

## Foster Care Children and Family Homelessness

Cheryl Zlotnick, DrPH, Diana Kronstadt, EdD, and Linnea Klee, PhD

### ABSTRACT

**Objectives.** This study examined the association between family homelessness and children's placement in foster care.

**Methods.** The prevalence of homelessness in a random sample of 195 young foster children was examined.

**Results.** Almost half of the birth parents of the foster children had experienced homelessness. Those children were more likely than other foster children to have siblings in foster care and to be placed with nonrelatives.

**Conclusions.** An extremely high prevalence of family homelessness was found among children in foster care. Policy implications of the association between family homelessness and placement into foster care are discussed. (*Am J Public Health*. 1998;88:1368-1370)

Several studies have reported large numbers of homeless adults with histories of childhood foster care.<sup>1-5</sup> Others have found that an increased number of homeless parents had children who were placed into foster care.<sup>6</sup> This study examines the prevalence of adult homelessness among the birth parents of foster children. It also examines whether foster children whose birth parents experienced adulthood homelessness are a special subpopulation of foster children and whether they suffer from more physical, psychological, or social problems than other foster children.

### Methods

This study presents cross-sectional data from an ongoing longitudinal study funded by the National Institute of Mental Health on the health of and services needed by foster children. Between 1993 and 1996, 195 children under 4 years of age were randomly selected for study participation from a northern California county social service agency list of newly placed foster children. Sources for 1994 indicate that in this county, which had a population of 339 952 children aged 0 to 19 years, the rate of foster care placement was 10.4 per 1000 children each year, with placements lasting an average of 29 months; 35.7% of children lived in families surviving on 185% or less of the federal poverty level; and approximately 13 000 children in 1991 experienced at least 1 night in a shelter or in transient or inadequate housing.<sup>7,8</sup>

Data were collected from telephone interviews with foster parents and abstracts of county social services records. Birth parents were considered to have a history of homelessness if the Child Protective Services intake form or the court report described them as "homeless" or as having "no stable abode." Data were analyzed with SAS Release 6.03.<sup>9</sup> Significance was declared at the  $P < .05$  level.

### Results

Demographic characteristics of the sample are shown in Table 1. Approximately half the children were male and half were female. Ages were almost evenly split among children under 2 years old, between 2 and 3 years old, and between 3 and 4 years old. Most foster children were Black, followed by Whites, Latinos, and others. Almost half the sample (95/195) had birth parents who had experienced homelessness.

Often more than 1 charge against the birth parents was cited as the reason for foster care placement. In our sample, neglect (usually secondary to substance abuse) was the most common reason, followed by abandonment and abuse of a sibling. Comparisons between children whose birth parents had histories of homelessness and those whose parents did not demonstrated no difference in age at first foster placement, type of placement, or number of placements. However, compared with other foster children, more foster children whose birth parents had been homeless had siblings who also had been placed in foster care (52.6% vs 36.0%,  $P < .05$ ). Compared with their counterparts, a higher proportion of children whose birth parents were without homeless histories were in foster care because of sexual abuse (8.0% vs 0%,  $P < .001$ ).

Almost two thirds of the sample had at least 1 health problem, and 28.1% had 2 or more health problems (Table 2). Most foster

---

Cheryl Zlotnick and Diana Kronstadt are with the Center for the Vulnerable Child at Children's Hospital Oakland, Oakland, Calif. Linnea Klee is with the Children's Council of San Francisco, San Francisco, Calif.

Requests for reprints should be sent to Cheryl Zlotnick, DrPH, Center for the Vulnerable Child, Children's Hospital Oakland, 747 52nd St, Oakland, CA 94609-1809.

This paper was accepted February 6, 1998.

**TABLE 1—Characteristics (%) of Foster Care Children, by Birth Parent's Homeless Status: Northern California, 1993–1996**

	Total Sample (n = 195)	Homeless History (n = 95)	No Homeless History (n = 100)
Homeless history	48.7	...	...
Sex			
Male	52.8	53.7	52.0
Female	47.2	46.3	48.0
Child's age, y			
<1	1.5	1.1	2.0
1–1.9	37.4	44.2	31.0
2–2.9	30.3	29.5	31.0
3–3.9	30.8	25.3	36.0
Race/ethnicity			
Black	66.2	64.2	68.0
Latino	5.1	5.3	5.0
White	16.4	17.9	15.0
Other	12.3	12.6	12.0
Foster care placement at age < 1y	78.5	79.0	78.0
No. of placements			
1	54.4	52.6	56.0
2	35.9	36.8	35.0
3+	9.7	10.5	9.0
Reason for placement			
Neglect	98.5	99.0	98.0
Parental substance abuse	79.5	84.2	75.0
Parental mental illness	4.6	4.2	5.0
Child's developmental disability	1.5	3.2	0.0
Abandonment	47.7	52.6	43.0
Parental incarceration	11.8	10.5	13.0
Sibling abuse	44.1	52.6	36.0*
Physical abuse	3.6	4.2	3.0
Sibling death	1.0	1.1	1.0
Sexual abuse	4.1	0.0	8.0**

\* $P < .05$ .\*\* $P < .01$ .

parents enlisted at least 1 specialty service (e.g., speech therapy or special education) for their foster care children.

