, and was reviewed by members of the Florida Foster Parent Association. The final instrument is comprehensive in scope and provides information that is generalizable to all foster parents and foster children in the State.

The confidence levels attained with this survey, as explained below, are +/- 3 to +/-5 percentage points of error at 95% level confidence level.

## **Study Data and Preparation**

The target population of children in foster care in Florida is based on the ICWSIS payment data from October 2000. The ICWSIS is the data system used for the tracking of payments made to providers for services provided to foster children. The system is the only statewide listing of all providers of service to foster children in the state and includes basic demographic information for the children on whose behalf the payment was made. These data were obtained from the state, analyzed to understand the distribution of providers and foster children across the state, and used for the sampling of foster parents. These data were first cleaned to remove duplicate providers or multiple providers at the same address.

Descriptive data from this file show that the target population of 4,796 foster care providers in the State received reimbursement for 13,945 children in October 2000.<sup>4</sup> These children ranged in age from less than one month to 23 years. The average age of children in foster care was approximately 8 ½ years. Slightly more boys (52.5%) than girls (47.5%) were in foster care at this time. Neither age nor sex varied substantially by district.

## **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,

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<sup>4</sup>This number excludes children who were in independent living situations and children in hospitals, detention centers, or similar facilities, as well as some child placing agencies. Children assigned to child placing agencies were excluded only if the payment for care went to the agency rather than the foster parent. In these cases we were not able to acquire the contact information for the foster parent.

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].

### **Recategorization of ICWSIS Provider Types for Study Analysis**

<b>ICWSIS Provider Type Categories</b>	<b>New Categories Used in Study</b>
DCF foster home, Child Placing Agency foster home, Emergency Shelter Family Shelter, Emergency Shelter Foster Home- Dual licenses	Family Foster Home
DCF Group home	Family Group Home
Enhanced residential, Enhanced residential 24-hour awake, Emergency Shelter continuous supervision, Residential care	Residential Facility
Therapeutic foster or group home	Therapeutic Home

In brief, the first two categories of providers represent the most typical levels of care: **family foster homes** and **family group homes**, both of which are provided in private family homes. These two types of homes can be differentiated by the age of the children and the reporting requirements on foster parents. Family group homes are limited to adolescents and pre-adolescents. Further, more stringent reporting requirements are placed on providers of family group care and additional supports (such as a visiting counselor) are often provided. In the analyses presented here, family foster care also includes the emergency shelter care that is provided in family homes. The third category of care, **residential facilities**, is typically group or residential care that occurs in a facility rather than a home and that is provided by paid staff. In addition, overlay or special services, such as counseling or treatment services are often provided in-house. These overlay services may vary from provider to provider. **Therapeutic foster care** is that which most typically occurs in a family setting, but may also be residential (note, in our sample, therapeutic foster homes were virtually all family-based). As defined for Medicaid reimbursement, specialized therapeutic foster care is characterized by close supervision of the child in a foster home, and services must include clinical interventions by the foster parent, a clinical staff person and a psychiatrist. To qualify for these services a child must have a history of abuse or neglect and serious emotional disturbance or a history of delinquent acts and have a serious emotional disturbance.

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>5</sup> indicates that approximately 25% of all children in the target population are categorized as having the status of “Emergency shelter waiting disposition.” This cannot be viewed as indicating that one-quarter of the children in these analyses are in care for such short periods of time that their needs are irrelevant to any planning that may be based on this information. Thirty percent of these children have been in care for more than six months and some as long as 4 years. Further, the inclusion of these children may understate the estimates of unmet need in several categories as these children are younger (median age 6 years vs. 9 years for children formally placed in substitute care) and are only half as likely as “substitute care” children to have an identified serious problem (per the ICWSIS ALERT indicator), 20% vs. 10% for emergency care and substitute care children, respectively. The distribution of children within each of the provider type categories in the ICWSIS database is presented below.

<b>Category of provider</b>	<b>ICWSIS Designation</b>	<b>Percent within Each Category of Provider</b>
<b>Family Foster Homes</b>	DCF Foster Home	77.3
	Child Placing Agency Foster Home	19.1
	Emergency Shelter Dual License	2.9
	Emergency Shelter Family Homes	.8
	<b>Total</b>	<b>100.0</b>
<b>Family Group Homes</b>	DCF Group Home	100.0
<b>Residential Facilities</b>	Enhanced Residential	29.1
	Residential Care	47.7
	Emergency Shelter 24hours Awake	20.3
	Emergency Shelter Continuous Supervision	2.9
	<b>Total</b>	<b>100.0</b>
<b>Therapeutic Homes</b>	Therapeutic	100.0
	<b>Total</b>	<b>100.0</b>

Statistical power analysis was completed to determine the number of providers needed in each region for the statewide survey to attain statistical confidence of 95% so that all estimates drawn from the data would fall within +/- 5 points of the true values in the population at large.

<sup>5</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.

The sampled foster child or children within each home or agency (with the exception of intensive group care facilities-see below) were selected by asking the interviewee about the foster child with the next birthday. If more than one child was sampled from a home, as was done in Broward and Palm Beach Counties, the subsequent sampled children were selected based on sequence of birthdays. Interviewers asked to speak to the foster care provider who was most knowledgeable about the health and behavior of the sampled foster child. Once identified, the interviewer surveyed the sampled parent about the parental and foster child items. Confidentiality was assured to all participating subjects and the foster children they referred to in the interview. Moreover, all foster parent and foster child identifiers will be removed from the data set when the matching of case files to survey data is completed.

Prior to calling subjects, introductory letters were sent to all potential subjects. One letter was from the Director of Family Safety, Department of Children and Families, and one was from the study director, Mr. Ed Feaver from the Chiles Center for Healthy Mothers and Babies. These letters explained the study and provided a phone number for recipients to call if they had questions. If letters were returned due to incorrect addresses, liaisons with the Department of Children and Families were contacted and corrected addresses were obtained. If interviewees told interviewers that they had not received the introductory letters, these were sent again and interviewers called respondents after the letters had been sent. Extensive follow-up was also provided with the intensive group care facilities. Here, due to the large number of children cared for and, thus, the infeasibility of enumerating children at the time of the interview, sample children were pre-selected at random from the ICWSIS database. Researchers directly contacted these agencies to identify the specific foster child/ren upon which the survey would be based and determine the staff person who would know the most about the child. This information was then passed on to the telephone interviewers.

### **Completed Interviews**

The Bureau of Economic and Business Research completed the telephone interviews for this study based on the sample of foster homes and survey instrument provided by project investigators. BEBR survey researchers have had many years of experience running large-scale surveys, including the Child Health Insurance Project survey and similar statewide surveys. BEBR uses computer programs to determine and track when subjects will be called. Contact was attempted with all potential subjects ten (10) times at various days of the week and a time of the day, or until a survey was completed.

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. A total of 159 phone numbers were answered by people who said that they were not foster parents or that no foster children lived in the home, and 17 were "language unable." More than 234 in the sample could never be reached

by phone, even though messages were left for 118 of these subjects with an 800 number to call to participate in the survey; 90 of these subjects were never available to talk. Another 121 subjects had non-working or disconnected phone numbers. Thirty-two providers in the sample had had their numbers changed or were listed at a government agency number (i.e., typically a DCF office). We also had difficulties in reaching providers at a group care facilities who could talk to interviewers about the problems of a specific child.

Despite incorrect telephone information on some foster care providers, the response rate for the state sample (minus Broward and Palm Beach) was 84% and the response rate in Broward and Palm Beach was 68%. Contact and response rates are lowest for the group care facilities and highest for the family foster homes. The contact and completion rates are lower in the Palm Beach and Broward samples because there were fewer providers to reach (we targeted the entire population of providers which is only 601 in these two counties combined) and the proportion of group facilities is greater. Because the appropriate contact in residential facilities was difficult to identify and contact, additional surveys of these providers in Broward County (where no contact was made with any of the 29 providers) were undertaken by the research staff themselves after the initial round of surveys was completed. These contacts resulted in additional 14 completed interviews.

Overall, the completion rates are higher than average for this type of research and the completed surveys provide us with sufficient information on which to calculate statistics, depending on the specific proportion of the population under examination, with between +/- 3 to +/-5 percentage points of accuracy at 95% level confidence level.

### **Survey Weighting**

For the estimates presented here to accurately reflect the population of both foster parents and foster children the responses are weighted. Two weights were calculated, one for households (i.e., foster parents) and one for foster children. For those responses that refer only to the characteristics of the foster parent the household weight is used, while the child weight is applied to responses regarding the characteristics of children. Different weights were calculated for each strata (defined by region and type of care) by dividing the number of existing foster homes by the number of foster homes of the same type and in the same region that were selected for inclusion in the sample. For example, if 100 homes in a particular stratum were selected out of a total of 1,000 homes in that stratum, each of the selected homes would represent 10 homes in these analyses. Child weights were calculated similarly but in addition include the factor reflecting the number of children within each home that a single child represents. So, if a child were selected from one of the homes described above and that home contained 2 children, that particular child would have a weight of 20 (2 (the number of children that child

represented) X 10 (the number of households/foster parents represented by the foster parent selected)). All results presented in this report reflect the weighted data.

**Number of Completed Surveys By Region and Provider Type and the Weighted Number of Providers and Children**

<b>Region</b>	<b>Family Foster Homes</b>		<b>Family Group Homes</b>		<b>Residential Facilities</b>		<b>Therapeutic Homes</b>	
	# Providers	# Children	# Providers	# Children	# Providers	# Children	# Providers	# Children
<b>State</b> Surveys completed	571	742	19	19	47	50	6	6
<b>Weighted Number</b>	4364	10845	93	416	258	2370	79	105
<b>Palm Beach</b> Surveys completed	63	123	X	X	1	3	X	X
<b>Weighted Number</b>	177	450	X	X	16	128	X	X
<b>Broward</b> Surveys completed	153	264	X	X	14	19	X	X
<b>Weighted Number</b>	477	979	X	X	29	232	X	X

Notes: X = No family group or therapeutic homes participated in the survey.

### **Case Record Examination**

A sample of children was selected for a comparison of the data collected from the interviews with information from case records. In total, information was collected from fifty-four records in Alachua, Marion, Hillsborough, Palm Beach, and Broward counties on the health, trauma history, and behavior of the selected children.



## STUDY RESULTS

### Foster Care Providers and Foster Children in Florida

The proportions of foster care providers and children in the State and proportions represented in the study sample are presented in the table below. The vast majority of foster care providers in Florida (92%) are family foster home providers (see Methods section for definitions of provider categories). These providers care for 80.3% of the foster children. The other providers are: family group home providers (2.0% of providers caring for 3.1% of children); residential facilities (4.8% of providers caring for 15.8% of children); and therapeutic homes (1.7% of providers caring for .8% of children). Residential facilities care for much larger proportions of foster children than they represent as providers. In Palm Beach, residential facilities care for 28.5% of the children in that county. In Broward, residential facilities care for 22.7% of foster children in the county.

### Distribution of Foster Care Providers and Foster Children By Provider Type

Region	Provider Type and Percentage of Providers and Children in Each Type of Care							
	Family Foster Homes		Family Group Homes		Residential Facilities		Therapeutic Homes	
	% Providers	% Children	% Providers	% Children	% Providers	% Children	% Providers	% Children
<b>Statewide</b>								
Actual Distribution	91.6	80.3	2.0	3.1	4.8	15.8	1.7	0.8
Proportion in Study Sample	91.0	79.0	1.9	3.0	5.4	17.3	1.6	0.8
<b>Palm Beach</b>								
Actual Distribution	91.2	69.9	0	0	8.2	28.5	0	0
Proportion in Sample	91.7	77.9	0	0	8.3	21.1	0	0
<b>Broward</b>								
Actual Distribution	93.2	76.0	0.2	0.2	5.7	22.7	0.2	0.1
Proportion in Sample	94.3	80.8	0	0	5.7	19.2	0	0

Note: Percentages do not always sum to 100% due to the exclusion of child placing agencies.

## Demographic Characteristics of Foster Children

The following summarizes key characteristics of children in foster care in the State. The following data are weighted to reflect the population of foster children in Florida.

### Age of Foster Child

The average age of children in foster care is 8.7 years. The largest group of children in foster care (29.6%) is between 12 and 18 years of age. Children aged 4 through 8 years represent the next largest group (22.5%), followed by adolescents aged 9 through 12 (22.3%). Young children, aged 1 through 3 are the next largest group (19.9%). Infants under the age of one represent 5.7% of all children in foster care.

**Percent of Foster Children By Age Category**

Age of Foster Children in Years	%
<1	5.7
1-3 years	19.9
4-8	22.5
9-12	22.3
12-18	29.6
Total	100.0
Mean Age (and range)	8.7 years (0-18)

### Race of Child

The largest group of children in foster care is white (45.7%), followed by those who are black (37.7%). Hispanic children represent 7.0% of foster children while children of other races/ethnicities represent 9.6% of the population. The “other” race/ethnicity category includes Asian, Native American, Haitian and other children. These children are not represented in large enough numbers in any single race/ethnicity category to analyze separately in this report.

**Percent of Foster Children By Race/Ethnicity of Child**

Race/Ethnicity of Foster Child	%
White	45.7
Black	37.7
Hispanic	7.0
Other	9.6

### **Race/Ethnicity of Child By Race/Ethnicity of Provider**

To assess the placement of foster children with providers of similar racial or ethnic backgrounds, the following summarizes the percent of children by race/ethnicity in each provider race/ethnicity category. These data show that 76.1% of white foster children are living with white providers, 19.2% of white children are with black providers, and 2.3% of white children are with Hispanic and with other race/ethnicity providers. By comparison, 64.4% of black foster children are with black providers and 33.9% are with white providers. Few black children (1.2%) are with Hispanic providers or providers of other race/ethnic backgrounds (.5%). Hispanic children are less likely than white or black children to be with same race/ethnicity providers (35.3). A third (32.2%) are with white providers and a third (31.2%) with black providers. Children of other race/ethnicities are most likely to be with providers with a different race/ethnicity. The majority of these children (60.6%) are with white providers, and a third (32.4%) are with black providers.

**Percent of Foster Children By Race/Ethnicity of Child and Provider**

<b>Distribution of Foster Children by Race/Ethnicity of Child and Provider</b>	<b>Race/Ethnicity of Provider</b>			
	<b>White</b>	<b>Black</b>	<b>Hispanic</b>	<b>Other</b>
	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
White	76.1	19.2	2.3	2.3
Black	33.9	64.4	1.2	0.5
Hispanic	32.2	31.2	36.3	0.3
Other	60.6	32.4	2.9	4.2
Total	100.0	100.0	100.0	100.0

### **Race/Ethnicity of Foster Children, Overall and By Provider Type**

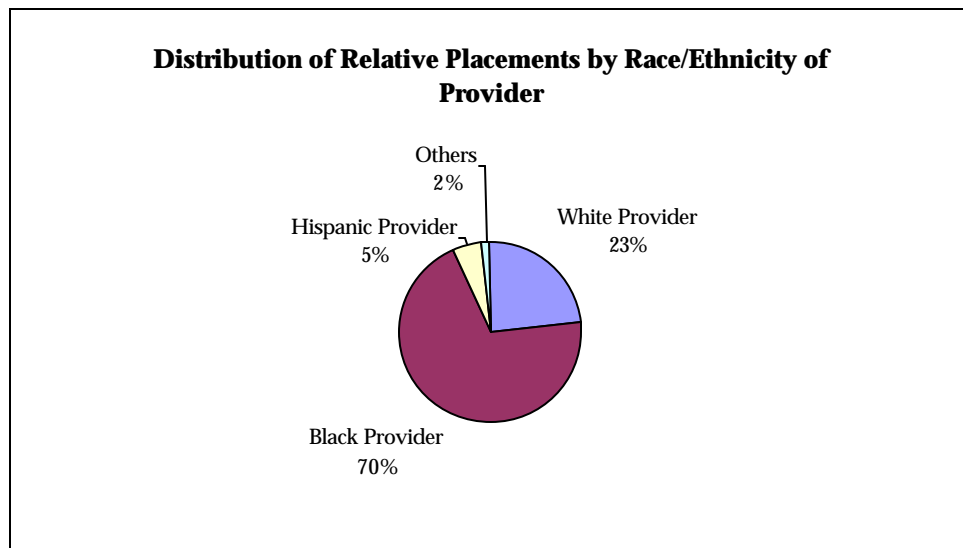
The distribution of foster children by race and provider is remarkably similar to the distribution of providers (above), especially in family foster homes. However, in group care fewer children than providers are black and more children than providers are white. In residential facilities significantly fewer children than providers are white (43.5% versus 68.7%) and significantly more children than providers are black (45.7% versus 26.2%). The race/ethnicity of providers and children in therapeutic family homes are very similar. Children of other races/ethnicity are more frequently represented than are providers of other races/ethnicities.

**Percent of Foster Children By Race/Ethnicity of Child and Provider Type**

Race/Ethnicity of Foster Children	All Providers %	Provider Type			
		Family Foster Homes %	Family Group Homes %	Residential Facilities %	Therapeutic Homes %
White	45.7	45.7	46.8	43.5	87.6
Black	37.7	35.8	46.8	45.7	12.4
Hispanic	7.0	7.9	0.0	4.4	0.0
All others	9.6	10.6	6.4	6.4	0.0
Total	100	100	100	100	100

**Relative Placements**

We asked if the child was placed for care with a relative. Only 4.1% of all children in licensed foster care were placed with a relative. When examined by race, we found that 8.3% of black providers had a relative placement, but these placements represented 70.1% of all relative placements (see figure below). In contrast, only 1.7% of white providers had a relative placement and these represented 23% of all relative placements. Just over 3% of Hispanic providers had a relative placement and they represented 5.2% of all relative placements. Providers of other races reported the remaining 1.5% of relative placements. The patterns of these relative placements are similar in Broward and Palm Beach, with 4.4 and 3.2%, respectively, of all placements as relative placements. Black providers in Broward had more of the relative placements (86.4%) than black providers did statewide or in Palm Beach (50.0%).



## Therapeutic Placements

Twenty-six percent of children in foster care were assessed as having therapeutic needs, but only 30.7% of these children were placed in foster homes with a therapeutic license. Hispanic providers were much more likely to report a therapeutic placement (37.7%) than were providers of other races/ethnicities.

## Provider Income and Race of Child<sup>6</sup>

In addition to the type of provider or relative placement, the income of the provider also varies by the race of the foster child. 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. Black children are less than half as likely as are white children to live in a higher income home.

### Percent of Foster Children in Care By Household Income of Provider

Race of Foster Child	Household income (excluding board rate)			
	<\$20,000 %	\$20,000-40,000 %	>\$40,000 %	Total %
White	15.7	42.7	41.6	100
Black	34.6	46.1	19.3	100
Hispanic	26.1	40.8	33.1	100
Other	23.0	44.9	32.1	100
Total	24.0	44.0	32.0	100

This difference cannot be fully explained by racial differences in income. That is, black children are not only in poorer homes because they are more likely to be placed in black families, who may have lower incomes. Even white children cared for by black providers are more likely than black children cared for by black providers to be in higher income households. While 32.3% of white children cared for by black providers are living in households with incomes of over \$40,000 per year, only 17.7% of black children cared for by black providers are living in households with similarly high incomes.

### Percent of Foster Children in Care By Race and Household Income of Provider

Race of Foster Parents	Race of Foster Child	Household Income (excluding board rate)			
		<\$20,000 %	\$20,000-40,000 %	>\$40,000 %	Total %
<b>White</b>	White	9.6	47.0	43.4	100
	Black	20.4	52.5	27.1	100
	Hispanic	17.5	17.1	65.4	100
	Other	8.9	42.8	48.3	100
	Total	11.6	45.9	42.5	100
<b>Black</b>	White	44.3	23.5	32.3	100
	Black	36.6	45.7	17.7	100

<sup>6</sup> Analyses in this section exclude residential facilities.

