

INTERGENERATIONAL EXPERIENCES IN FOSTER CARE: AN EXPLORATORY LOOK AT THE FOSTER CARE EXPERIENCES OF PARENTS OF CHILDREN ADDRESSED BY THE CHILD PROTECTION TEAM

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Background: Children in foster care have experienced adverse childhood experiences (ACEs), including abuse and neglect, and these ACEs place them at higher risk of lifelong mental health issues, behavioral problems, and teen pregnancy. In addition, their children are more likely to be placed into foster care than the general population. In Texas, limited data exists about the rate of foster care alumni's children placed into care, though anecdotally, it seems that many caregivers report having grown up in foster care when our clinical team is evaluating their child for abuse or neglect concerns. This retrospective study aims to determine the prevalence of a parental history of foster care placement, CPS involvement, or out of home placement in children undergoing a medical evaluation for child abuse and neglect at Texas Children's Hospital. We hypothesize that patients whose parents/guardians are foster care alumni will have a higher rate of child maltreatment as well as a higher likelihood of being discharged into foster care.

Materials/Methods: In this retrospective observational study, we reviewed charts of children who were admitted to Texas Children's Hospital and evaluated by the Child Protection Team (CPT) over a three year period between July 1, 2015 and June 30, 2018. In total, 640 records were reviewed for demographic characteristics of caregivers and children as well as parental histories and patient's ultimate CPT diagnosis and discharge disposition.

Results: Only 5% of patients had caregivers whose childhood foster care involvement was clearly documented in the CPT and/or social work assessments. The patients whose caregivers reported a childhood history of foster care, CPS involvement, and/or other out-of-home placement were overall more likely to have a positive diagnosis of physical abuse at encounter, more likely to be taken into CPS custody, and more likely to be discharged to a non-parent than the overall sample population.

Conclusions: Ultimately, more information is needed in order to accurately quantify the true prevalence of intergenerational foster care in this population. A prospective study is to follow, which will include changing the way in which caregiver childhood history is collected and documented in our EHR to more clearly document intergenerational child welfare and foster care experiences.