Logistic regression was used to examine which variables best predicted foster care children whose parents had histories of homelessness compared with those who did not. Independent variables included age at first foster placement; child's ethnicity; prenatal drug exposure; history of parental developmental delay, drug use, mental illness, or incarceration; number of foster placements; placement in foster care with relatives; history of child's sibling being placed in foster care; history of child abandonment; foster parent's report of the child's need for services for developmental delay; and foster parent's report of multiple health problems in the child. The final model incorporated only 3 variables: placement in foster care with relatives (odds ratio [OR] = 0.43; 95% confidence interval [CI] = 0.22, 0.84;  $P = .014$ ); history of the foster child's sibling also being placed in foster care (OR = 1.99; 95% CI = 1.09, 3.64;  $P = .025$ ); and the foster child's need for intensive services for devel-

opmental delay (OR = 0.46; 95% CI = 0.24, 0.90;  $P = .022$ ). Thus, foster care children whose birth parents had histories of homelessness, compared with their counterparts whose birth parents were without histories of homelessness, were less likely to be placed with relatives, less likely to require services for developmental delay, and more likely to have siblings in foster care.

## Discussion

This study adds to the literature by suggesting that there are a large number of foster children whose birth parents have histories of homelessness. Because studies have found that many homeless adults experienced foster care in childhood<sup>1–5</sup> and many children in foster care have birth parents with histories of homelessness,<sup>6,10,11</sup> it has been suggested that an intergenerational cycle between foster care and homelessness exists.<sup>10</sup> However, there are no longitudinal studies to substantiate this claim.

Clearly, the homeless experience—with families moving between shelters, cars, friends' homes, and motels—is not conducive to creating a secure family environment, but homelessness alone is not a reason to place children in foster care.<sup>10</sup> In the county where the study sample was collected, homelessness is not considered neglect, but homelessness and other contextual features of the parents' lives are noted in court records, particularly if they have an impact on the children's health or well-being.

Homeless parents not only have problems with housing and family resources but may lack the knowledge to build supports, sustain a family, and provide effective parenting.<sup>12</sup> This problem may be magnified among homeless adults who themselves grew up in foster care.<sup>10</sup> In our sample of foster children, more homeless birth parents than housed birth parents demonstrated difficulties with family integrity and support. That is, parents who were homeless were more likely than other parents to have more than 1 child in foster care. Moreover, homeless parents who had children in foster care were less likely than others to have their children placed with relatives.

The health, mental health, and developmental needs of these 195 foster children replicate the needs found in many other studies.<sup>13–16</sup> Nevertheless, there is no evidence that foster care children whose parents were homeless are a less healthy subset of foster care children.

The study's probability sample was limited to foster children younger than 4 years from 1 county system. Therefore, caution should be used in generalizing these results to other populations of foster children. The determination of homelessness was based only on findings in the court charges or Child Protective Services intake forms; consequently, if there were no recent homeless episodes or if the discussion about homeless episodes was not documented in the court report, it is possible that the prevalence of parental homelessness was underestimated. Furthermore, almost 80% of the birth parents in this sample were charged with neglect secondary to substance use. Epidemiological studies indicate that substance use is prevalent in homeless populations<sup>17–20</sup> and more common among homeless parents than among low-income, housed single parents.<sup>21,22</sup> Clearly, there is a strong relationship among homelessness, substance use, neglect of children, and placement of children in foster care, but since foster care systems may have very different populations, other studies are needed to examine the relationships among poverty, neglect, parental homelessness, child placement in foster care, and substance use. □

**TABLE 2—Health Problems (%) of Foster Care Children, by Birth Parent's Homeless Status: Northern California, 1993–1996**

	Total Sample (n = 195)	Homeless History (n = 95)	No Homeless History (n = 100)
<b>No. of health problems</b>			
0	38.0	40.0	36.0
1	33.9	33.7	34.0
2+	28.1	26.3	30.0
<b>Type of health problems</b>			
Respiratory (non-asthma)	14.9	16.8	13.0
Otitis	10.8	11.6	10.0
Stomach/intestinal	10.8	9.5	12.0
Genitourinary	10.8	9.5	12.0
Asthma	8.7	3.2	14.0**
Skin	5.1	3.2	7.0
Heart	3.6	4.2	3.0
Behavioral	3.1	3.2	3.0
Anemia	2.6	2.1	3.0
Motor	1.5	2.1	1.1
Preterm birth	1.5	2.1	1.0
Growth	1.0	1.1	1.0
Congenital anomalies	1.0	2.1	0.0
Language	1.0	0.0	2.0
Congenital syphilis	0.5	0.0	1.0
Down syndrome	0.5	1.1	0.0
HIV infection	0.5	1.1	0.0
Failure to thrive	0.5	1.1	0.0
<b>No. of services engaged</b>			
0	14.9	17.9	12.0
1	28.2	26.3	30.0
2–3	36.9	40.0	34.0
4+	20.0	15.8	24.0
<b>Type of services</b>			
Developmental	74.3	74.7	74.0
Regional center	30.3	23.2	37.0*
Early intervention	18.4	14.7	22.0
Physical therapy	14.4	15.8	13.0
Mental health	10.8	8.4	13.0
Speech therapy	9.2	9.5	9.0
Occupational therapy	9.2	8.4	10.0
Audiology	8.2	8.4	8.0
Preschool education	7.2	9.5	5.0
Medical	4.6	3.2	6.0
Ophthalmological	2.6	1.1	4.0
Supplemental Security Income	1.0	0.0	2.0
Neurological	1.5	2.1	1.0
Special education	1.5	3.2	0.0
Dental	0.5	1.1	0.0