	Hispanic	67.9	13.6	18.5	100
	Other	43.2	49.7	7.1	100
	Total	40.1	40.3	19.6	100

## **Health and Medical Problems of Foster Children**

To fully understand the needs of foster children, we asked foster care providers a wide range of questions regarding the medical, emotional, developmental and behavioral problems or needs of the sampled foster children. As detailed in the Methods section, we used different instruments to assess different aged children. The Parental Evaluation of Developmental Status (PEDS) was used to assess developmental and behavioral problems among children younger than 5. The Pediatric Symptom Checklist was used to assess behavioral, medical and emotional problems among children aged 5 to 18. To assess medical needs among all children we asked about chronic and acute health problems, receipt of care or therapy for medical problems, and more.

### **Chronic Health Problems**

Nearly 27% of foster parents reported that their foster child had a chronic health or medical problem. However, when asked about individual health problems many more children were determined to have chronic medical conditions than foster providers indicated in this question, perhaps because some do not understand what chronic medical problems are. Foster parents of children with chronic illnesses were asked additional questions about the problems of the children. Just over 39% of foster children with chronic illnesses required medical equipment. This equipment included nebulizers (for asthma and other respiratory problems), feeding tubes, and other equipment. Further, 22.2% of these children have medical conditions that limit their ability to feed themselves. More than 58% of children with chronic illnesses required 24-hour care.

### **Mental Health Problems of Children with Chronic Illnesses**

When asked about mental health problems, 51.4% of children with chronic illnesses had mental health problems. When asked if these mental health problems are mild, moderate or severe, 21.1% reported that the problems were mild, 47.6% reported that the problems were moderate, and 31.3% reported that their children's problems were severe. We also examined the distribution of mental health problems, among children with a chronic illness, by type of facility and found that 42.9% of children in family foster homes, no children in family group homes, 98.3% of children in residential facilities and 100% of children in therapeutic homes who were reported to have a chronic illness were also reported to have mental health problems.

It is important to note that for this question, mental health problems were not defined for the interviewee so foster care providers may have reported their opinion of the child's mental health problems or they may have based their answer on information

provided by foster care staff or medical professionals. The source of information on mental health problems was not provided.

### **Hospitalizations and Emergency Room Visits**

To assess the acuity of medical problems among all foster children (i.e., not just those with a chronic illness), we asked foster parents if their foster child had ever been hospitalized while in their care. Just over 11% of parents reported a hospitalization. Of these hospitalizations, most were only one (62.1%) or two hospitalizations (15.7%). However, 16.9% of children hospitalized were hospitalized three to five times, and 4.6% of children were hospitalized between six and 15 times. One child was hospitalized 31 times while in care. Children with chronic illnesses were more likely to be hospitalized (24.4%) than were children who did not have chronic illnesses (6.8%).

When asked how many times in the past month the foster parent had to take the child to an emergency room for care, 7.2% reported one or more visits, with one foster parent reporting 5 visits. Ninety-three percent of foster parents reported that they never took their foster child to an emergency room.

### **General Health Care**

In addition to managing acute care, foster parents must also take foster children for general medical care, therapy, dental care and a range of other providers. When asked from how many providers the foster child regularly received health care, most foster parents reported 1 (36.5%) or 2 (30.6%). Slightly less than 16% of parents reported 3 providers, 5.5% reported 4 providers, and 6.3% reported 5 or 6 providers. Only 2.2% of foster parents reported between 7 and 20 providers.

### **Medical Problems and Medical Treatment Received**

To determine the type and number of health problems experienced by a foster child, we asked foster parents about 15 of the most common major illnesses among children. We also asked if the child was receiving any treatment for the condition if the foster parent reported that they had the condition. This latter question was added to determine the extent to which foster parents were able to access critical health care services for foster children with medical problems. The following summarizes frequencies of the 15 problems and treatment utilization for each condition.

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%). According to the Centers for Disease Control (CDC), approximately 17% of children in the general school population have developmental disabilities and 4% have attention deficit or attention deficit hyperactivity disorders. Depression is estimated at 3% of the general population of children by CDC.



Roughly 75% to 82% of the children in foster care with one or more of these problems were receiving treatment. Therefore, 18% to 25% of children with these medical problems are not receiving treatment.<sup>7</sup> Another 5% to 12% of foster parents did not know if their foster child had the problem.

Asthma and other medical problems (not specified) were the next most likely to be reported, at 15% and 13.3% respectively. After these conditions, eating disorders and failure to thrive were the next most common medical problems.

**Percent of Foster Children With Specific Medical Problems and Treatment for Problems, From Most to Least Frequently Reported**

<b>Medical Problems of Foster Children and the Receipt of Medical Treatment for each</b>	<b>Yes %</b>	<b>No %</b>	<b>Don't Know %</b>
<b>Five Most Common Problems Ever Diagnosed</b>			
Speech, hearing or vision impairment	28.0	66.5	5.4
If yes, currently receiving treatment for condition	77.7	22.3	--
Developmental delay	23.6	76.4	9.9
If yes, currently receiving treatment for condition	81.6	18.4	--
Attention deficit disorder	20.9	66.3	12.7
If yes, currently receiving treatment for condition	75.8	24.2	--
Dyslexia or other learning disability	19.9	69.5	10.5
If yes, currently receiving treatment for condition?	82.2	17.8	--
Depression or other mental illness	15.9	79.5	4.3
If yes, currently receiving treatment for condition	77.8	22.2	--
<b>Next Five Most Common Problems Ever Diagnosed</b>			
Asthma or respiratory disorder	15.3	80.6	4.1
If yes, currently receiving treatment for condition	72.2	27.8	--
Some other condition or disorder	13.3	82.3	4.3
Eating disorder	7.4	88.1	4.5
If yes, currently receiving treatment for condition	73.2	26.8	--

<sup>7</sup> See note at end of the following table.

Failure to thrive or malnutrition	5.7	88.6	5.7
If yes, currently receiving treatment for condition	49.4	50.6	--

**Medical Problems and Treatment for Problems, From Most Frequent to Least (continued)**

<b>Medical Problems of Foster Children and the Receipt of Medical Treatment for each</b>	<b>Yes %</b>	<b>No %</b>	<b>Don't Know %</b>
<b>Least Common Problems Ever Diagnosed</b>			
Sleep disorder	5.1	90.3	4.6
If yes, currently receiving treatment for condition	73.6	26.4	--
Sickle cell or other blood disorder	2.8	91.6	4.5
If yes, currently receiving treatment for condition	71.9	28.1	--
Fetal Alcohol Syndrome	2.3	84.8	12.8
If yes, currently receiving treatment for condition	51.0	49.0	--
HIV infection or other immune disorder	1.4	90.9	7.7
If yes, currently receiving treatment for condition	48.5	51.5	--
Diabetes or other hormonal disorder	.6	94.4	5.0
If yes, currently receiving treatment for condition	35.7	44.3	--

Note: Parents were asked if the child was *ever* diagnosed and if the child was *currently* receiving treatment for these conditions. Therefore, many of the conditions that appear to be without treatment may be conditions the child has outgrown.

**Index of Health Problems**

We created an Index of Health Problems to reduce the amount of information on children's health problems to a single indicator. To create this index, we defined a child as having a **severe** level of health problems:

- If the child has a chronic medical condition that limits their ability to feed or dress themselves,
- Or requires 24-hour care,
- Or has required at least 2 visits to the emergency room in the past month;
- Or the parent reports more than 3 health problems when asked specifically about a list of health problems (above).

A child is categorized as having a **moderate** level of health problems:

- If the parent reports a chronic illness that does not limit the child's ability to dress themselves,
- Or require 24 hour care,
- Or if the parent reports at least 2 health problems when asked specifically about a list of health problems.

A child with mild health problems:

- Has no chronic illness reported by the parent, and,
- Has no more than one health problem in the list.

The following summarizes the distribution of children on this health index for all providers and by provider category. The first column indicates that 47.7% of all children in foster care have mild levels of health problems, while nearly 26.9% of foster children have moderate levels of health problems and fully 25.4% of foster children have severe health problems. While the severity of health problems among children in family foster homes and in residential facilities reflects the distribution of problem severity overall, columns 3 and 5 show that children who are placed in family group homes are the most likely to have only **mild** health problems (77.6%) and children in therapeutic homes are the most likely to have **severe** health problems (75.2%).

#### Percent of Foster Children By Level of Health Problems and Provider Type

Level of Health Problems	All Providers %	Provider Type			
		Family Foster Homes %	Family Group Homes %	Residential Facilities %	Therapeutic Homes %
Mild	47.7	46.6	77.6	48.8	12.4
Moderate	26.9	27.1	22.4	27.8	12.4
Severe	25.4	26.3	0.0	23.4	75.2

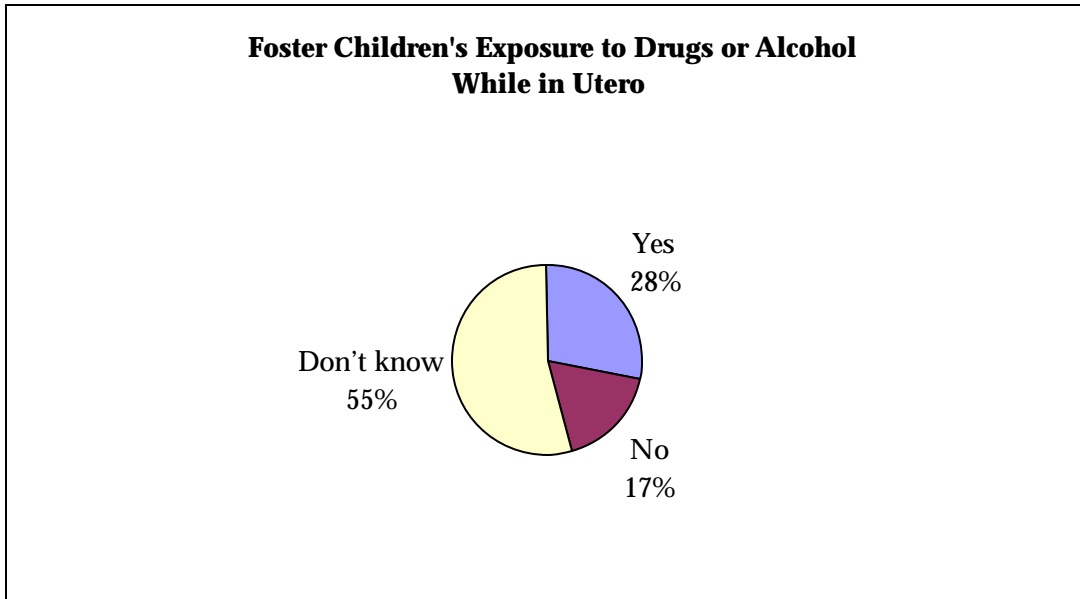
#### History of Abuse, Neglect and Other Problems

We asked foster care providers about the foster child's known history of problems of abuse, neglect, exposure to drugs or alcohol and low birth weight. We asked providers, "To your knowledge, was this child . . .?" In many cases the foster care provider did not know about these issues, especially exposures or problems at or prior to birth. The following figures summarize the information on each abuse problem.

#### Exposure to Drugs or Alcohol

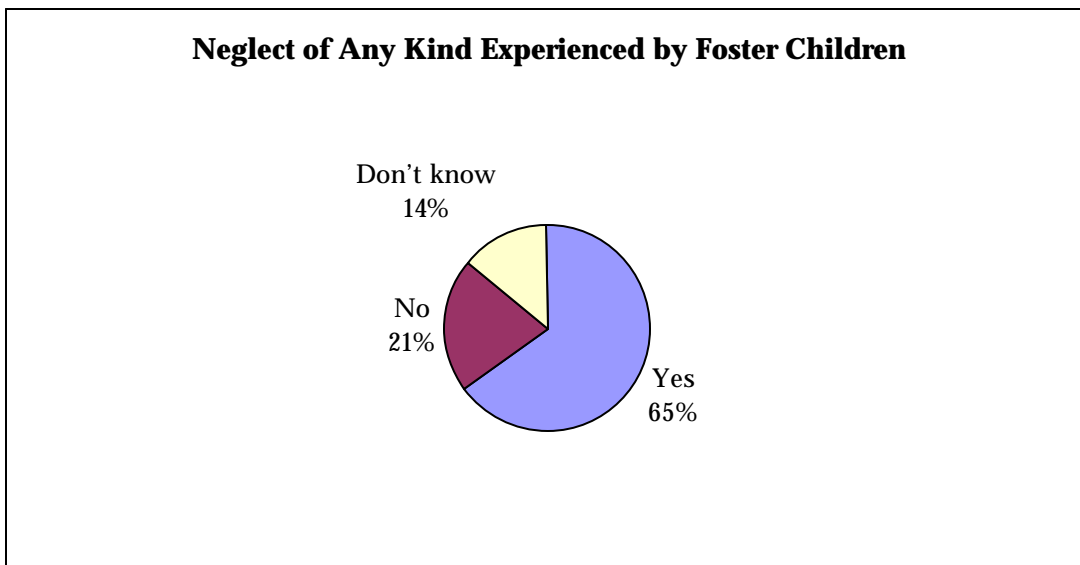
The first figure below shows that foster parents report that 28% of their foster children were exposed to drugs or alcohol in utero. Fifty-five percent of foster parents did not know if their foster child had been exposed to drugs or alcohol. This lack of information

was more likely among foster parents with older children. Parents did not have this information for 63% of teens compared to 46% of infants.



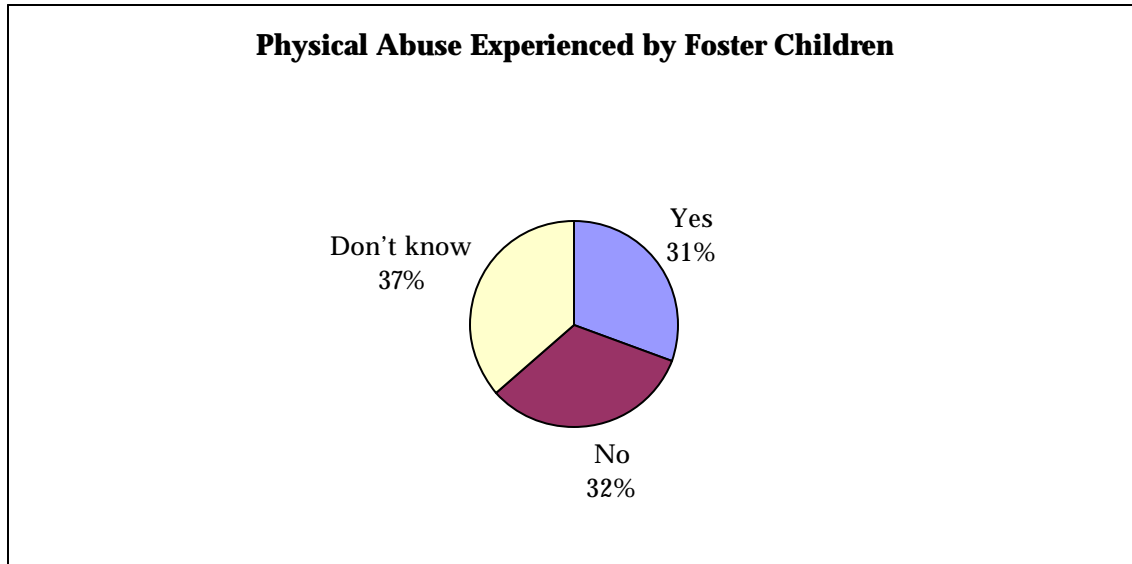
### **Neglect**

Sixty five percent of children in foster care experienced neglect of some kind, according to their foster parent. Twenty-one percent children had not experienced neglect, to their foster parent's knowledge, and information on neglect was not available for 14% of children.



## Physical Abuse

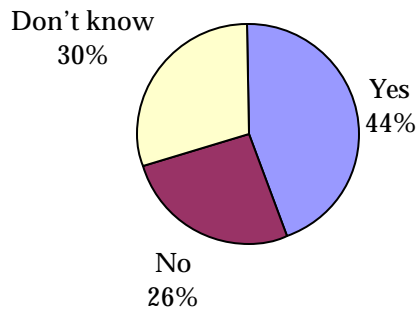
The following figure summarizes the frequency of physical abuse (by anyone) among foster children. According to foster parent knowledge, 31% of children experienced physical abuse and 32% had not. Another 37% had unknown history of physical abuse.



## Emotional Abuse

When asked about emotional abuse, foster parents reported that 44% of foster children had experienced emotional abuse, 26% had not, and they did not know the emotional abuse history of 30% of the children.

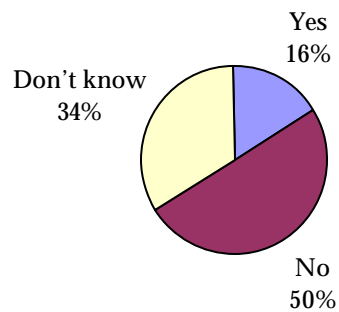
### Emotional Abuse Experienced by Foster Children



### Sexual Abuse

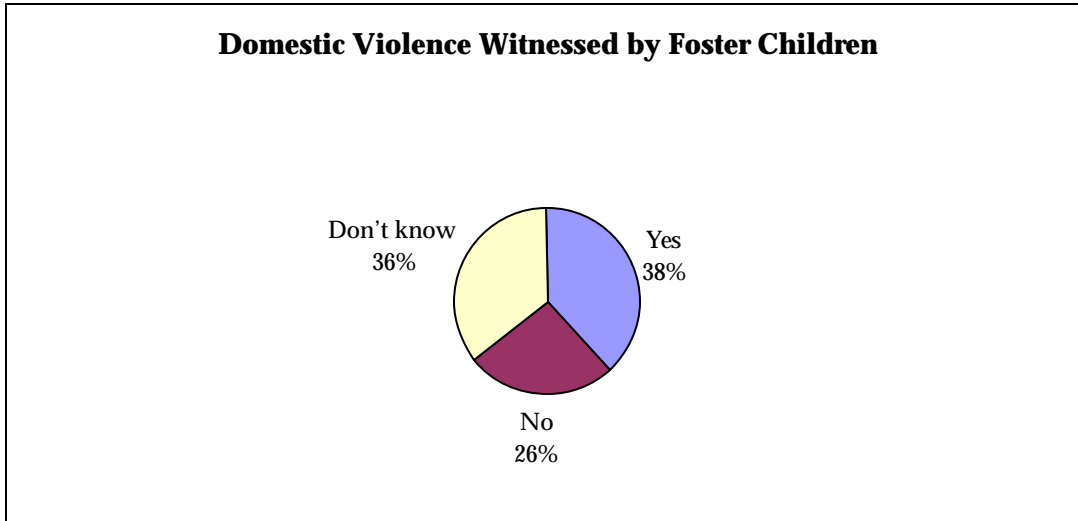
Sixteen percent of foster children have been sexually abused, according to foster parents. Fifty percent have not and information is not available for 34% of children.

### Sexual Abuse Experienced by Foster Children



### Domestic Violence

Foster parents reported that 38% of children had been witnesses to domestic violence. Another 26% had not been and information was not available for 36% of children.



Foster parents' knowledge of their foster child's history of abuse and neglect by age of child and type of provider is discussed further in the section entitled "Skills and Knowledge of Foster Parents."

