



Research Brief

Child Welfare System-Level Factors Associated with All-Cause Mortality Among Children in Foster Care in the United States, 2009-2018

Key Findings

- Sociodemographic and judicial reform characteristics of foster care systems were significantly associated with child mortality at the county level.
- Higher percentage of infants in foster care systems were associated with a 6% increased risk of mortality.
- Higher percentages of children of color (i.e., non-Hispanic Asian, non-Hispanic Black, multiracial, and Hispanic children) were associated with generally increased risks of mortality.
- Higher percentage of male children was associated with a 10% increased risk of mortality.
- Currently having a class action lawsuit and being under a current active consent decree were associated with a 21% and 23% lower risk of mortality, respectively.

About this Study

Little is known about the impact of child welfare system-level factors on child mortality as an outcome within foster care. Using data from the Adoption and Foster Care Analysis and Reporting System, 2009–2018, we examined the associations between county-level sociodemographic, foster care performance, and judicial reform characteristics with all-cause mortality rates. Results of random effects negative binomial

regression analyses showed that higher proportions of younger children (<1 year: IRR = 1.06, 95% CI [1.02, 1.11]; 5–9 years: IRR = 1.05, 95% CI [1.01, 1.09]); children of color (i.e., non-Hispanic Asian: IRR = 1.07, 95% CI [1.01, 1.13]; multiracial: IRR = 1.03, 95% CI [1.01, 1.04]; non-Hispanic Black: IRR = 1.02, 95% CI [1.01, 1.02]; Hispanic: IRR = 1.01, 95% CI [1.01, 1.02]); and male children (IRR = 1.10, 95% CI [1.05, 1.15]) were associated with higher mortality risks at the county level. Current class action lawsuits (IRR = 0.79, 95% CI [0.63, 0.99]) and active consent decrees (IRR = 0.77, 95% CI [0.63, 0.94]) were associated with lower mortality risks. None of the foster care performance characteristics (e.g., foster care entry, placement stability, permanency) were associated with mortality risks. These findings have implications for addressing health disparities and reforming foster care systems through programmatic and policy efforts.

Conclusion

Among counties assessed, higher proportions of young children, children of color, and males within foster care were associated with higher risk of mortality. Together, these results indicate that documented mortality in foster care is likely driven by exacerbation of pre-existing risks unrelated to the experiences of foster care. This points to the critical need to address health disparities present even before children enter foster care in addition to providing targeted funding and prevention support for foster care systems with large proportions of these high-risk subpopulations. Importantly, our study is one of few large-scale studies using national child welfare data to demonstrate the potentially helpful roles class action lawsuits and consent decrees play in reducing adverse health outcomes—in our case, child deaths—for children in foster care. Results suggest that oversight mechanisms, such as judicial reform, should continue to be considered a potential tool, in parallel with alternative strategies (e.g., community-based systems rooted in care and not surveillance), to improve the wellbeing of children in foster care.

About the researchers

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