\* $P < .05$ .\*\* $P < .01$ .

## Acknowledgments

This study was supported by the National Institute of Mental Health (R01-MH48473) and the Department of Health and Human Services, Bureau of Primary Health Care (CSH 901930-09).

The authors wish to recognize the invaluable contribution of the clinical and research staff of the Center for the Vulnerable Child at Children's Hospital Oakland.

## References

- Bassuk EL, Buckner JC, Weinreb LF, et al. Homelessness in female-headed families: childhood and adult risk and protective factors. *Am J Public Health*. 1997;87:241–248.
- Koegel P, Melamid E, Burnam MA. Childhood risk factors for homelessness among homeless adults. *Am J Public Health*. 1995;85:1642–1649.
- Piliavin I, Sosin M, Westerfelt AH, Matsueda RL. *The Duration of Homeless Careers: An Exploratory Study*. Chicago, Ill: Social Service Review; 1993.
- Susser ES, Lin SP, Conover SA, Struening EL. Childhood antecedents of homelessness in psychiatric patients. *Am J Psychiatry*. 1991;148:1026–1030.
- Herman DB, Susser ES, Struening EL, Link BL. Adverse childhood experiences: are they risk factors for adult homelessness? *Am J Public Health*. 1997;87:249–255.
- US House of Representatives, Select Committee on Children, Youth, and Families. *No Place to Call Home: Discarded Children in America*. Washington, DC: US Government Printing Office; 1989.
- Children Now. *County Data Book: California 1995*. Oakland, Calif: Children Now; 1995.
- Alameda County Health Care Service Agency. *Alameda County Children and Youth Report Card 1991*. Oakland, Calif: Maternal and Child Health Division of Alameda County; 1991.
- SAS Procedures Guide, Release 6.03*. Cary, NC: SAS Institute Inc; 1988.
- Roman NP, Wolfe PB. *Web of Failure: The Relationship Between Foster Care and Homelessness*. Washington, DC: National Alliance To End Homelessness; 1995.
- McDonald TP, Allen RI, Westerfelt A, Piliavin I. *Assessing the Long-Term Effects of Foster Care: A Research Synthesis*. Madison, Wis: Institute for Research on Poverty; 1993.
- Weinreb LF, Bassuk EL. Substance abuse: a growing problem among homeless families. *Fam Community Health*. 1990;13:55–64.
- Halfon N, Klee L. Health services for California's foster children: current practices and policy recommendations. *Pediatrics*. 1987;80:183–191.
- Klee L, Halfon N. Mental health care for foster children in California. *Child Abuse Negl*. 1987;11:63–74.
- Klee L, Soman LA, Halfon N. Implementing critical health services for children in foster care. *Child Welfare*. 1992;71:100–111.
- Takayama JI, Bergman AB, Connell FA. Children in foster care in the state of Washington. *JAMA*. 1994;271:1850–1855.
- Fischer PJ. Estimating the prevalence of alcohol, drug, and mental health problems in the contemporary homeless population: a review of the literature. *Contemp Drug Probl*. 1989;16:333–389.
- Prevalence of Drug Use in the Washington, DC Metropolitan Area in the Homeless and Transient Population: 1991*. Washington, DC: National Institute on Drug Abuse; 1993.
- Lehman AF, Cordray DS. Prevalence of alcohol, drug and mental disorders among the homeless: one more time. *Contemp Drug Probl*. 1993;20:355–383.
- Robertson MJ, Zlotnick C, Westerfelt A. Drug use disorders and treatment contact among homeless adults in Alameda County, California. *Am J Public Health*. 1997;87:221–228.
- Bassuk EL, Weinreb LF, Buckner JC, Browne A, Salomon A, Bassuk SS. The characteristics and needs of sheltered homeless and low-income housed mothers. *JAMA*. 1996;276:640–646.
- Wood DL, Valdez RB, Hayashi T, Shen A. Health of homeless children and housed, poor children. *Pediatrics*. 1990;86:858–866.