**Developmental and Behavioral Problems of Foster Children**

**Developmental Status of Children Under Age Four**

To accurately determine the level of developmental problems among children, the Parent's Evaluation of Developmental Status (PEDS) instrument was used for children under 4, and the Pediatric Symptom Checklist was used for all other children (see discussion of these instruments in the methodology section). Results of the PEDS when completed by foster parents concerning their young children are presented, with the scores categorized into levels of follow-up needed.

The distribution of developmental assessments overall and by age is presented in the table below. Overall (see column 3), 38.9% of children under 4 had no problems, 14% had problems that required some parental counseling and follow-up, and 21.7% of children had problems that require further screening for severity and needed follow up. At the more problematic end of the scale, 16.4% of children were assessed as needing to be referred for intelligence or educational evaluation and intervention, and 9.0% needed referral for audio and speech evaluations.

These data also show that PEDS scores are associated with age. Specifically, the older a child is, the greater the likelihood that they will have greater levels of problems, and the lower the likelihood that they will have no problems. This is assumed, in part, to be due to their advanced developmental stages and the ability to see problems in older children.

**Percent of Foster Children Ages 0-4 By PEDS Assessment Level and Age**

PEDS Developmental Assessment Level by Age of Child	Age		Total %
	Less than 1	Ages 1 through 3	
	%	%	
Refer for audio/speech evaluation	4.5	10.4	9.0
Refer for intelligence/education evaluation plan	8.8	18.6	16.4
Screen for problems	32.1	18.7	21.7
Counsel and do follow-up	7.6	15.8	14.0
No Problems	47.1	36.6	38.9

Virtually all of the young children (3 and younger) are in family foster homes, therefore, there are no data to compare across provider type.

### Behavior Problems Among Older Children

For older children (4 and over), the Pediatric Symptom Checklist (PSC) was used to assess developmental and behavioral problems. This is a 35-item list that asks about a variety of behaviors among children, such as: does the child complain of aches and pains, distracted too much, is down on him or herself, takes unnecessary risks, gets hurt frequently, etc. The child's score on this instrument indicates the potential presence of a behavioral disorder. It can also help decide whether mental health services or behavior interventions are needed. The following summarizes the PSC scores for children ages 4 and older.

#### Percent of Foster Children Ages 4-18 for Whom the PSC Indicates an Emotional or Behavioral Problem

PSC Score	%
Problem indicated	30.9
No problem indicated	69.1

When examined by race, the prevalence of behavior problems among Hispanic children was 44.7% while 38.4% of white children had behavior problems. By comparison only 24.3% of black children and 20.5% of children of other races had behavior problems.

#### Percent of Foster Children Ages 4-18 for Whom the PSC Indicates an Emotional or Behavioral Problem By Race/Ethnicity of Child

PSC Score	Child's Race/Ethnicity			
	White %	Black %	Hispanic %	Other %
Problem indicated	38.4	24.3	44.7	20.5



No problem indicated	61.6	75.7	55.3	79.5
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We also examined behavior problems by age and found that older children are somewhat more likely to have behavior problems, as measured by the PSC. Among 13 to 18 year olds, 34% had behavior problems, as compared to 30% of 9 to 12 year olds and 29.2% of 4 to 8 year olds.

**Percent of Foster Children Ages 4-18 for Whom the PSC Indicates an Emotional or Behavioral Problem By Age of Foster Child**

PSC Score	Age		
	4-8 %	9-12 %	13+ %
Problem Indicated	29.2	30.5	34.1
No problem indicated	70.88	69.5	65.9

These figures also vary by type of facility, with more children with problems in therapeutic homes (100%) and family group homes (84.6%).

**Percent of Foster Children Ages 4-18 for Whom the PSC Indicates an Emotional or Behavioral Problem By Type of Provider**

PSC Score	Category of provider				
	Family foster home %	Family group home %	Residential Facilities %	Therapeutic home %	Total %
Problem indicated	26.1	15.4	45.7	100.0	30.9
No problem indicated	73.9	84.6	54.3	0.0	69.1

**Risky Behaviors**

As noted in the methods section, seven questions were included in the survey to measure older child functioning and “risky” behaviors. These questions were needed to assess severity of problems in children over and above the levels indicated by the PSC and other health problems. These questions also assess the majority of the Maladaptive Behaviors that are described in the District 6 training: *Parenting Tools for Positive Behavior*. For each of the following behaviors we asked foster parents how frequently they have occurred while the foster child was in the foster parents’ care.

**Percent of Foster Engaging in Problematic Behaviors By Frequency of Behavior**

Behavior	Never %	Once or twice %	Frequently %

Runs away from home	84.6	12.4	3.0
Willingly engages in inappropriate sexual behavior	83.2	13.8	3.4
Uses sex to harm or intimidate others	97.2	1.9	1.0
Uses drugs or alcohol	91.5	6.1	2.4
Attempts to physically harm self	91.4	6.0	2.6
Attempts to physically harm others	70.5	21.2	8.3
Has physically harmed others	70.6	23.5	5.9
Breaks the law (vandalism, stealing, etc.)	82.6	11.6	5.7
Has committed more serious crimes	94.7	4.5	0.7
Has been caught with a weapon	94.6	5.3	0.0
Has been arrested	91.7	7.7	0.6

**Percent of Foster Engaging in Problematic Behaviors By Frequency of Behavior and Provider Type**

<b>Dangerous Behaviors</b>	<b>Regular Foster Homes</b> %	<b>Regular Group Homes</b> %	<b>Residential Facilities</b> %	<b>Therapeutic Homes</b> %
<b>Runs away from home</b>				
Once or Twice	8.1	14.2	26.3	37.7
Frequently	0.7	0.0	11.5	12.3
<b>Willingly engages in inappropriate consensual sexual behavior</b>				
Once or Twice	10.7	8.8	27.9	12.4
Frequently	2.7	0.0	2.8	62.9
<b>Uses sex to harm or intimidate others</b>				
Once or Twice	2.3	0.0	1.3	2.1
Frequently	1.3	0.0	0.3	1.0
<b>Uses drugs or alcohol</b>				
Once or Twice	2.7	13.8	14.6	24.8
Frequently	2.1	0.0	3.5	0.0
<b>Attempts to physically harm self</b>				
Once or Twice	6.9	0.0	8.6	12.3
Frequently	0.4	0.0	8.6	37.7
<b>Attempts to physically harm others</b>				
Once or Twice	17.4	14.2	37.9	12.3
Frequently	7.6	0.0	9.9	50.0
<b>Has physically harmed others</b>				

Once or Twice	18.4	23.6	39.1	37.7
Frequently	4.7	0.0	10.2	24.5
<b>Breaks the law (vandalism, stealing, etc.)</b>				
Once or Twice	9.1	4.8	19.9	50.0
Frequently	5.4	1.2	7.4	0.0
<b>Has committed more serious crimes</b>				
Once or Twice	1.2	4.9	15.1	0.0
Frequently	0.7	0.0	0.9	0.0
<b>Has been caught with a weapon</b>				
Once or Twice	1.5	1.3	17.3	24.8
Frequently	0.0	0.0	0.2	0.0
<b>Has been arrested</b>				
Once or Twice	3.9	9.4	20.1	12.4
Frequently	0.2	4.8	1.3	0.0

Responses to these questions were used to create a summary indicator of dangerous behaviors. This variable applies to children ages 4 and up and is categorized into 3 levels: average, moderate, and severe. A child is considered to have only **average** behavior problems:

- If the Pediatric Symptom Checklist (PSC) does not indicate a problem; and,
- The child has engaged in no more than one (1) of the dangerous behaviors (running away, using drugs or alcohol, engaging in sexual relations, etc.) surveyed and only once or twice.

A child is considered to have a **moderate** level of behavior problems:

- If either the PSC score is indicative of a problem and the child has not exhibited more than two (2) dangerous behaviors (only once or twice); or,
- If, though the PSC does not indicate a problem, the foster parent reported that the child has displayed at least 3 dangerous behaviors, none of them more than once or twice.

A child categorized as having a **severe** behavior problem:

- If the child has PSC indicative of a problem and has engaged in at least 3 of the surveyed dangerous behaviors; or,
- The score on the PSC does not indicate a problem but the child has engaged in more than 3 dangerous behaviors (only once or twice); or,
- Regardless of PSC, the child has engaged in at least one dangerous behavior frequently.

The distribution of the behavior problem index shows that 52% of foster children have average behavior problems, 21.4% have moderate behavior problems and 26.6% have severe behavior problems.

**Percent of Foster Children By Level of Behavior Problem**

<b>Behavior Problem Level</b>	<b>%</b>
Average	52.0
Moderate	21.4
Severe	26.6

### **Behavioral Problem Index By Provider Type**

Examination of the behavior problem index by type of provider (below) shows therapeutic homes and residential facilities have the largest percentages of children with severe behavior problems. Fully 100% of children in therapeutic homes had severe behavior problems, and 50.2% of children in residential facilities had severe behavior problems. In contrast, only 18.7% of children in family foster homes and 12.5% of children in family group homes have severe behavior problems. These latter two homes are more likely to have children with average behavior problems (59% and 69%

respectively), with family foster homes only slightly more likely to have children with moderate behavior problems (21% compared to 18%).

**Percent of Foster Children By Level of Behavior Problem and Provider Type**

<b>Behavior Problem Index Level</b>	<b>Family Foster Homes %</b>	<b>Family Group Homes %</b>	<b>Residential Facilities %</b>	<b>Therapeutic Homes %</b>
Average	59.1	69.4	27.1	0.0
Moderate	21.5	18.1	22.7	0.0
Severe	18.7	12.5	50.2	100.0

There was little difference in the distribution of average and moderate behavior problems by race/ethnicity. Children with severe problems are somewhat more likely to be Hispanic (35.5%), than either black (28.1%) or white (25.3%). Children of other race or ethnic backgrounds were least likely to have severe emotional/behavioral problems (22.9%).

**Percent of Foster Children By Level of Behavior Problem and Race/Ethnicity**

<b>Behavior Problem Index Level</b>	<b>White %</b>	<b>Black %</b>	<b>Hispanic %</b>	<b>Other %</b>
Average	50.3	53.6	46.5	51.2
Moderate	24.4	18.2	17.9	25.8
Severe	25.3	28.1	35.5	22.9

Despite the relatively small differences in severity among children of different race or ethnic backgrounds with severe emotional or behavioral problems, the experience of foster care for these children varies greatly by race. Children of color with severe emotional or behavioral problems are much more likely to be living in residential facilities than are white children with similar levels of problems. This is especially true for black children. These black children are more than twice as likely to be in a residential facility (66.1%) than white children (30%) and approximately 50% more likely than Hispanic children (42.4%). While white and Hispanic children with severe problems are equally likely to be placed in family foster homes (about 58%), their black counterparts are placed in this type of care at nearly half the rate (32.6%). Though therapeutic homes serve only a small number of children, the children they do serve are predominantly white. Few black children and no Hispanic children are cared for by this type of provider.

**Percent of Foster Children with Severe Emotional or Behavioral Problems By Race of Child and Type of Provider**

<b>Race of Foster Child</b>	<b>Category of provider</b>				<b>Total %</b>
	<b>Family Foster Homes %</b>	<b>Family Group Homes %</b>	<b>Residential Facilities %</b>	<b>Therapeutic Homes %</b>	
White	57.7	4.0	30.0	8.3	100.0
Black	32.6	0.0	66.1	1.3	100.0

Hispanic	57.6	0.0	42.4	0.0	100.0
Other	93.2	0.0	6.8	0.0	100.0
Total	50.2	1.7	43.9	4.2	100.0

## Characteristics of Foster Care Providers

The following summarizes the key characteristics of the foster care providers interviewed. These data are presented to provide a thorough description of the characteristics of providers, both overall and within provider type groupings, and to highlight important differences by provider type.

### Race/Ethnicity of Providers

The following tables present data on the race/ethnicity of the foster care providers overall and by provider type. It is important to note that the race of the provider represents only the race of the interviewee and does not necessarily reflect the race of the household in a foster home or the racial distribution of counselors or house parents in a group facility. Therefore, these numbers are only suggestive of the distributions by race of all foster care providers in the State.

Overall, 56.8% of all providers interviewed were white, while 34.4% were black, 6.7% were Hispanic and 2.1% were other. When examined by provider type, these data show that residential and therapeutic providers/interviewees are more likely to be white, at 68.7 and 83.5%, respectively, than black, Hispanic or other race/ethnicity. In contrast, providers in family group homes are more likely to be black (55.7%) than any other race/ethnicity. Whites are also more highly represented among family foster homes, at 55.6%, followed by 35.1% black and 7.1% Hispanic.

### Percent of Foster Care Providers By Race/Ethnicity of Provider and Provider Type

Race/Ethnicity of Provider	All Providers %	Provider Type			
		Family Foster Homes %	Family Group Homes %	Residential Facilities %	Therapeutic Homes %
White	56.4	55.6	38.6	68.7	83.5
Black	34.7	35.1	55.7	26.2	16.5
Hispanic	6.8	7.1	5.7	4.0	0.0
Others	2.1	2.2	0.0	1.2	0.0
Total	100.0	100.0	100.0	100.0	100.0

### Age of Foster Care Providers

The following table shows that the average age of foster parents is 47 years. In terms of age categories, the largest percentage (36.5%) of foster parents is between 41 and 50, followed by those who are between 31 and 40 (28.4%).

### Percent of Foster Care Providers By Age and Provider Type

Age of Foster Care Provider by Provider Type	All Providers %	Type of Foster Care Provider			
		Family Foster Homes %	Family Group Homes %	Residential Facilities %	Therapeutic Homes %
18-30	5.2	5.1	6.0	23.9	0.0
31-40	24.2	24.4	17.9	27.0	16.5
41-50	36.7	37.4	28.6	18.0	50.6
51-60	21.0	21.1	23.8	14.9	32.9
60+	12.9	12.8	23.8	16.2	0.0
Total	100.0	100.0	100.0	100.0	100.0
Mean Age	47	47.2	50.2	42.1	47.2

Note: The two eighteen-year-old foster parents in the sample are relatives of their foster children; the one twenty-year old in this group is not.

We also asked foster parents about adopting their foster children. A total of 27.4% of foster parents had adopted one or more of their foster children.

### Household Income of Provider

The following summarizes the survey respondent's income as compared to the state income distribution. Overall, foster parents are less likely than Floridians as a whole (according to data from the 1990 census) to have family income (excluding foster care payments) below \$20,000. Foster parents are slightly more likely to have incomes in the middle-income range (\$20,000-\$40,000) and are more likely to have household incomes that exceed \$40,000. More than 26% of foster parents compared to 20.8% of all households in Florida have household incomes that exceed \$50,000.

### Distribution of Household Income for Foster Parents and the State

Household Income (Excluding Board Rate)	Foster Parent %	State Income Distribution (1990 Census data) %
<\$10,000	6.2	15.1
\$10,000-\$20,000	15.9	20.1
\$20,000-\$30,000	20.6	18.8
\$30,000-\$40,000	18.8	14.8
\$40,000-\$50,000	12.1	10.4
>\$50,000	26.4	20.8

### Length of Time as a Foster Parent

The following tables show that the average tenure of a foster care provider is 5.8 years. Most providers have been a foster parent for fewer than 5 years, but nearly 40% have been foster providers for six or more years.



**Percent of Foster Care Providers By Tenure and Provider Type**

<b>Length of Time as a Foster Parent</b>	<b>All Providers</b>	<b>Family Foster Home</b>	<b>Family Group Home</b>	<b>Residential Facility</b>	<b>Therapeutic Home</b>
	%	%	%	%	%
< 2 year	25.5	26.5	5.4	17.0	16.7
2 years	11.9	12.2	5.4	13.4	0.0
3-5 years	25.2	26.0	10.8	13.4	33.3
6-10 years	19.5	18.5	31.2	28.1	33.3
10-37 years	17.9	16.8	47.3	38.2	16.7
Total	100.0	100.0	100.0	100.0	100.0
Mean Number of Years (and range)	5.8 (0-37)	5.6 (0-37)	10.3 (1-20)	7.8 (0-26)	6.0 (1-11)

**Number of Foster Children Provider Has Ever Cared For**

We asked providers the cumulative number of foster children they had ever cared for over their years as a foster care provider. The average number of foster children cared for was 25, with 19% reporting that they had cared for 40 or more children. One provider reported caring for more than 150 children.

**Percent of Foster Care Providers By Number of Foster Children Ever Cared For**

<b>Number of children ever cared for</b>	<b>%</b>
3 or fewer	23.8
4-7	20.8
8-12	16.1
13-40	20.4
40+	19.0
Total	100.0
Mean/ Median/ (range)	25.5/9/ (1-150)

## Characteristics of Foster Care Facilities

### Provider Licenses

Foster care providers can obtain licensure to be a group home, therapeutic home or medical foster home, in addition to the standard foster home licensure. The following table summarizes the distribution of licenses among all providers and by provider type. Nine percent of providers were licensed as group care facilities, 17.3% were licensed as therapeutic group homes and 10.9% were licensed as medical foster homes (see Methods section for definition of group and therapeutic homes).

When examined by type of facility, 3.4% of family foster homes said they had a group care license, while 58.1% of family group homes and 89.7% of residential facilities reported having a group care license.<sup>8</sup>

When asked about therapeutic care licenses, 15% of family foster homes, none of the family group homes, 35.7% of residential facilities and 100% of therapeutic homes reported having this license.

When asked about medical foster care licenses, fewer than 12% of family foster homes had a medical foster care license, compared to 4.1% of residential facilities and no therapeutic homes.

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<sup>8</sup> Because we interviewed the individual most familiar with a particular child rather than an administrator, it may be that providers responsible for the care of the children in these facilities were not aware of administrative licensing issues. All group facilities should have a group license.

**Percent of Foster Care Homes/Facilities By License and Provider Type**

License or facility Type	All Providers %	Provider Type			
		Family Foster Homes %	Family Group Homes %	Residential Facilities %	Therapeutic Homes %
Percentage licensed as group care facility	9.0	3.4	58.1	89.7	0.0
Percentage licensed as therapeutic home	17.3	15.0	0.0	35.7	100.0
Percentage licensed as medical foster home	10.9	11.7	0.0	4.1	0.0

Note: Categories of license are not mutually exclusive.

**Licenses By Provider Type and Race/Ethnicity of Provider**

When these licensure figures are examined by provider type and race, some differences by race exist but these differences are small. Hispanic providers are the most likely to have a group care license (14.6%), followed by black providers (10%) and white providers (8%).

Hispanic providers are also most likely to have a therapeutic home license (28.7%), followed by black providers (20.3%) and white providers (13.7%), but over half of all the providers with group care licenses are white and 38.2% are black.

Providers of other races are most likely to have a medical foster home license (22.2%), followed by Hispanic providers (17.1%) and black providers (10.3%). Fewer than 10% of white providers have a medical foster home license.

**Percent of Foster Care Providers By Race/Ethnicity of Provider and Type of License**

Race of Providers with Different License Types	Group care License %	Therapeutic Home License %	Medical Foster Home License %
White Providers	8.0	13.7	9.9
Black Providers	10.0	20.3	10.3
Hispanic Providers	14.6	28.7	17.1
Other Providers	3.1	2.5	22.2

## Number of Foster Children in Home/Facility

When asked about the number of foster children in the foster home or group facility, the following were the responses. Overall, the majority of providers (61.6%) have only one or two children, followed by those who have between three and five children (28.9%). A small number of providers (9.5%), primarily the residential facilities and family group homes, have six or more children in their care. These figures by provider type show the concentration of few children in family foster homes (64.6% have fewer than 3 children) and therapeutic homes (100%). Family group homes were more likely to have three or more children (72.9%), as were residential facilities (84.6%).

### Percent of Foster Homes/Facilities By the Number of Foster Children Cared For and Provider Type

Number of Foster Children in Home/Facility	All Providers %	Provider Type			
		Family Foster Homes %	Family Group Homes %	Residential Facilities %	Therapeutic Homes %
1-2	61.6	64.6	16.1	15.4	100.0
3-5	28.9	29.3	58.1	20.1	0.0
6-9	7.2	5.4	25.8	34.0	0.0
10+	2.3	0.7	0.0	30.5	0.0
Total	100.0	100.0	100.0	100.0	100.0

### Total Number of Children (Foster and Natural) in Home/Facility

We also asked providers how many foster and natural children lived in the home or facility. The mean number of children in the home was 3.6, with a range of 1 to 15 children. It should be noted that State law mandates that the total number of foster children and natural children in family foster homes and group homes not exceed five. Approximately 84% of family foster homes and 58% of family group homes appear to be in compliance with these standards.

### Percent of Foster Homes/Facilities By the Total Number of Children Cared For and Provider Type

Number of Children (Foster and natural) in care of provider	All Providers %	Provider Type			
		Family Foster Homes %	Family Group Homes %	Residential Facilities %	Therapeutic Homes %
1-2	37.1	38.0	5.4	0.0	50.0
3-5	46.2	45.9	52.7	50.0	50.0
6-9	15.3	14.6	41.9	44.6	0.0
10+	1.4	1.5	0.0	5.4	0.0
Total	100.0	100.0	100.0	100.0	100.0
Mean (and range)	3.6 (1-18)	3.5 (1-15)	5.3 (2-8)	6.7 (3-18)	2.3 (1-3)

## **Number of Staff Members Responsible for Foster Child**

The group providers were asked how many staff members were responsible for the sampled foster child. The responses are presented below overall and by provider type. Note that few providers overall were licensed as group homes<sup>9</sup> (percentages under provider types are percent of providers with group home licenses). These data show that the number of providers differs greatly across type of provider. In family foster homes, between one and two providers typically care for the children under their care (60.8%). In family group care, from one to two providers care for 100% of all children. In contrast, residential facilities have as many as eight or more providers assigned to care for the children in their care.<sup>10</sup>

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<sup>9</sup> See the table entitled “Percent of Foster Care Homes/Facilities By License and Provider Type” page 42.

<sup>10</sup> This may be at different times of the day or different days of week, or for specialized services. The question as asked does not specify.

**Percent of Group Licensed Homes/Facilities By Number of Staff Responsible for Foster Child and Provider Type**

How many staff members have responsibility for the children under their care	All Providers*	Provider Type			
		Family Foster Homes (3.4%)*	Family Group Homes (58.1%)*	Residential Facilities (89.7%)*	Therapeutic Home (0.0%)*
1-2	25.5	60.8	100.0	9.5	0.0
3-4	23.1	21.6	0.0	24.8	0.0
5-8	23.1	17.6	0.0	26.2	0.0
>8	28.2	0.0	0.0	39.5	0.0
Total	100.0	100.0	100.0	100.0	100.0

\* Percent of homes reporting that they were licensed as a group facility.

**Number of Foster Children for Whom Foster Care Provider is Responsible**

Also specific to group care providers, the following table shows that the largest number of foster care providers (46.6%) are responsible for between four and five foster children, followed by those who are responsible for one to three children (37%). About 16% of providers are responsible for more than five foster children.

**Percent of Group Licensed Homes/Facilities By Number of Foster Children Provider is Responsible For and Provider Type**

Number of Foster Children Foster Care Provider is Responsible for	All Providers*	Provider Type			
		Family Foster Homes* %	Family Group Homes* %	Residential Facilities* %	Therapeutic Homes* %
1-3	37.0	37.7	5.4	0.0	50.0
4-5	46.6	46.2	52.7	78.6	50.0
6-8	15.0	14.7	41.9	21.4	0.0
>9	1.4	1.9	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0

\* Percent of homes reporting that they were licensed as a group facility.

## Foster Parent Investments in the Care of Foster Children

To understand the time and financial investments that foster parents make on behalf of their foster children, we ascertained foster parent employment outside of the home, time missed from work, money spent on children above the board rate and similar questions.

### Foster Care Provider Employment

The following data show that the majority of foster parents interviewed (52%) work outside the home and that 75.3% of the spouses or partners of interviewees work outside the home. Of the providers who are employed, 73.9% are employed full-time, while 94.6% of spouses/partners are employed full-time.

#### Percent of Foster Parents and Their Spouses/Partners Employed

Foster Parents Work Outside the Home	%
Sample foster parent employed	52.0
Of employed parents, % who work full-time	73.9
Spouse or partner employed	75.3
Of employed spouses, % who work full-time	94.6

### Days per Month Missed from Work

We asked employed providers if they ever missed work due to the foster child. Thirty-six percent of these foster parents said that they or their spouse regularly had to take time off from work to manage their foster child. The average number of days missed from work per month was 2.5, with a range of 1 to 12 days. More than 32% of workers had missed one day per month, while 11.7% had missed five or more days per month.

#### Percent of Foster Care Providers who Report Missing Work to Care for Their Foster Child By Number of Work Days Missed

Days per month missed from work due to needs of foster child	%
1	32.1
2	29.4
3	15.5
4	11.3
5	6.0
6-9	4.4

10-12	1.3
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Fifty-five percent of foster parents who had to take time off to care for foster children reported losing pay, while 44.8% said they did not lose pay. Of those who lost pay, the average loss was \$367 in a recent month. Approximately 25% of providers had lost more than \$500 in pay in a recent month, with another 22.8% losing between \$250 and \$500. Thirty-five percent had lost between \$100 and \$250, and roughly 17% reported losing less than \$100.

**Percent of Foster Care Providers Who Report Losing Pay for Work Missed to Care for Their Foster Child By Amount of Pay Lost**

<b>Pay lost in a recent month due to time off to care for foster child</b>	<b>%</b>
\$1-\$99	17.4
\$100-\$250	35.3
\$251-\$499	22.8
\$500+	24.5

**Hours Spent Taking Child to Extracurricular Activities**

We asked all providers how much time they spent per month taking their foster child to extracurricular activities. The average number of hours spent per month on these activities was 29 (the mode or most frequent response was 20 hours). The majority of parents (70.8%) spent between 1 and 29 hours each month taking their foster child to extracurricular activities. Some parents (18.8%) reported spending between 30 and 60 hours per month on extracurricular activities, and 10.4% reported spending 60 or more hours.

**Percent of Foster Care Providers Who Report Taking Their Foster Child to Extracurricular Activities By Amount of Hours Spent Per Month**

<b>Hours spent each month taking foster child to extracurricular activities</b>	<b>%</b>
1-9	25.4
10-19	22.9
20-29	22.5
30-60	18.8
>60	10.4
Mean number of hours	29

**Extra Money spent on Foster Child**

When asked if they have any expenses for foster children that are not covered by the board rate, 62.6% of foster parents said, “yes.” The following tables shows how much extra parents reported spending over the board rate in a year on their foster child. The largest group of providers (45.3%) reported spending between \$500 and \$1,500 in a year, while the next largest group (23.1%) reported spending between \$1,500 and \$2,500. About 8% spent less than \$500 over the board rate each year.



**Percent of Foster Care Providers By Amount Spent  
Over Board Rate on Foster Child Each Year**

<b>How much extra is spent on foster children over the board rate in a year</b>	<b>%</b>
\$1-499	7.8
\$500 - \$1,499	45.3
\$1,500 - \$2,499	23.1
\$2,500-4,999	16.8
\$5,000	7.0
Total	100.0
Mean (and range)	\$2,245 (0-\$24,000)

**Money Spent on Extracurricular Activities per Year**

When asked how much extra foster parents spent on extracurricular activities only for the foster child, about half (50.7%) of the foster parents reported spending between \$1 and \$500 per year on extracurricular activities. Twenty one percent reported spending between \$500 and \$1000, while 27.9% reported spending more than \$1,000 per year.

**Percent of Foster Care Providers By Amount Spent  
On Extracurricular Activities Each Year**

<b>How much money spent on extracurricular activities</b>	<b>%</b>
\$1 - \$199	23.6
\$200-499	27.1
\$500 - \$999	21.4
\$1000	27.9
Total	100.0

**Types of Expenditures**

Foster parents who reported spending more money on their foster child than the board rate were asked to detail what these expenditures were for. The following list summarizes these items, in order from the most frequently mentioned expenditure to the least frequently mentioned. Half of the providers report using their own funds to buy clothes and shoes for their foster children. Another 33% reported paying for extracurricular activities such as field trips, lessons and camps. Expenditures for family activities and entertainment were the next most frequently mentioned, by 23% of foster care providers. Food expenses were reported by 15.8% of providers and personal hygiene expenses were reported by 15.5% of providers.

**Percent of Foster Care Providers By Type of Item Not Entirely Covered By Board Rate**

<b>Foster Care Provider Expenses Beyond Board Rate</b>	<b>%</b>
Clothes/shoes	50.6
Extracurricular/field trips/lessons/camp	33.9
Family activities/entertainment	23.3
Food-Baby/school lunch/special diet	15.8
Personal Hygiene/Health (Over the Counter)	15.5
Miscellaneous (Household items, utilities, pictures, etc.)	12.4
Educational support (tutor, supplies, etc.)	11.2
Health & Dental Care/eyeglasses	10.2
Diapers	10.1
Transportation	8.6
Daycare/after-school care/babysitting	7.7
Toys	7.5
Birthdays/Holidays	5.6
Other	5.6
Fines/restitution/damages	5.4
Infant furnishings/equipment	2.4

**Respite Care**

In the first phase of this study, many parents reported needing respite care. Therefore, a question was added to this phase of the study to determine how many hours of respite care foster parents use per month and if this amount is enough.

Eighty-four percent of foster care providers reported using no respite care at all. About 10% reported using between 1 and 25 hours of respite care per month, and only 5.9% of foster parents used greater than 25 hours of respite care.

**Percent of Foster Care Providers By Hours of Respite Care Per Month**

<b>Hours of Respite Care Used per Month</b>	<b>%</b>
None	84.0
1-5	4.3
6-25	5.8
>25	5.9
Total	100.0
Mean Hours Used (and range)	24 (0-288)

When asked if this amount of respite care was sufficient, 63% of foster parents who said that they used respite care said that it was sufficient and 37.0% said that it was not.

When asked if the respite care was available when they needed it, 77% said, “yes” and 23% said that it was not.

Employed respondents were significantly more likely to report that the amount of respite care available was sufficient (66.6%) than were those who were not employed outside of the home (58.1%). Similarly, those who were employed fulltime were more likely to indicate satisfaction with the amount of respite care available (68.4%) when compared to those who worked part-time (61.9%).

## Knowledge and Skills of Foster Parents

We asked foster parents to rate their knowledge, comfort, and skill level from 0 (unskilled/no knowledge, etc.) to 3 (very knowledgeable, skilled, etc.) on a variety of topics. These topics can be collapsed into 5 general categories: general knowledge, child-specific skill, general skill, agency relationship, and birth parent relationship.

In the **general knowledge** category, we asked parents to rate themselves in the following areas, regardless of whether the topic was relevant to the child they had in care at the time of the interview:

- ❖ Foster care case planning and goal setting
- ❖ Building self esteem in children
- ❖ Normal growth and development of infants and children
- ❖ Normal sexual development of children and adolescence
- ❖ Contraception or birth control
- ❖ Medication management
- ❖ Drug interactions and side effects
- ❖ Behavior management
- ❖ Warning signs of illegal drug use
- ❖ Mental health problems in children
- ❖ Signs of a learning disability
- ❖ Allergy management
- ❖ Legal rights of juvenile offenders
- ❖ Legal rights of children with special educational needs

In the **child specific** category, we asked parents to rate their skills in dealing with the problems relevant only to the child currently in their care<sup>11</sup> in each of the following areas:

- ❖ Behavior problems
- ❖ Educational problems
- ❖ Health problems
- ❖ Emotional problems

In the **general skill** category, parents were asked a number of questions regarding their ability to help children cope with both the routine issues of raising any child (identifying strengths, building self esteem, etc.) as well as problems that are specific to the circumstances of foster children (dealing with loss/attachment, cultural differences, changing homes, etc.). Questions categorized as **agency relationships** dealt with the

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<sup>11</sup> If the foster parent was interviewed about more than one child, the questions were asked of the last child.

parents' level of comfort in asking the department for help, or in turning down children they don't feel comfortable with. And, questions about **birth parent relationships** pertained to the amount of interaction the child and the foster parent have with the birth parent, level of comfort the foster parent feels with talking with the children about their birth parents, etc.

The following table presents the mean overall score and separate mean scores in each subcategory of questions by type of provider.<sup>12</sup> There are no significant differences in total score across types of providers, however there are some slight differences in subcategory scores. Family foster home providers rate themselves weakest in general knowledge (where they rate themselves lower than any other type of provider) and birth parent relationships, 74.9% and 73.4% respectively. Providers in residential facilities rate themselves higher than any other provider type in child specific skills. Therapeutic foster homes appear to have the most difficulty with agency and birthparent relationships, not surprising given the severe problems of the children they care for. They also score themselves lower than any other provider type on child specific skill. This, too, may be due to the high degree of challenge involved in caring for these children.

**Mean Score\* in Each of Five Knowledge/Skill Categories and Overall By Type of Provider**

Category of Provider	General Knowledge	Child Specific Skill	General Skills	Agency Relations	Birth Parent Relations	Total Score
Family Foster Home	74.9	84.7	82.5	77.3	73.4	77.6
Regular Group Home	75.7	80.7	84.7	82.3	87.0	80.3
Residential Facility	82.4	91.1	87.7	79.6	76.9	83.5
Therapeutic Home	81.3	77.8	84.3	68.1	69.4	78.3
Total	75.4	84.8	82.8	77.3	73.7	77.9

\*All scores are out of a possible 100.  
Green=Above 90% Red=Below 75%

The following table examines parents' self-assessed knowledge in a different way. Instead of presenting an overall score, this table presents the percent of parents who view themselves as "very knowledgeable" about a particular topic by category of provider.

**Percent of Foster Parents Who Rate Themselves as Very Knowledgeable on a Subset of Questions By Provider Type**

<sup>12</sup> An individual score was obtained by summing the ratings across questions in each subcategory (and overall) and dividing by the maximum number of points possible (that is, 3-the highest ranking possible- times the number of questions in the subcategory).

<b>General Knowledge</b>	<b>Family Foster Homes %</b>	<b>Family Group Homes %</b>	<b>Residential Facilities %</b>	<b>Therapeutic Homes %</b>
Foster care case planning and goal setting	41.8	43.6	43.7	50.0
Building self esteem in children	72.2	81.0	82.4	83.5
Normal growth and development of infants and children	67.6	55.7	50.2	100.0
Normal sexual development of children and adolescence	46.4	50.0	57.1	50.0
Contraception or birth control	68.8	81.0	76.5	83.5

**Percent of Foster Parents Who Rate Themselves as Very Knowledgeable on a Subset of Questions By Provider Type (continued)**

<b>General Knowledge</b>	<b>Family Foster Homes %</b>	<b>Family Group Homes %</b>	<b>Residential Facilities %</b>	<b>Therapeutic Homes %</b>
Medication management	74.0	68.4	83.3	83.5
Drug interactions and side effects	44.0	55.7	51.3	50.6
Behavior management	53.9	56.4	79.4	67.1
Warning signs of illegal drug use	46.6	52.7	57.1	50.0
Mental health problems in children	40.1	30.8	65.5	50.6
Signs of a learning disability	54.5	37.2	49.2	67.1
Allergy management	42.4	25.3	35.6	16.5
Legal rights of juvenile offenders	18.1	30.8	36.6	0.0
Legal rights of children with special educational needs	30.3	30.8	46.6	67.1

In no category of providers did a majority of respondents feel they were very knowledgeable about foster care case planning and goal setting, allergy management, or the legal rights of juvenile offenders. And, only in the case of therapeutic providers did more than half feel they were very knowledgeable about the rights of children with special educational needs or the signs of a learning disability. Only slightly more than half of the providers in all categories feel they have the highest degree of knowledge of the normal growth and development of children and adolescents, drug interactions and side effects, the warning signs of illegal drug use, or mental health problems in children. Foster parents feel their strongest about their knowledge in building self esteem, contraception, behavior management, and medication management; and even among these categories, for some types of providers, it is only a slim majority who feel very knowledgeable.

**Interactions with Birth Parents**

Foster care providers often should interact with the birth parents of their foster children. For this reason, it is important that they are comfortable with this interaction. The following questions were asked of foster care providers concerning their interactions with their foster children's birth parents.

**Percent of Foster Care Providers By Response To Level of Comfort Felt Talking About Birth Parents**

<b>Which of the following options best describes how comfortable you feel talking with your foster child about their birth parents?</b>	<b>%</b>
My child is too young to talk about their birth parents.	22.2
I regularly initiate conversations with my foster child about their birth parents?	34.1
I am comfortable answering whatever questions my child has about their birth parents but do not feel comfortable raising the subject myself	37.5
I answer my foster child's questions about their birth parents but it makes me uncomfortable.	3.5
I prefer not discuss my foster child's birth parents with my foster child.	2.7

**Percent of Foster Care Providers By Response To How Often Foster Child Spends Time With Birth Parents**

<b>Which of the following best describe how often your foster child has spent time with their birth parents since he/she has been in your care?</b>	<b>%</b>
My foster child's parents are no longer living.	4.4
My foster child's birth parents are unable to visit with him/her because of a court order prohibiting visitation	26.3
My foster child's birth parents are unable to visit with him/her because of distance, transportation problems, imprisonment, or physical incapacity	9.2
My foster child has not or had only rarely seen his/her birth parents since being in my care through they are able to visit.	19.1
My foster child has only seen his/her birth parents in court	0.4
My foster child also sees his/her birth parents during meetings at school, at doctor's visits or at other meetings about his/her needs.	0.5
My foster child sees his/her birth parents at regularly scheduled visitation appointments.	23.6
Other	16.4

We next asked foster parents: “On a scale of zero to three, with 0 being never and 3 being always, how often do you actively participate (that is spend time talking with both your foster child and his/her birth parents) during these visits.” The largest response (50.5%) was that foster parents never talked with both foster parents and children during the visits. About 12% of parents reported rarely and another 12% reported sometimes. Nearly 25% reported that they always talk with birth parents and foster children during these visits.

We also asked foster parents how often they talked or wrote to their foster child's birth parents about how the child is doing outside of formal visits. More than 74% (74.6%) reported that they never talk with the child's birth parents. Another 8.2% say that they talk with the birth parents a little and 7.4% talk with birth parents sometimes. Just under 10% reported that they always talk with the foster child's birth parents.

The final question regarding birth parents asked about how important a goal family reunification should be in a case plan. Eighty percent of foster parents agreed that

family reunification was an important goal, while 7.3% disagreed and 12.7% were neutral.

### Knowledge of Trauma History

As discussed in an earlier section, we asked foster parents a series of questions regarding their child’s history of trauma, including abuse and neglect. A substantial proportion of foster parents reported that they had no information about one of more of these events or circumstances. The following tables present providers’ level of knowledge of trauma history by the age of the child and the type of provider.

### Knowledge of Child’s Trauma History By Age

These data show that the younger the child, the greater the likelihood the foster parent had knowledge of these problems. Forty-one percent of children younger than one year of age have foster parents who can answer 100% of the child history questions. By comparison, only 13.6% of foster children between the ages of 4 and 18 had foster parents who had answers to 100% of the child history questions.

**Percent of Foster Care Providers Who Report "Do Not Know" of Trauma History By Age of Foster Child**

Trauma History Category	Age				
	<1	1-3	4-8	9-12	>12
	%	%	%	%	%
Premature Birth	26.4	36.9	62.2	66.4	69.6
Drug exposed	46.4	39.6	56.4	54.1	62.7
Physically abused	37.9	25.6	38.7	40.6	39.1
Sexually abused	28.5	22.1	31.9	42.1	35.1
Emotionally abused	39.1	25.0	28.5	30.0	30.1
Neglected	13.3	18.2	15.6	10.7	13.2
Witnessed Domestic Violence	24.9	30.5	39.0	37.0	37.1

### Knowledge of Child’s History By Provider Type

When we examined how much parents knew about the trauma their children had experienced in the past by provider type, we found that therapeutic and family foster home providers knew the most. Therapeutic providers had responses for 66.1% of the questions about history, and family foster home providers had responses for 64.6% of questions. In contrast, family group home providers and residential facilities had responses for just over 50% of the trauma history questions. We further calculated what percent of providers had responses to all of the questions asked about the child’s history of abuse. Therapeutic providers had the greatest knowledge, and yet, only twenty-five



percent of these providers had responses for all questions, followed by family foster home providers (22%) and family group homes (20%). Even fewer (6.7%), of the providers in residential facilities had responses to all of the child’s history of trauma questions.

**Mean and Total Percent of Knowledge Of Child’s Trauma History Among Foster Care Providers By Type of Provider**

<b>Measure of Trauma History</b>	<b>Provider Type</b>			
	<b>Family Foster Homes %</b>	<b>Family Group Homes %</b>	<b>Residential Facilities %</b>	<b>Therapeutic Homes %</b>
Percentage of Trauma History Questions Provider Knew	64.6	54.6	52.6	66.1
Provider Knew all Trauma History	22.0	20.0	6.7	25.0

## **Results of Comparing Survey Data to Case Record Data**

Parents often had incomplete information about the child's exposure to abuse or their health history, according to a comparison of information gathered from foster parents and case record data. For roughly 46% of the children there were discrepancies between these two sources of data. Overall, about half (46.3%) of the foster parents lacked some piece of information found in case records. An equal number of case records did not include information reported by the parents. Not surprisingly, the missing information was not of the same type.

Nearly 70% of those parents without complete information (31% of all parents) did not know that their foster child had been neglected, abused-physically or sexually, been a witness to domestic violence, or had been drug exposed at birth. While in some cases there may be no pressing need for the foster parents to have this information, in some cases it would seem essential. For example, in one home the parent had no knowledge of the child's history of sexual abuse despite the fact that the child was currently receiving treatment for depression. In a different home, the parents reported that their 7-year-old foster child was acting out sexually but they too had no knowledge of the sexual abuse documented in the case record. Parents also sometimes lacked information about children's health history. In one such case the parents had no knowledge that their foster child had been diagnosed with a learning disability despite reporting that the child's grades were poor.

Case records also frequently lacked information, particularly in the area of health history. With very few exceptions, case records had only the barest of information regarding a child's health—in one region we were told that all health information is maintained in a log kept by the foster parents. However, only five of the discrepancies between case record and parent were health related. More commonly discrepancies in case records occurred in regard to current behavior problems. Instances of aggression (including sexual aggression and other inappropriate sexual behavior), petty crimes, problems in school, and, in 2 cases, attempted self-harm, were not indicated in the case record.

Our analysis indicates that the completeness of information from the case files and parent interviews may vary by region, however, the numbers examined here are too small to draw any definitive conclusions. Among both parents and case records Broward County had the greatest percentage of discrepancies. Nearly 70% of parents and 62% of case records in Broward County (compared to approximately 46% of cases overall) had discrepancies. Only 13 of the 54 cases came from Broward County and thus these differences are not statistically significant, however they may warrant a more thorough examination.

## Foster Parent Training Interests

In addition, to the questions discussed above, we asked foster parents if they wish they had additional skills that would help them manage their foster children, and if so, what skills they wish they had. Roughly 63% of all foster parents reported the need for additional skills to help manage their foster children. The following table presents the types of skills foster parents reported that they would like to enhance when asked directly.

**Percent of Foster Care Providers By Training Topic Suggested**

<b>Skills and Knowledge Training Topics Suggested</b>	<b>%</b>
Behavior management/coping with sexually aggressive children/patience	33.0
Improving relationship with DCF/improving support from DCF	17.6
Identifying and dealing with children's mental and emotional health problems	17.4
Better understanding of what kids have been through and helping children cope with loss, anger, etc.	17.2
Childhood diseases/training in specific medical condition/normal development	17.1
Foster parents rights and legal obligations/where to get help/how to connect with other foster parents	10.6
Communicating with children at different ages/how to help children open up so you can get to know them	10.3
Educational expectations, working with learning disabilities/dealing with school system	9.7
Dealing with birth parents	9.3
Sexual abuse/how to recognize/how to help child	6.6
Encouraging self esteem/encouraging children to care for themselves, including hygiene	5.8
How to take care of yourself and your natural family/yoga/respice care	5.4
Working with the judicial/legal system	4.5
How the foster care system works/record keeping/finances	4.5
Signs and symptoms of drug use/exposure in infant and older children	4.2
Welcoming a child into your home/helping a child feel safe	3.7
Helping children deal with family problems	3.4
Dealing with the problems of adolescents	3.3
Bonding/attachment issues- how to encourage	3.3
Teaching children about sex	3.0
Selecting appropriate child care	2.2
Helping children cope with moving	1.8
Medication management	1.2
Assisting with permanency process	1.1
Teaching independent living skills	0.6

We also asked if there were a particular agency or type of professional that providers think would be best suited to provide the training they need. Compatible with their desire to increase their capacity to handle the difficult emotional and behavioral problems that foster children often present, foster parents are most interested in receiving training from mental health professionals (51.7%). The second most sought after type of trainer is not related to a particular topic, but to a level of skill. Foster parents repeatedly reported that they wanted to receive training from someone who had hands on experience, regardless of the topic. Other specialists named include, health care providers (15.4%), other foster parents (10.5%), and educational/developmental specialists (9.9%). Department of Children and Families staff are among the least likely requested trainers (second only to law enforcement personnel). Parents repeatedly reported that Department of Children and Families staff “have never dealt with these problems themselves.”

**Percent of Foster Care Providers By Type of Trainers Desired**

<b>Desired Trainers for Foster Parents</b>	<b>%</b>
Mental Health Professional	51.7
Specialist experienced in field	28.5
Physicians/Health Care providers	15.4
Experienced Foster Parents	10.5
School personnel/early childhood specialist	9.9
DCF Staff/Social workers	7.9
Courts/Attorneys/Police	3.7

**Barriers to Training**

Even parents who desire training may find it difficult to attend scheduled training sessions that compete with their demanding schedules. We asked parents a series of questions about the barriers they face to attending training. The following is a summary of their responses.

**Percent of Foster Care Providers By Barriers to Training**

<b>Barriers to Training</b>	<b>%</b>
Trainings not held at convenient times	52.3
Don't have childcare	43.2
Can't afford to take time from work	27.6
Previous topics have not helped me to take care of foster children placed in my home	25.6
Don't have the time	22.5
Previous trainings have been of poor quality	20.7
Don't need it	12.5
Not interested	9.9

Can't afford cost of travel	8.5
Don't have transportation	6.0

When asked “Would overcoming these barriers make you likely to attend trainings, 86.8% of the foster parents interviewed said, “yes.”

The last set of training questions related to the potential for caring for higher needs children and additional reimbursement. We then asked, “If additional training were required so that you could take care of children with high needs, would you obtain more training?”—80.3% of parents said, “yes.” However, when asked, “If additional training were required so that you could take care of children with high needs AND get a higher board rate, would you obtain more training?”—a slightly smaller proportion (75%) said, “yes.”

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

We developed a methodology to estimate the capacity of the system to provide care for children with varying levels of behavioral and emotional problems while accommodating the foster parents' self-assessed ability to care for differing levels of children. To this end, children were classified by age and the degree of severity (average, moderate, or severe) of their behavioral or emotional problems. The developmental and behavioral measures presented above were used to categorize children.

Parents were classified according to both the maximum and minimum age and the maximum level of severity of children they were willing to care for. This information was obtained during the survey by asking parents the following questions: "If you could get all the training and support that you needed, would you be willing to care for a child with severe emotional or behavioral difficulties?" For those who responded affirmatively, we then asked, "How old a child with severe difficulties would you be willing to care for?" and "How young a child with severe difficulties would you be willing to care for?" and "Have you had experience raising a child with problems like this?"

Unfortunately, the characteristics of the children in need of placement do not always neatly overlap with preferences to care for only children within a certain age range or with a particular level of problems. We asked foster parents if, given all the necessary supports, they would be willing to care for a child with severe, moderate, or average levels of behavioral or emotional difficulties, as well as the oldest and youngest child they would be willing to care for in each category. Parents were asked about each category separately and, thus, are represented more than once (some multiple times) in the table below.

**Number (and Percent) of Foster Parents Willing to Care for Foster Children By Age and Severity of Behavior Problems\***

	Level of Behavior/Emotional Problems					
	Average		Moderate		Severe	
Age	Number	%	Number	%	Number	%
<1	2251	47.0	1597	33.0	861	19.0
1-3	1515	32.0	983	21.0	651	14.0
4-8	2051	43.0	1795	38.0	1031	23.0
9-12	1542	32.0	1392	29.0	833	18.0
>12	1402	29.0	1144	24.0	740	16.0

\* Totals do not add to 100%, as Foster parents may be willing to care for multiple categories of children. Thus filling one category reduces the number of homes in

other categories as homes are filled. These numbers therefore represent the maximum number of homes in any one category.

Parents' preferences are quite diverse—no single category of children was preferred by more than half of the parents surveyed. As might be expected, more parents are willing to care for young children with few problems, than for either older children or children with greater problems. However, preference does not smoothly decline with the age of the child. Parents are equally likely to prefer 4-8 year olds and infants and less likely to indicate a willingness to care for toddlers, preteens, and teens.

**Number of Foster Children By Age and Severity of Behavior Problems**

Age	Level of Behavior/Emotional Problems			
	Average	Moderate	Severe	Total
<1	360	303	101	764
1-3	981	926	776*	2683
4-8	1541	945	584	3070
9-12	1907	589	597	3093
>12	1771	619	1494*	3884
Total	6560	3382	3552	13494

\* Indicates gap between available homes and number of children

A comparison of the preceding tables quickly demonstrates the gaps in available homes for children with the most severe emotional and behavioral problems. This is especially true for children with severe problems who, ideally, would be placed one to a home. Even if all of the foster parents who said they were willing to care for teens with severe problems cared for this type of child, there are twice as many teens with severe problems than there are homes willing to care for them. In addition, there is a shortage of more than 100 homes for children with severe problems in the 1-3 year age category, even if all parents willing to care for them received these children.

The following table examines the number of family foster homes needed for each category of child in an ideal placement scenario. The second column in this table indicates the number of children in each category of age and behavior problems. The next column presents an adjusted number of children after subtracting the current capacity of group homes in each category<sup>13</sup>. In the final column an approximate number of homes needed in each category is displayed. This number was achieved by dividing the number of children by the number of children ideal for each home as follows:

- 3 children per home if the children have average behavior problems,
- 2 if their problems were moderate, and
- 1 if the child had severe problems.
- Infants and toddlers regardless of level of problem are placed no more than 2 to a home.

<sup>13</sup> Subtracting out children in group care is based on the assumption that children in this type of care are placed there because of high needs (and that placement is appropriate) rather than because of the limited capacity in family homes. If this is not the case more family homes are needed than is stated here.

Immediately, even without regard to parents' preferences, the discrepancy between number of available family homes (approximately 4400) and the ideal number of homes (5896) is apparent. If the Department were to limit the number of children placed as described above, they would need to recruit an additional 1500 homes, an increase in capacity of approximately one-third.



**Ideal Number of Homes Needed for Children Currently in Non-Group Care**

<b>Age/Severity</b>	<b>Number of Children</b>	<b>Number of children after removing those who are in group care</b>	<b>Total # of Homes Needed</b>
<b>Average Problems</b>			
<1	360	360	180
1-3	981	981	491
4-8	1541	1508	503
9-12	1907	1813	604
>12	1771	1239	413
<b>Moderate Problems</b>			
<1	303	303	152
1-3	926	926	463
4-8	945	688	344
9-12	589	493	246
>12	619	483	241
<b>Severe Problems</b>			
<1	101	101	101
1-3	776	723	723
4-8	584	524	524
9-12	597	343	343
>12	1494	569	569
<b>Totals</b>			
Average	6560	5901	2191
Moderate	3382	2892	1446
Severe	3552	2260	2260
<b>TOTAL</b>	<b>13494</b>	<b>11053</b>	<b>5896</b>
<b>% of Current homes as a proportion of the Ideal Number Needed</b>			75%

The next two tables in this section present the results of placing children according to parents' preferences. With the information on children's level of problems and parents preferences we performed a series of matchings to better examine gaps in capacity. The children were "placed" with parents according to the parents' preferences for a particular category of child. Each home received a number of children (1, 2, or 3) as described above with the exception of residential facilities. These facilities received the number of children currently residing in each facility.

The matchings were made by setting priorities based on age and severity.<sup>14</sup> In the first set of matchings (presented in the next table) the **most** severe children are placed first,

<sup>14</sup> Since younger children and those with more severe problems are placed fewer to a home, the order in which these children are placed has implications for the total number of children for which the system has capacity.

(in the first column the oldest children were given priority and in the second column priority was given to the youngest children). This table is followed by one in which priority was given to the **least** severe children. Once either the target was met or the number of parents willing to care for the particular category of child was exceeded the next category was filled until all homes were full.

**Number of Children Placed in Foster Homes Prioritizing *Most Severe* Behavior**

<b>Most Severe Children Placed First</b>					
<b>Age and Severity of Behavior Problems</b>	<b>Number of Foster Children In System</b>	<b>Oldest Children Placed First</b>		<b>Youngest Children Placed First</b>	
		<b># Placed</b>	<b>%</b>	<b># Placed</b>	<b>%</b>
<b>Average Problems</b>					
AGE: <1	360	112.9	31.4	363.0	100.0
1-3	981	534.0	54.4	938.0	95.6
4-8	1541	670.5	43.5	461.3	29.9
9-12	1907	547.8	28.7	295.9	15.5
>12	1771	545.3	30.8	8.4	0.5
<b>Moderate Problems</b>					
AGE: <1	303	128.0	42.2	318.8	100.0
1-3	926	1022.7	100.0	926.4	100.0
4-8	945	947.2	100.0	947.5	100.0
9-12	589	589.1	100.0	591.2	100.0
>12	619	716.6	100.0	598.2	96.6
<b>Severe Problems</b>					
AGE: <1	101	65.8	65.2	107.2	100.0
1-3	776	780.3	100.0	784.4	100.0
4-8	584	586.6	100.0	609.2	100.0
9-12	597	625.7	100.0	609.8	100.0
>12	1494	1497.0	100.0	1449.7	97.0
<b>Totals (all ages combined)</b>					
Average	6560	2410.6	36.7	2066.7	31.5
Moderate	3382	3403.6	100.0	3382.1	100.0
Severe	3552	3555.4	100.0	3560.3	100.0
<b>TOTAL</b>	<b>13494</b>	<b>9369.6</b>	<b>69.4</b>	<b>9009.1</b>	<b>66.8</b>

Note: Placements below 90% of the need are highlighted in red in each category.

**Number of Children Placed in Foster Homes Prioritizing *Least Severe Behavior***

<b>Least Severe Children Placed First</b>					
<b>Age/Severity</b>	<b>Number of Children</b>	<b>Oldest Children Placed First</b>		<b>Youngest Children Placed First</b>	
		# Placed	%	# Placed	%
<b>Average Problems</b>					
AGE: <1	360	326.7	90.7	374.6	100.0
1-3	981	993.7	100.0	996.4	100.0
4-8	1541	1544.7	100.0	1567.2	100.0
9-12	1907	1910.3	100.0	1937.7	100.0
>12	1771	1787.6	100.0	1722.2	97.2
<b>Moderate Problems</b>					
AGE: <1	303	229.9	75.9	303.9	100.0
1-3	926	984.4	100.0	938.9	100.0
4-8	945	951.7	100.0	949.8	100.0
9-12	589	591.8	100.0	702.4	100.0
>12	619	624.9	100.0	489.6	79.1
<b>Severe Problems</b>					
AGE: <1	101	0.0	0.0	105.4	100.0
1-3	776	19.7	2.5	202.2	26.1
4-8	584	190.8	32.7	173.0	29.6
9-12	597	110.1	18.4	26.5	4.4
>12	1494	600.5	40.2	313.1	21.0
<b>Totals (all ages)</b>					
Average	6560	6563.0	100.0	6598.1	100.0
Moderate	3382	3382.7	100.0	3384.6	100.0
Severe	3552	921.1	25.9	820.3	23.1
<b>TOTAL</b>	<b>13494</b>	<b>10866.7</b>	<b>80.5</b>	<b>10802.9</b>	<b>80.1</b>

Note: Placements below 90% are highlighted in red in each category.

Not surprisingly, since children with fewer problems can be placed in greater numbers in family foster homes, placing them first allows for the placement of a greater number of children. However, it does this at the expense of the majority of children with severe difficulties. And, in none of the scenarios were we able to place all children and maintain parental preferences. The scenario that places the greatest number of children (approximately 10,867) is that which focuses priority on older children with the fewest behavior problems. However, even in this scenario 2500 of almost exclusively the most severe children are without placement.

**Preferences By Race and Income of Foster Parent**

The matching of race of child with that of foster parent adds another dimension, as does parents income or employment status for the most severe children that may need to be

considered. The following table examines the willingness to care for children with severe problems by the race and income of the foster parent.

**Percent of Foster Parents Willing to Care for a Child with Severe Emotional/Behavioral Problems By Household Income (excluding Board Rate and Race)**

Race	Household Income (excluding board rate)			Total by Race %
	Low %	Mid %	High %	
White	47.9	53.5	28.0	40.1
Black	59.2	62.8	42.6	58.1
Hispanic	60.0	62.8	25.6	51.8
Other	15.4	35.9	48.7	40.6
<b>Total by Income</b>	54.6	57.3	31.2	

Low = \$0-\$20,000 Mid=\$20,000-\$40,000 High=Over \$40,000

The willingness to care for severely troubled children varies by both race and income. Low and middle-income foster parents are more likely to indicate a willingness to care for these children (56.4% and 57.3%, respectively) than are their wealthier counterparts (31.2%). Overall, Black (58.1%) and Hispanic (51.8%) foster parents (particularly those in the middle-income bracket) are also more likely to report that they would be willing to care for children with severe emotional or behavioral problems than are either White foster parents (40.6%) or foster parents of other race or ethnic background (40.6%).

**Needed Supports**

To elicit parents’ responses regarding their willingness to care for children with severe and moderate levels of problems we made the question conditional upon their receipt of “all the training and supports they needed.” And based on their response asked them, “What kind of support do you think you would need to take care of a child like this?.” Their responses are illustrated in the following table.

**Percent of Foster Parents Reporting Needed Supports to Care for Children With Moderate and Severe Behavioral or Emotional Problems**

Supports Needed	%
Access to quality mental health services/psychiatrist/psychologist/therapist	37.5
More support from DCF/more caseworkers/better communications	28.8
All the medical care the child needs/assistance providing care and medication/fulltime nurse or assistant	22.2
Training/education/more upfront information	18.9
Respite care/babysitting services	8.7
Support team/coordinated care	7.7
Additional support with child’s educational needs/working with schools system/tutoring	7.0
Additional financial support/help with Medicaid reimbursement	6.6
General emotional support/support group	6.1

After school care/quality childcare/recreational center	4.6
Help with transportation to doctors visits, etc.	2.5
Big Brother/Big Sister	0.7

## Summary

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.

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**APPENDIX A**

**SELECTED REGIONAL DATA**

## Introduction

The following tables present a comparison of the information for the entire state, contained in the body of this report, with that of districts 9 and 10 (Palm Beach and Broward counties). However, due to the disproportionate representation of "other" providers (detention centers, hospital, treatment centers, etc.) in Broward<sup>15</sup> and the disproportionate use of child placing agencies for therapeutic services in Palm Beach<sup>16</sup>, these two districts may not be readily comparable to the entire state.<sup>17</sup> For these reasons and because the number of providers other than family foster homes in these two districts are, in some cases, too small to analyze when further broken down into subcategories, all Palm Beach and Broward County comparisons are limited to family foster homes and the children for whom they provide care.

In the following tables, unless otherwise noted<sup>18</sup>, those tables marked with a single asterisk (\*) indicate that the distribution varies significantly across Palm Beach County, Broward County, and the State at the 95% confidence level. Those marked with a double asterisk (\*\*) indicate significance differences across Palm Beach County, Broward County, and the State at the 99% confidence level. In some cases, tables present the responses to multiple questions and thus contain multiple analyses. In these cases, the level of significance may be indicated in multiple cells. Those tables with no asterisk present information that does not vary at a statistically significant level across Palm Beach County, Broward County, and the State.<sup>5</sup>

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<sup>15</sup> Broward County represents approximately 17% of all foster children in the state, yet this district accounts for 27% of all foster children characterized as in the care of "other providers."

<sup>16</sup> The original data received from DCF indicates that no foster children in Palm Beach were placed in a therapeutic home. Conversations with staff in the local office revealed that therapeutic homes in this district are primarily accessed through child placing agencies.

<sup>17</sup> Both "Other" providers and many child placing agencies were deleted from the target population (See methods section, page 14, for a more detailed explanation)..

<sup>18</sup> In tables where the comparison groups are other than overall differences between Palm Beach, Broward and the State it is noted below the table. For example, where possible Palm Beach and Broward were compared separately to the State and thus levels of significance are specific to the particular region rather than representing a general difference across the three regions. When this is the case the level of significance (or lack thereof) is presented next to the name of the region rather than at the top of the table. In other cases, 2 or more regional comparisons are presented in a single table. In this case the notation of significance has been placed next to the subheading specifying the comparison.

<sup>5</sup> Indications of significance reflect the results of the chi square and t-tests, as appropriate.

## Characteristics of Foster Children

### *Percent of Foster Children in Each of Five Age Categories by Region\*\**

Age of Foster Children (in Years)	Statewide	Palm Beach	Broward
	%	%	%
< 1	7.1	7.1	5.3
1-3	24.3	32.4	20.0
4-8	25.2	24.4	31.7
9-12	21.6	19.8	17.2
12+	21.8	16.2	25.7
Total	100.0	100.0	100.0

### *Percent of Foster Children by Race/Ethnicity and Region\*\**

Race	Region		
	Statewide	Palm Beach	Broward
	%	%	%
White	45.7	39.7	41.3
Black	35.8	38.8	41.8
Hispanic	7.9	8.4	3.8
Other	10.6	13.1	13.1
Total	100.0	100.0	100.0

### *Percent of Foster Children Placed with a Relative by Region*

	Statewide	Palm Beach	Broward
	%	%	%
Relative Placements	3.7	2.4	4.8

### *Percent of Foster Children Placed with a Relative by Region and Race/Ethnicity of Provider\*\**

Relative Placements by Race/Ethnicity	Statewide	Palm Beach	Broward
	%	%	%
White	14.4	50.0	0.0
Black	81.9	50.0	89.6
Hispanic	2.5	0.0	0.0
Other	1.2	0.0	10.4
Total	100.0	100.0	100.0

**Percent of Foster Children Placed with Foster Parent Due to Medical or Therapeutic Need by Region**

	<b>Statewide</b> %	<b>Palm Beach</b> %	<b>Broward</b> %
Placed for Medical or Therapeutic Need	22.1	30.7	26.7

**Percent of Foster Children Within Race/Ethnic Groups Placed in Home Due to Medical or Therapeutic Need by Region**

<b>Region</b>	<b>All Races</b> %	<b>White**</b> %	<b>Black**</b> %	<b>Hispanic**</b> %	<b>Other</b> %
Statewide	22.1	19.0	21.7	40.9	17.9
Palm Beach	30.7	40.7	29.1	31.6	10.7
Broward	26.7	34.1	30.0	0.0	13.0

## Health and Medical Problems of Foster Children

### Percent of Children Reported to Have a Chronic Medical Problem\*\*

	<i>Region</i>		
	<b>Statewide</b>	<b>Palm Beach</b>	<b>Broward</b>
<b>Percent</b>	29.4	36.4	21.2

### Percent of Children with Chronic Medical Problems Who Need 24-Hour Care\*\*

	<b>Region</b>		
	<b>Statewide</b>	<b>Palm Beach</b>	<b>Broward</b>
<b>Percent</b>	51.5	65.6	73.4

### Percent of Children with Chronic Medical Problems Who Need Medical Equipment\*\*

	<b>Region</b>		
	<b>Statewide</b>	<b>Palm Beach</b>	<b>Broward</b>
<b>Percent</b>	43.9	57.4	49.3

### Percent of Children By Level of Health Problems and Region\*\*

<b>Level of health problems</b>	<b>Region</b>		
	<b>Statewide %</b>	<b>Palm Beach %</b>	<b>Broward %</b>
Severe	26.3	32.8	28.2
Moderate	27.1	22.3	14.8
Few	46.6	44.9	57.0
Total	100.0	100.0	100.0

**Percent of Foster Parents Reporting Foster Child Experienced Selected Trauma & Percent Who Do Not Know**

<b>Trauma</b>	<b>Statewide</b> % Yes? / (% Don't Know)	<b>Palm Beach</b> % Yes? / (% Don't Know)	<b>Broward</b> % Yes? / (% Don't Know)
Low birthweight	29.0 (55.3)	18.8** (55.2)	33.1 (55.7)
Exposed to drugs or alcohol	61.7 (48.2)	76.7** (50.4)	65.5* (48.6)
Ever physically abused	42.1 (34.5)	39.8 (39.6)	50.4** (35.6)
Ever sexually abused	19.6 (29.8)	21.7 (38.5)	25.4** (36.5)
Ever emotionally abused	57.7 (27.7)	29.4** (33.9)	59.7 (28.8)
Ever experienced neglect of any kind	73.1 (15.9)	43.6** (22.3)	70.8* (16.7)
Been a witness to domestic violence	56.2 (33.6)	31.6** (30.2)	55.3 (32.6)

? Of those who answered Yes or No.

## Development and Behavioral Problems of Foster Children

### Percent of Foster Children in Each Category of PEDS Score

PEDS Category	< 1 yr*			1-3 yrs**		
	Statewide	Palm Beach	Broward	Statewide	Palm Beach	Broward
	%	%	%	%	%	%
Refer for Audio/speech Testing	4.5	0.0	7.1	10.4	14.3	13.8
Refer for Intelligence Testing	8.8	18.8	21.4	18.6	15.0	14.3
Screen	32.1	25.0	14.3	18.7	20.4	17.9
Follow-up	7.6	9.4	7.1	15.8	4.8	9.7
No Problem	47.1	46.9	50.0	36.6	45.6	44.4
Total	100.0	100.0	100.0	100.0	100.0	100.0

### PEDS Developmental Results by Region and Race/Ethnicity

PEDS by Race and Region	Refer for audio/speech testing %	Refer for intelligence testing %	Screen %	Counsel %	No problems %
<b>White**</b>					
Statewide	9.0	17.8	23.3	14.6	35.3
Palm Beach	0.0	45.5	13.6	0.0	40.9
Broward	17.5	31.7	0.0	9.5	41.3
<b>Black**</b>					
Statewide	9.5	16.3	22.7	15.4	36.2
Palm Beach	9.5	23.8	16.7	16.7	33.3
Broward	33.3	0.0	9.1	9.1	48.5
<b>Hispanic **a</b>					
Statewide	24.7	4.0	29.6	6.3	19.7
Palm Beach	33.3	0.0	33.3	0.0	33.3
Broward	0.0	60.0	0.0	20.0	20.0

<sup>a</sup> These numbers could reflect lack of English language skills, not language skills more generally.



**PEDS Developmental Results by Region and Race/Ethnicity (continued)**

<b>PEDS by Race and Region</b>	<b>Refer for audio/speech testing</b> %	<b>Refer for intelligence testing</b> %	<b>Screen</b> %	<b>Counsel</b> %	<b>No problems</b> %
<i>Other**</i>					
Statewide	0.8	19.7	13.5	19.7	46.2
Palm Beach	0.0	0.0	46.2	0.0	53.8
Broward	12.5	0.0	58.3	0.0	29.2

**Percent of Foster Children Reportedly Engaging in Dangerous Behaviors by Frequency and Region<sup>19</sup>**

<b>Behavior</b>	<b>Never</b> %	<b>Once or twice</b> %	<b>Frequently</b> %
Runs away from home			
<b>Statewide</b>	91.2	8.1	0.7
Palm Beach	92.5	5.0	2.5
Broward	92.0	6.6	1.5
Willingly engages in inappropriate sexual behavior			
<b>Statewide</b>	86.6	10.7	2.7
Palm Beach	85.6	3.2	11.2
Broward	86.6	9.2	4.2
Uses sex to harm or intimidate others			
<b>Statewide</b>	96.4	2.3	1.3
**Palm Beach	91.4	3.6	5.0
Broward	96.9	0.8	2.3
Uses drugs or alcohol			
<b>Statewide</b>	95.2	2.7	2.1
**Palm Beach	97.5	2.5	0.0
*Broward	96.5	3.5	0.0

<sup>19</sup> Significance determined by collapsing categories 2 and 3 (“once or twice” and “frequently”) and comparing the combined categories with the first category “never.”

**Percent of Foster Children Reportedly Engaging in Dangerous Behaviors by Frequency and Region (continued)**

<b>Behavior</b>	<b>Never %</b>	<b>Once or twice %</b>	<b>Frequently %</b>
Attempts to physically harm self			
<b>Statewide</b>	92.8	6.9	0.3
Palm Beach	92.9	5.7	1.4
Broward	92.5	6.0	1.5
Attempts to physically harm others			
<b>Statewide</b>	75.0	17.4	7.6
Palm Beach	70.4	18.9	10.7
Broward	77.0	14.8	8.2
Has physically harmed others			
<b>Statewide</b>	76.9	18.4	4.7
**Palm Beach	68.0	23.5	8.5
**Broward	83.3	12.2	4.5
Breaks the law (vandalism, stealing, etc.)			
<b>Statewide</b>	85.5	9.1	5.4
Palm Beach	88.6	7.1	4.3
Broward	86.2	9.1	4.7
Has committed more serious crimes			
<b>Statewide</b>	98.1	1.2	0.7
**Palm Beach	100	0.0	0.0
Broward	97.6	2.0	0.4
Has been caught with a weapon			
<b>Statewide</b>	98.5	1.5	0
**Palm Beach	100	0.0	0.0
**Broward	95.8	3.8	0.4
Has been arrested			
<b>Statewide</b>	95.9	3.9	0.2
*Palm Beach	97.8	1.1	1.1
**Broward	93.1	6.2	0.7

**Percent of Children (Ages 4 and up) for Whom the first Pediatric Symptom Checklist Indicates a Problem By Age and Region**

Age	Statewide	Palm Beach	Broward
	%	%	%
4-8	26.2	13.6**	23.6
9-12	25.0	24.7	29.0
>12	27.2	20.3	35.6**

**Percent of Children (Ages 4 and up) for Whom the Pediatric Symptom Checklist Indicates a Problem By Race and Region**

Race/Ethnicity	Statewide %	Palm Beach %	Broward %
<b>**White</b>	<b>33.8</b>	<b>17.7</b>	<b>39.7</b>
<b>**Black</b>	<b>15.9</b>	<b>9.8</b>	<b>27.1</b>
<b>*Hispanic</b>	<b>0.0</b>	<b>0.0</b>	<b>35.0</b>
<b>**Other</b>	<b>24.0</b>	<b>0.0</b>	<b>41.3</b>

**Index of Severity of Problem Behaviors by Region For Children Ages 4 Years and Older**

Index Level	Region		
	Statewide %	Palm Beach %	Broward %
Average	59.8	59.3	60.7
Moderate	21.5	16.8	19.6
Severe	18.7	23.9	19.7
Total	100.0	100.0	100.0

**Index of Severity of Behavioral or Emotional Problems by Region and Race/Ethnicity of Child For Children Ages 4 Years and Older**

Race	Average**			Moderate**			Severe**		
	Statewide	Palm Beach	Broward	Statewide	Palm Beach	Broward	Statewide	Palm Beach	Broward
White	54.3	50.0	45.5	25.5	24.2	23.4	20.3	25.8	31.2
Black	68.7	90.2	69.5	17.5	9.8	18.1	13.8	0.0	12.4
Hispanic?	54.8	60.0	0.0	21.1	40.0	0.0	24.1	0.0	0.0
Other	56.6	53.8	64.3	18.2	0.0	7.1	25.2	46.2	28.6

? For the few Hispanic children in Broward County in this age category complete information was not available.

## Characteristics of Foster Care Providers

### Distribution of Race of Provider by Region\*\*

Race/Ethnicity of Provider	Statewide %	Palm Beach %	Broward %
White	55.6	39.4	47.0
Black	35.1	49.4	40.4
Hispanic	7.1	6.5	7.2
All others	2.2	4.7	5.3
Total	100.0	100.0	100.0

### Percent of Providers by Category of Household Income (excluding board rate) and Region\*\*

Household Income	Statewide %	Palm Beach %	Broward %
<\$10,000	6.4	6.5	4.2
\$10,000-\$20,000	16.1	23.2	16.7
\$20,000-\$30,000	20.8	11.9	17.4
\$30,000-\$40,000	18.7	10.1	12.5
\$40,000-\$50,000	12.1	13.1	12.5
>\$50,000	25.9	35.1	36.7
Total	100.0	100.0	100.0

### Percent of Providers Possessing Special Licenses

Type of Licenses	Statewide %	Palm Beach %	Broward %
Medical Foster Home	11.7	28.6**	10.1
Therapy Foster Home	15.0	15.9	18.1
Group Care Facility	3.3	6.6	1.4**

**Percent of Providers by Category of Length of Time as a Foster Parent and Region\*\***

<b>Length of Time as a Foster Parent</b>	<b>Statewide %</b>	<b>Palm Beach %</b>	<b>Broward %</b>
< 2 years	26.5	11.2	22.9
2 years	12.2	7.9	15.7
3-5 years	26.0	27.0	29.4
6-10 years	18.5	19.1	12.4
11-37 years	16.8	34.8	19.7
Total	100.0	100.0	100.0

**Percent of Providers by Category of Number of Children Ever Cared For and Region \*\***

<b>Number of Foster Children Provider has Ever Cared For</b>	<b>Statewide %</b>	<b>Palm Beach %</b>	<b>Broward %</b>
3 or fewer	25.7	15.3	39.3
4-7	21.5	19.0	20.7
8-12	16.3	17.2	11.3
13-40	20.6	22.7	13.9
40+	16.0	25.8	14.7
Total	100.0	100.0	100.0

**Percent of Providers by Category of Number of Children in Home and Region \*\***

<b>Number of All Children (Natural and Foster) in Home</b>	<b>Statewide %</b>	<b>Palm Beach %</b>	<b>Broward %</b>
1-2	37.7	38.7	42.6
3-5	46.1	46.8	50.3
6-9	14.7	14.5	7.1
10+	1.5	0.0	0.0
Total	100.0	100.0	100.0

**Percent of Providers by Category of Number of Foster Children and Region\*\***

Number of Foster Children in Home	Statewide %	Palm Beach %	Broward %
<b>1-2</b>	<b>64.6</b>	<b>58.8</b>	<b>71.9</b>
<b>3-5</b>	<b>29.3</b>	<b>36.7</b>	<b>26.8</b>
<b>6-9</b>	<b>5.3</b>	<b>4.5</b>	<b>1.3</b>
<b>10+</b>	<b>.7</b>	<b>0.0</b>	<b>0.0</b>
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Mean Number of Foster Children (and range)	<b>2.5 (1-11)</b>	<b>2.5 (1-7)</b>	<b>2.1 (1-6)</b>

## Foster Parent Investments in Care of Foster Children

### Percent of Family Foster Care Providers Reporting that the Board Rate Does Not Cover Expenses by Region\*\*

	Region		
	Statewide	Palm Beach	Broward
<b>Percent</b>	61.1	57.3	67.7

### Percent of Family Foster Care Providers Reporting Both Parents Work Outside the Home By Region\*

	Region		
	Statewide	Palm Beach	Broward
<b>Percent</b>	46.1	45.8	52.2

### Percent of Family Foster Care Providers Who Regularly Take Off Time From Work to Attend to Foster Children

	Region		
	Statewide	Palm Beach	Broward
<b>Percent</b>	35.8	39.2	37.4

### Mean Number of Workdays and Income Lost Due to Attending Needs of Foster Children (Among those who regularly take time off)

	Statewide	Palm Beach	Broward
<b>Number of days</b>	2.5	2.5	2.8*
<b>Number of \$'s</b>	344.6	269.1	453.9*

## Parent Skills and Knowledge

### Mean Score<sup>?</sup> in Each Category of Knowledge by Region

Knowledge / Skill Category	Statewide	Palm Beach	Broward
Percent General Knowledge	74.90	75.9	76.9**
Percent Child Specific Skills	84.70	88.8**	89.4**
Percent General Skills	82.50	87.0**	86.2**
Percent Agency Relations	77.30	76.6	77.5
Percent Birth Family Skills	73.40	75.5	76.2**
Percent Total Skills	77.60	79.3*	80.2**

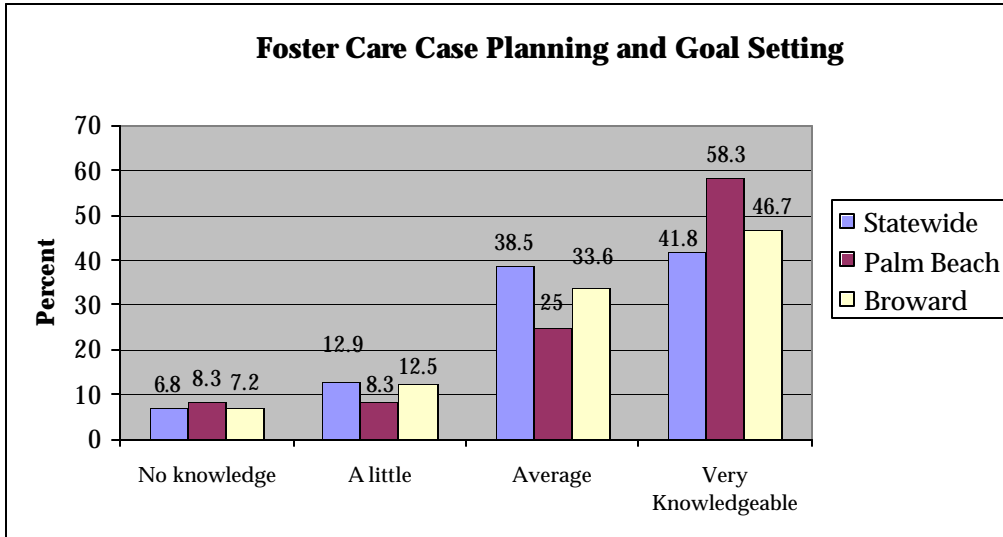
<sup>?</sup> See page 51 for explanation of scoring and contents of each category.

### Percent of Family Foster Care Providers Reporting Knowledge of 100% of Child's Trauma History by Region

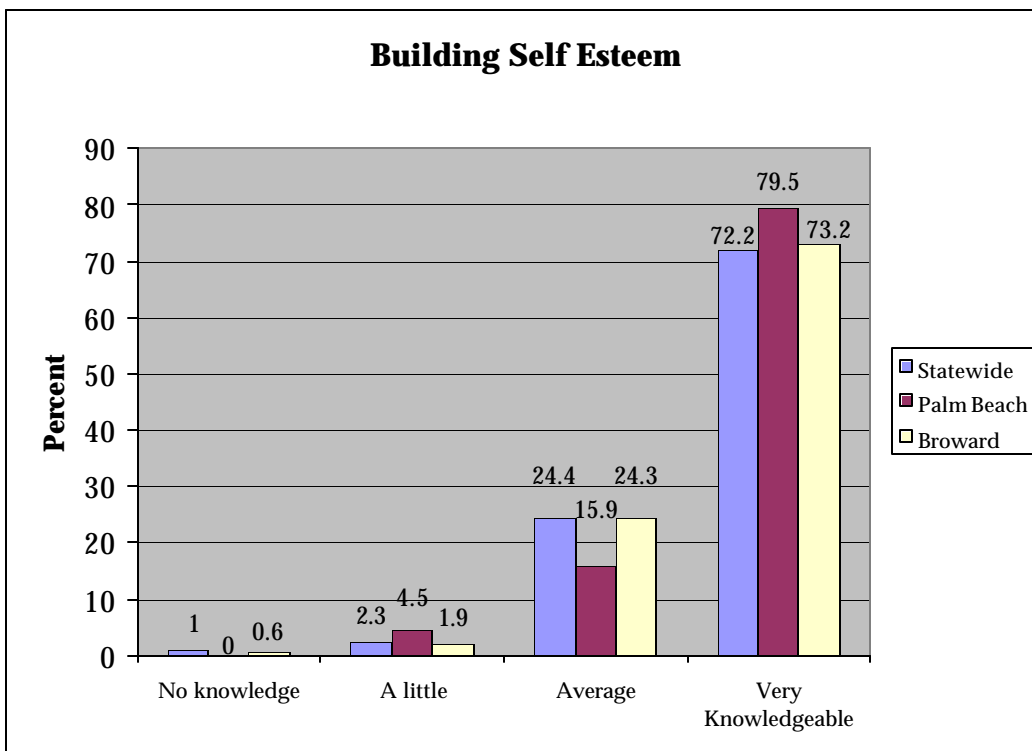
	Region		
	Statewide	Palm Beach	Broward
Percent	24.2	27.1	21.0

In the following tables, the details on the significance of the differences in self-assessed skill and knowledge are calculated by collapsing each set of responses into 2 categories: 1) those who consider themselves very skilled or knowledgeable, and 2) those who do not. Tests of significance (t-tests) were then carried out to determine if the proportion of providers who considered themselves very skilled in Palm Beach and Broward, respectively, differed from those who considered themselves so in the remainder of the state. These results are presented below each table—a double asterisk (\*\*) indicating significance at the 99% confidence level and a single asterisk (\*) if significant at the 95% confidence level.

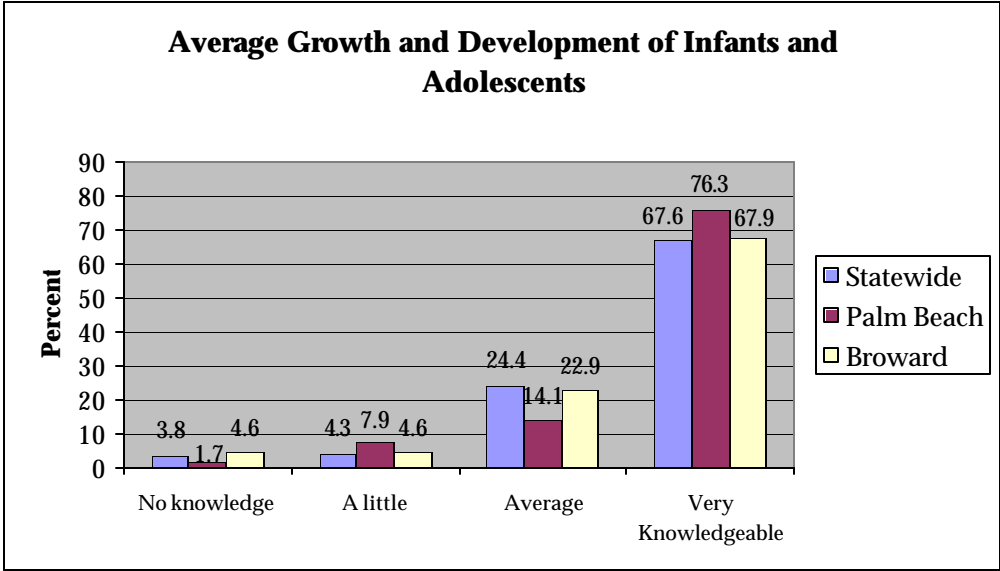




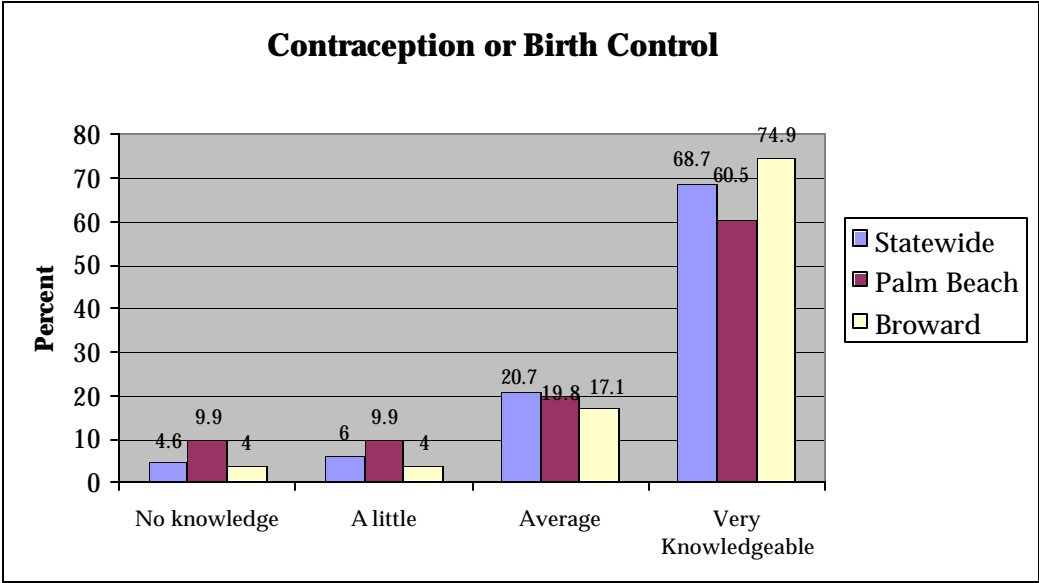
\*\*Palm Beach  
\*Broward



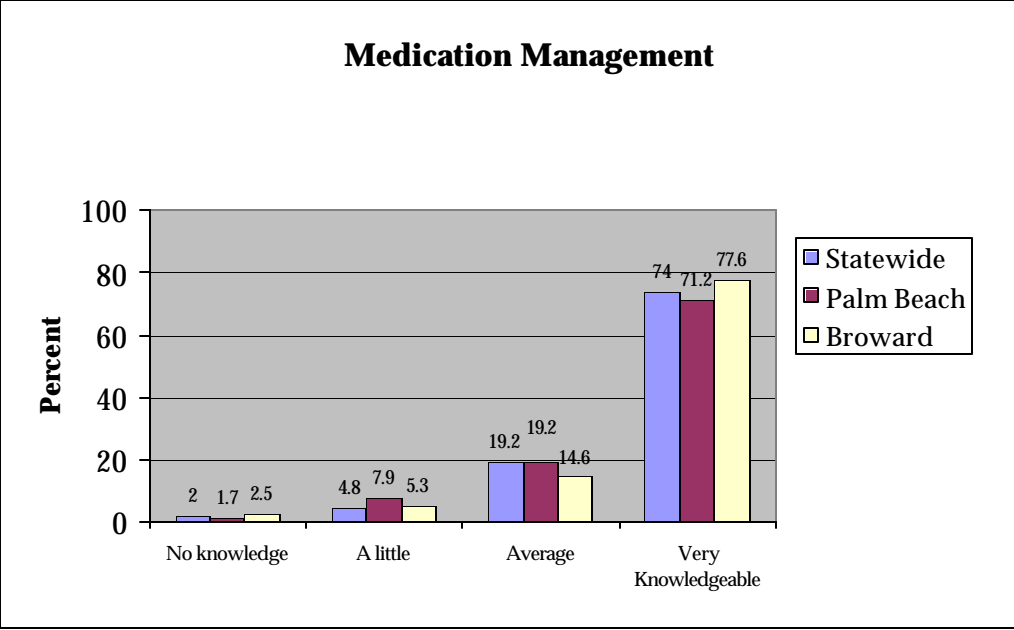
\*\*Palm Beach  
Broward



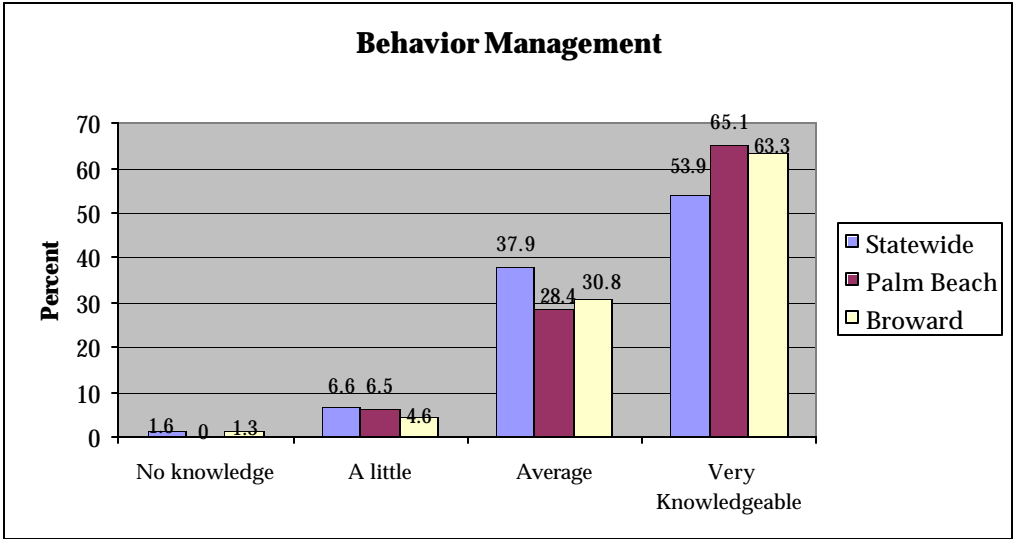
\*\*Palm Beach  
Broward



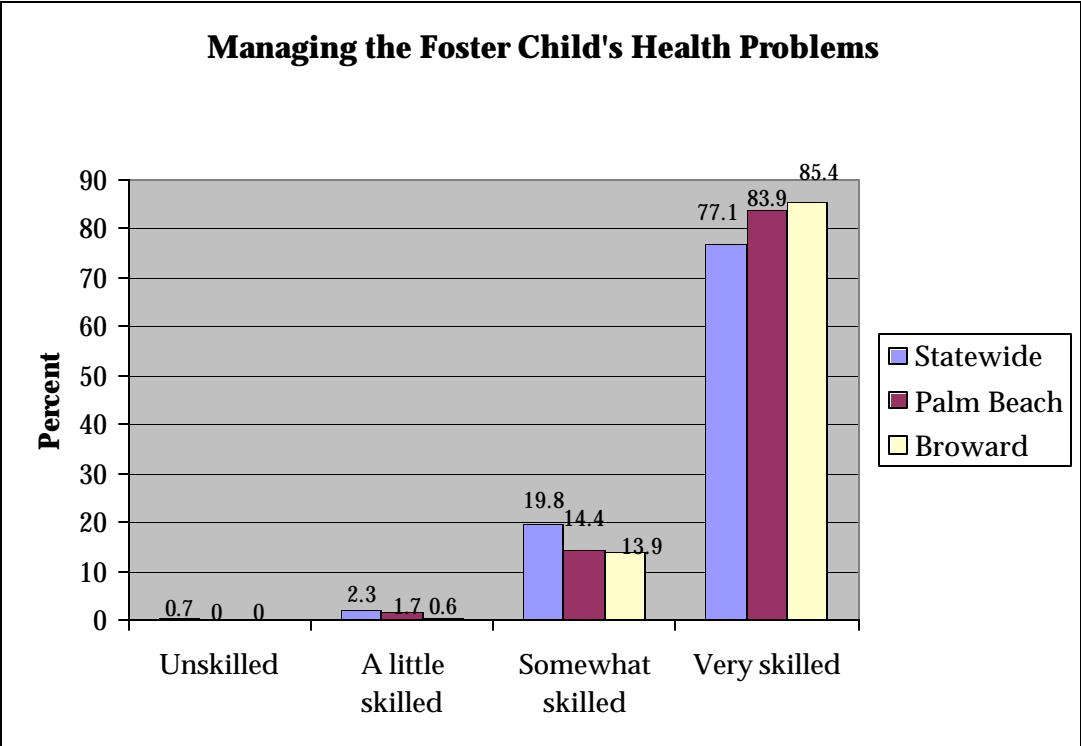
\*\*Palm Beach  
\*\*Broward



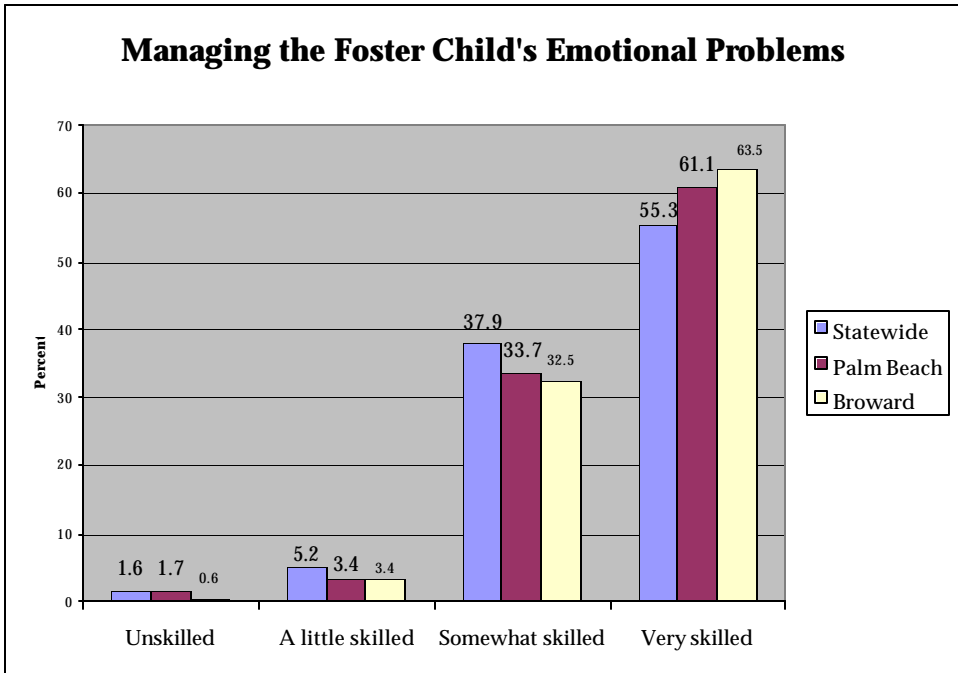
Palm Beach  
Broward



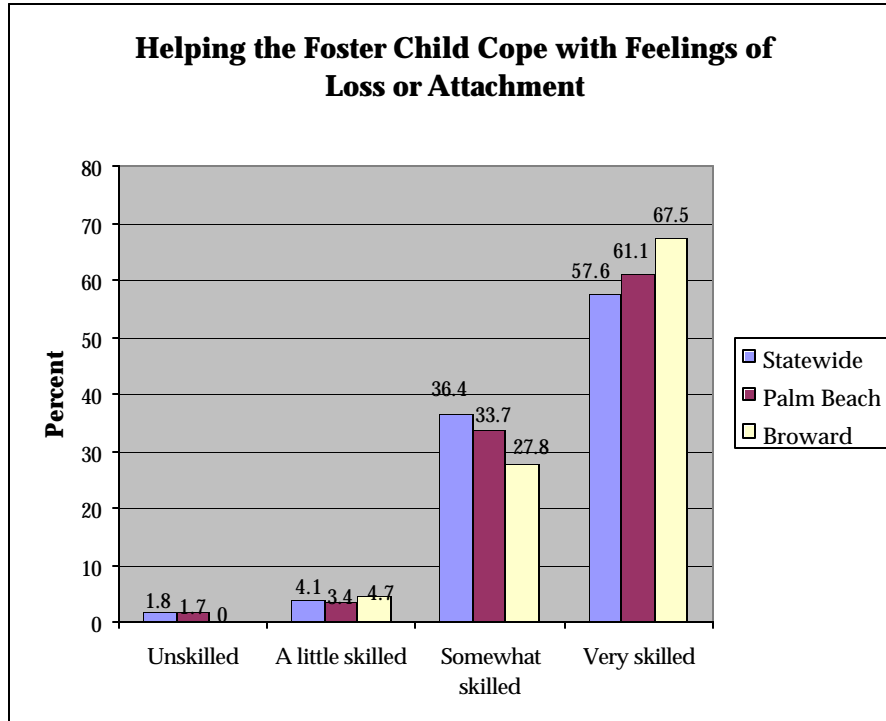
\*\*Palm Beach  
\*\*Broward



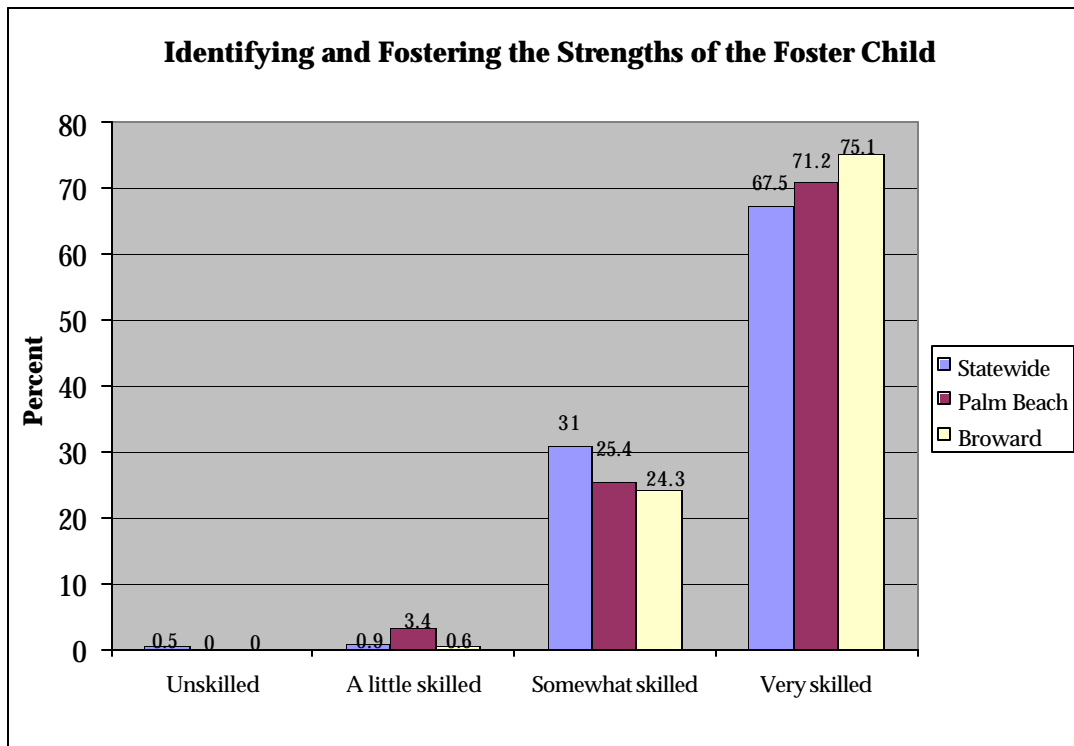
\*\*Palm Beach  
\*\*Broward



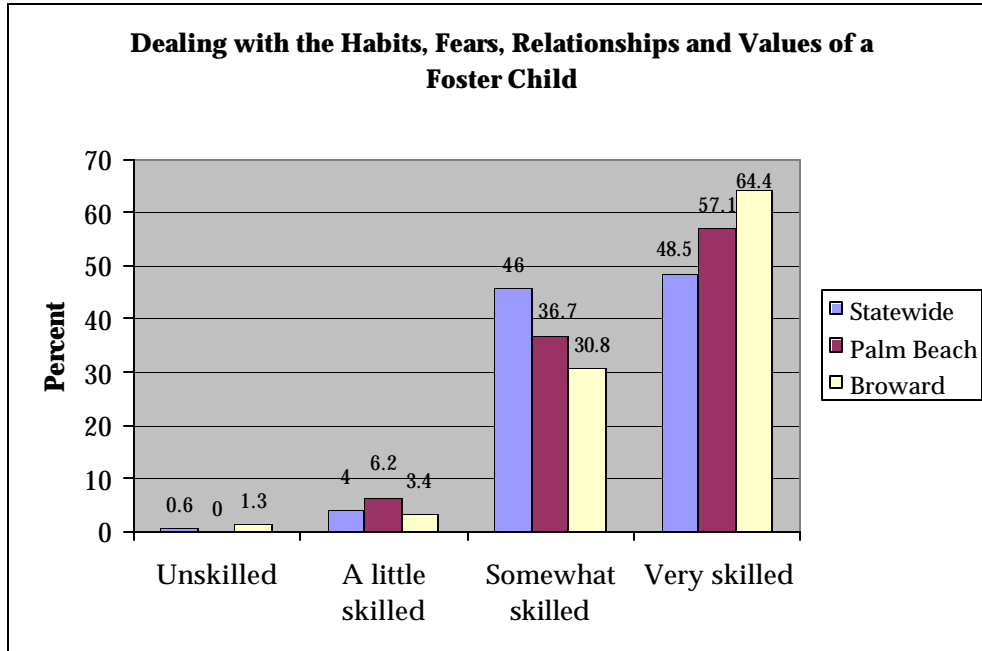
Palm Beach  
\*\*Broward



**Palm Beach**  
**\*\*Broward**

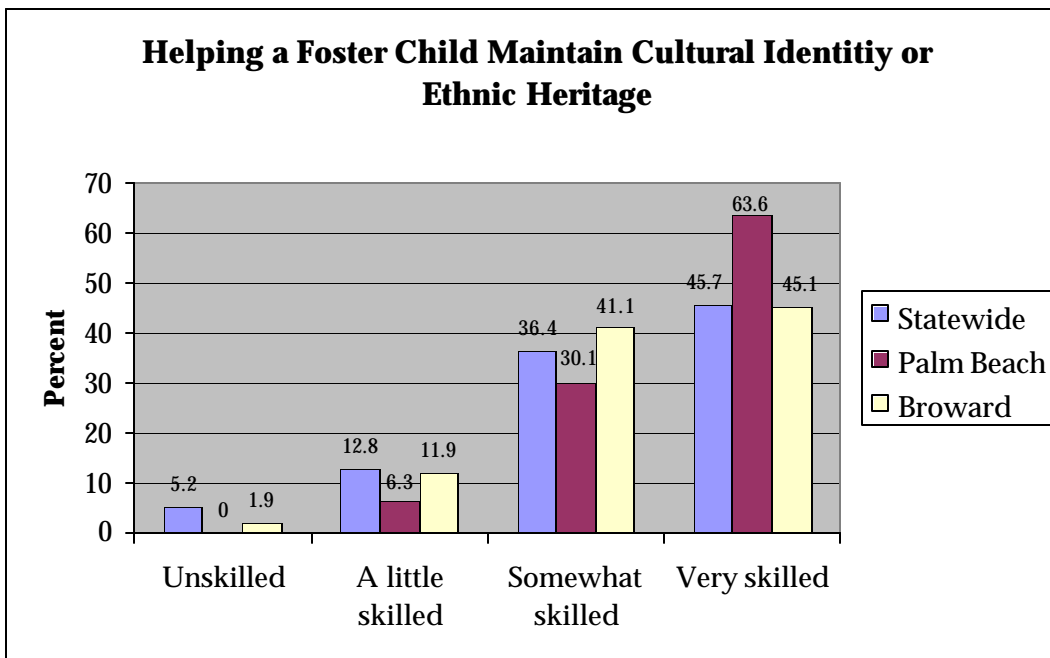


**Palm Beach**  
**\*\*Broward**



\*\*Palm Beach

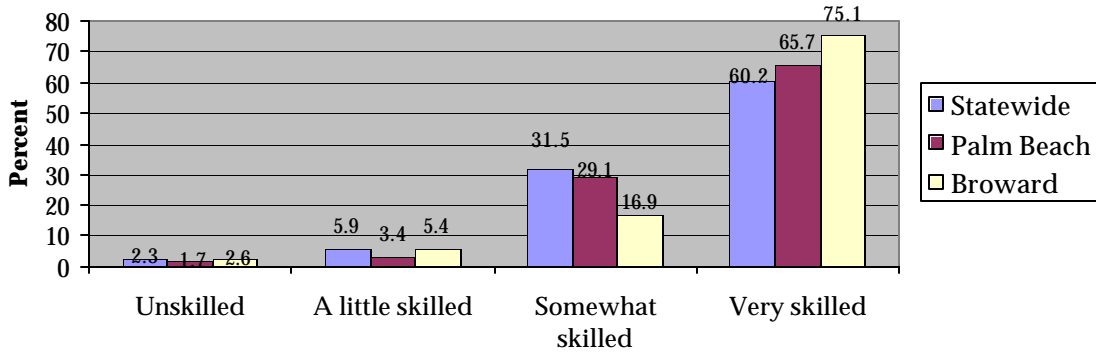
\*\***Broward**



\*\*Palm Beach

**Broward**

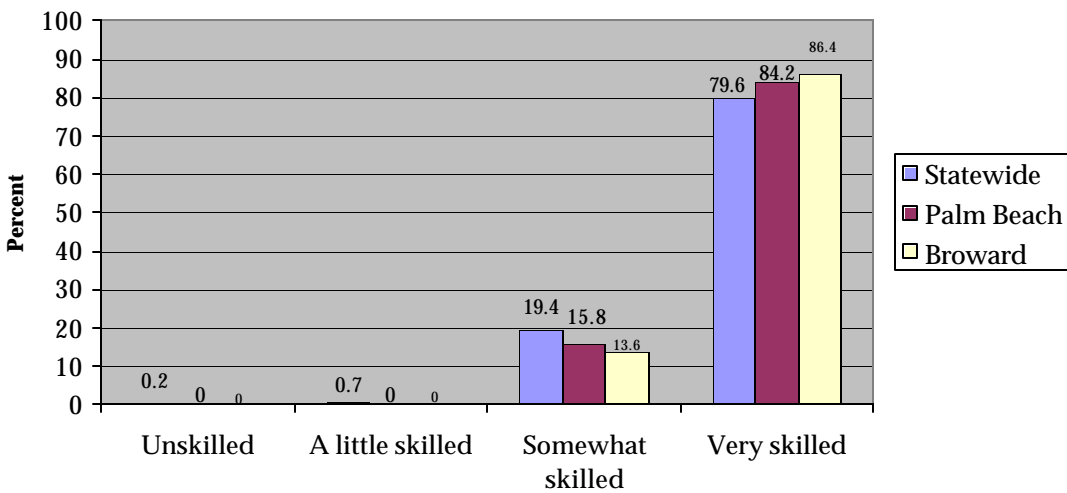
**How Skilled the Foster Parent Feels in Helping a Foster Child Prepare to Move Back Home, Move to Another Foster Home or Move to an Adoptive Home**



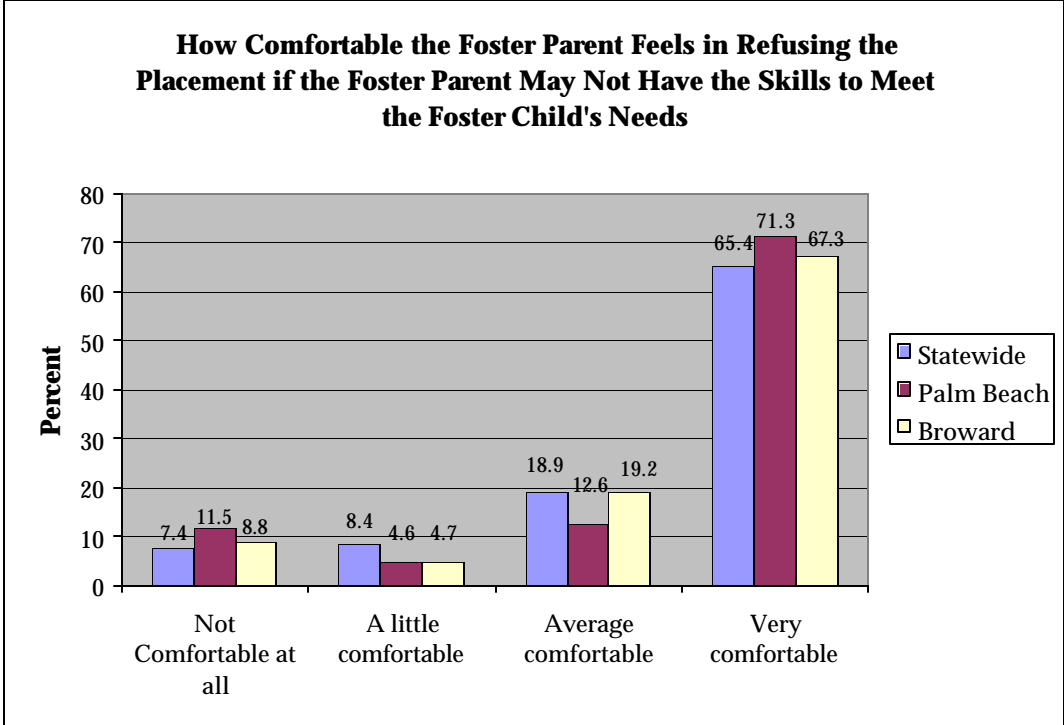
Beach  
\*\*Broward

\*Palm

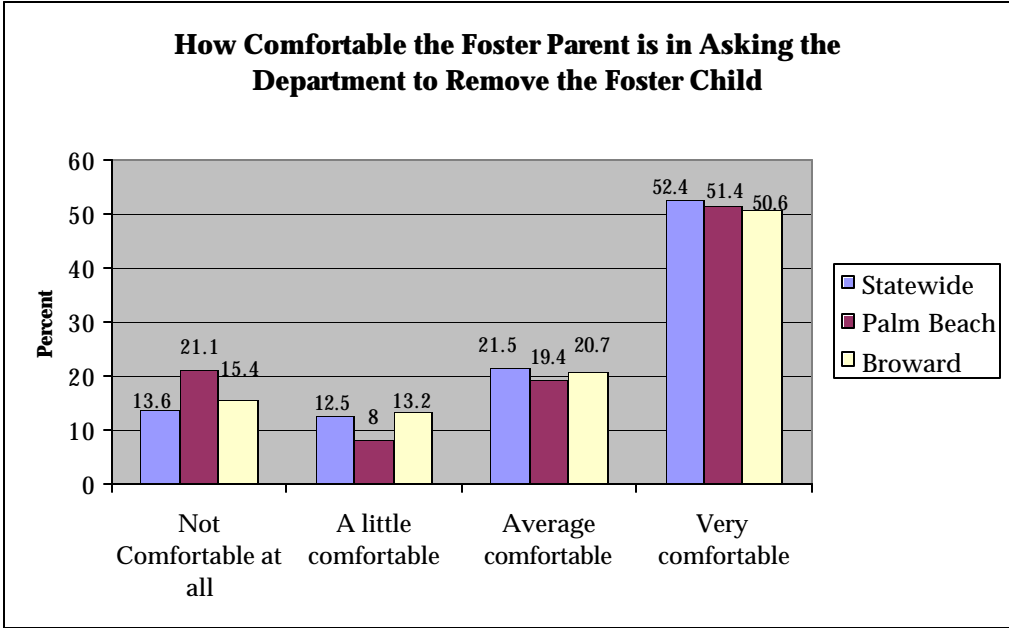
**How Skilled the Foster Parent Feels in Helping a Foster Child Feel More Positive about Self**



\*Palm Beach  
\*\*Broward



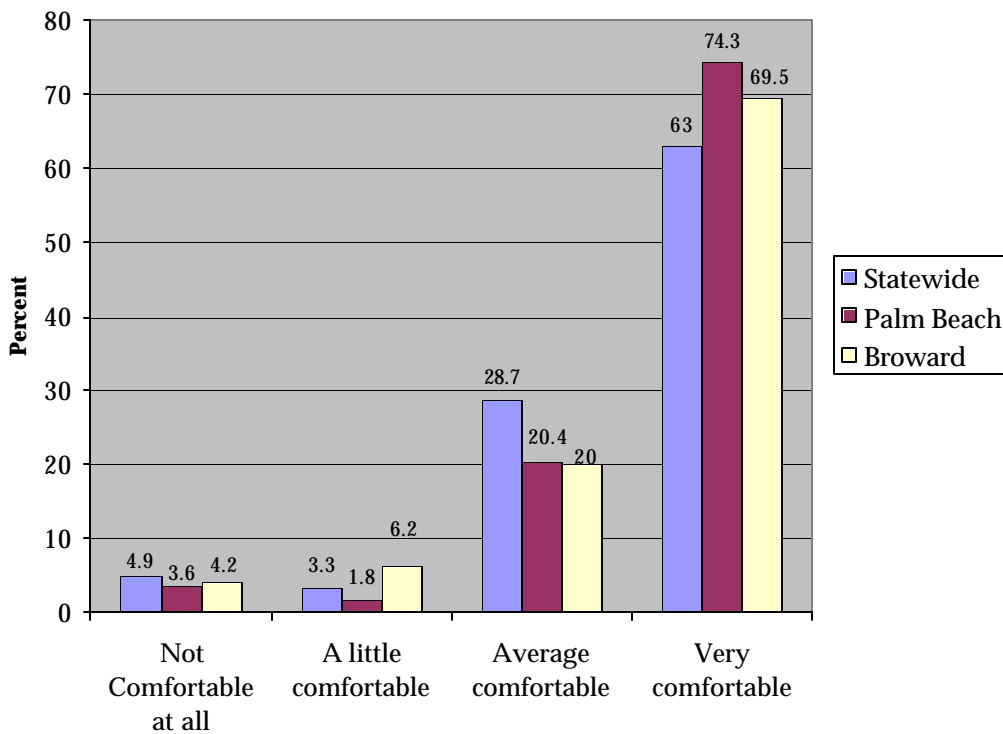
**Palm Beach**  
**Broward**



**Palm Beach**  
**Broward**



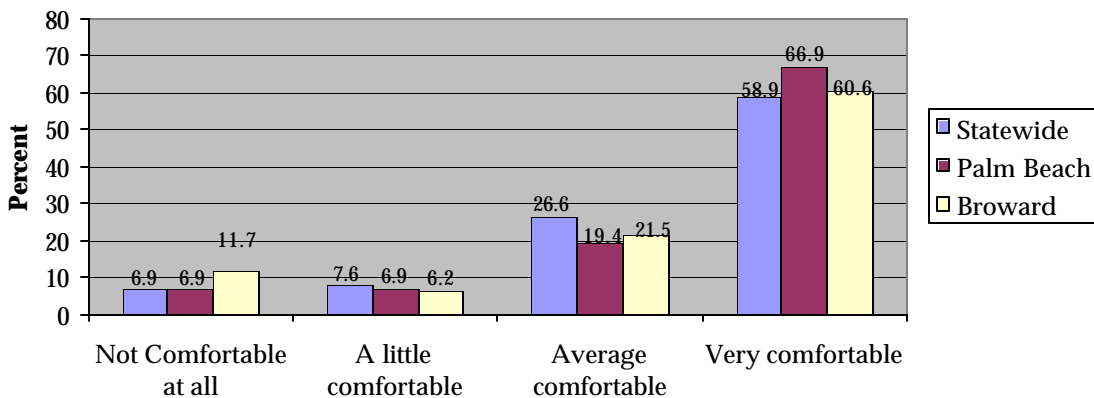
**Partnership with the Birth Family and Making the Foster Child Feel that the Foster Parent Supports the Child's Connection to the Birth Parents**



\*\*Palm Beach

\*\***Broward**

**Participating in Joint School, Medical or Therapy Appointments with Foster Child's Birth Parents**



\*Palm

Beach  
Broward

**Percent of Family Foster Care Providers Desiring Additional Skills\*\***

	Region		
	Statewide	Palm Beach	Broward
Percent	62.2	60.5	52.3

**Percent of Family Foster Care Providers Who Report That They Would Attend Training if Barriers were Overcome\***

	Region		
	Statewide	Palm Beach	Broward
Percent	86.7	80.2	85.0

## Foster Care Provider Capacity

### Percent of Foster Parents Indicating a Willingness to Care for a Child by Level of Severity of Child and Race of Provider‡

Severity/Race of Provider	Statewide %	Palm Beach %	Broward %
<b>Severe</b>			
**White	37.6	18.6	30.7
Black	58.2	62.2	63.1
*Hispanic	52.9	72.7	35.3
Other	40.6	66.7	50
<b>Moderate</b>			
White	74.2	67.7	72.2
Black	81	79.8	83.7
Hispanic	78.3	100	73.5
Other	84.9	100	86.4

‡The willingness to care for children with severe problems does vary significantly across region, but only for white and Hispanic providers. No significant differences were found in the providers willingness to care for children with moderate levels of problems across race and region.

### Percent of Foster Parents Indicating a Willingness to Care for a Child by Level of Severity of Child and Income of Provider‡

Willingness to take a child with different levels of behavior problems	Under \$20,000			\$20,000 to 40,000			Above \$40,000**		
	Statewide	Palm Beach	Broward	Statewide	Palm Beach	Broward	Statewide	Palm Beach	Broward
<b>Severe</b>	54.3	46.8	57.5	57.3	50.0	58.2	29.7	44.7	34.4
<b>Moderate</b>	81.9	66.7	74.7	83.3	82.4	81.3	71.2	82.3	76.7

‡The willingness to care for children with moderate problems varies significantly across region, but only in the upper income category (over \$40,000).