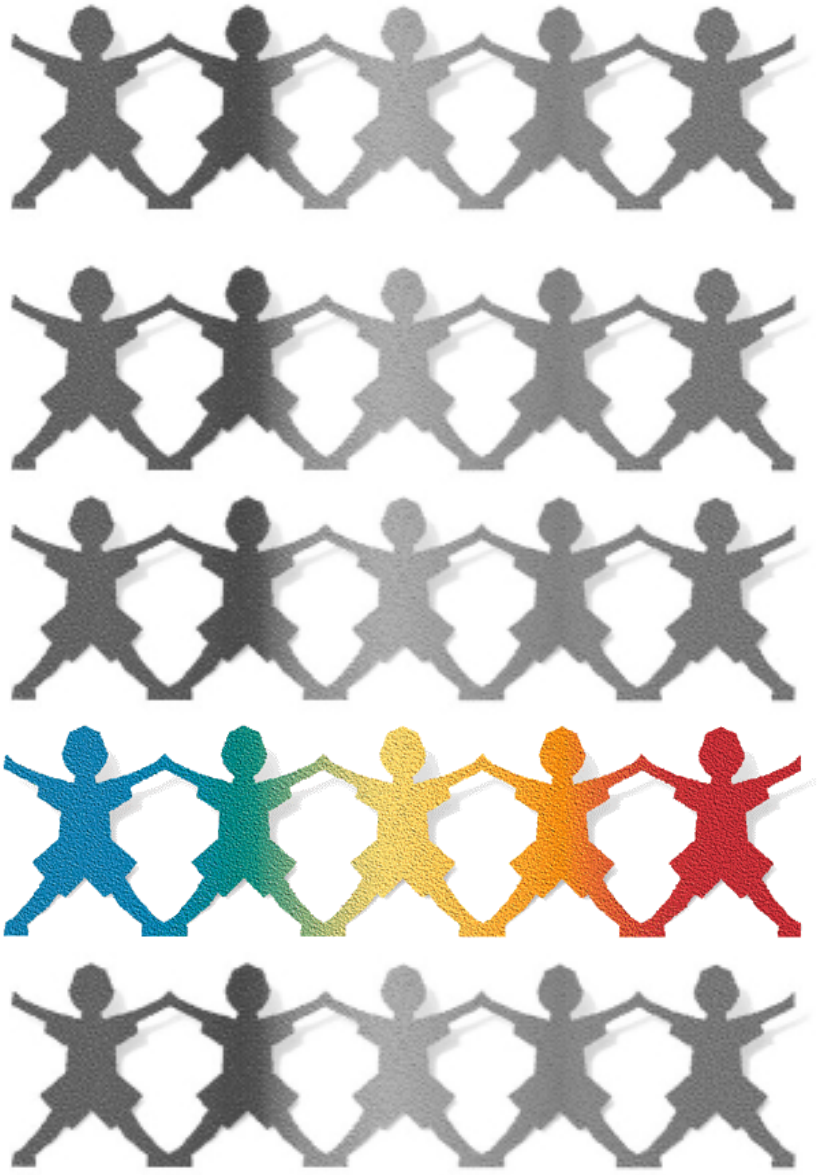

Connecting Healthy Development and Permanency: A Pivotal Role for Child Welfare Professionals

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Studies nationwide reveal that foster children have far more fragile health than other children and are far less likely to receive the health care that can improve their lives. The lack of attention to foster children's health needs increases their vulnerability to a range of physical, developmental and emotional problems that can serve as barriers to permanency. Research shows that the demands of caring for children with a serious health condition or a disability can create tremendous emotional, financial and physical stress for caregivers. The stress associated with caring for a foster child with unaddressed health needs can jeopardize reunification efforts, impede recruitment and retention of adoptive families and threaten the promise of permanency. Child welfare professionals can play an important role in ensuring that the healthy development of foster children is an integral component of permanency planning.

The Health Profile of Foster Children

Foster children have multi-layered health needs that present challenges for caregivers, health care providers and child welfare professionals. First, foster children have health needs similar to those of all children, requiring well-child health care, immunizations and the treatment of acute childhood illnesses. Second, foster children have health problems associated with poverty such as low birthweight, increased risk of lead exposure and malnutrition. Foster children face further health risks specifically linked to parental neglect, maternal substance abuse, physical or sexual abuse, parental mental illness and the separation and loss associated with out-of-home care. While at high risk for health problems, foster children too often lack the most fundamental resource for ensuring healthy development--a stable, lasting relationship with a caring adult who can observe their daily development over time, advocate on their behalf and consent to evaluation and services.

FACTS ABOUT FOSTER CHILDREN'S HEALTH

- Eighty percent of foster children have at least one chronic medical condition and one -quarter have three or more chronic problems. (Silver 1999; Halfon 1995)
- Half of all foster children have developmental delays. (Jaudes & Shapiro 1999; Takayama 1998)
- More than half of all foster children have mental health problems severe enough to warrant clinical intervention. (Jaudes & Shapiro 1999; Halfon 1995)
- In a study of young foster children in Los Angeles County, New York City and Philadelphia County, the U.S. General Accounting Office (GAO) found that 12 percent of the children received no routine health care, 34 percent received no immunizations and 32 percent continued to have at least one unmet health need after placement. The GAO found that 78 percent of the children were at high risk for HIV, but only nine percent had been tested for the virus. (GAO 1995)

Connections to Permanency

Parenting a child with health problems or a disability can drain the emotional, financial and physical resources of even the most stable families. Research confirms that a caregiver's ability to parent can be undermined by the stress associated with caring for a child with a medical condition or disability. Several studies document the high

incidence of abuse and neglect of children with chronic health conditions and developmental disabilities. The National Center on Child Abuse and Neglect found that children with disabilities were maltreated twice as often as children without disabilities. The same study reveals that children with disabilities are emotionally neglected three times as often and physically abused and neglected and sexually abused twice as often as maltreated children without disabilities.

The presence of medical conditions or disability can compound the stress in the lives of parents struggling with substance abuse, mental illness and poverty, making it more difficult to manage the daily challenges of parenting and increasing the risk of family dissolution or failed placement. For example, a parent who is abusing drugs may be unable to appropriately cope with the demands of an infant born premature or low birthweight who may be irritable and difficult to calm. Research reveals that the strain of meeting such demands on these fragile families can lead to neglect, abuse and foster care placement.

While inattention to a foster child's health needs can jeopardize his or her prospects for permanency, early identification and intervention can increase the likelihood of healthy development and family stability. New research on the brain and early childhood experiences reveals that a child's earliest years form the foundation of healthy development. (Hawley 1998) Also emerging from this research is a greater understanding of the influence of the early caregiving and physical environments on the child's development and the impact of the child's behavior on the functioning of the family. To achieve permanency, foster children and their families need services at the earliest possible juncture to enhance the child's healthy development and to support caregivers in their parenting efforts.

Resources to Enhance Healthy Development

Existing federal and state laws and programs provide a pathway to enhance the healthy development of foster children and assist their families. Foster children have a right to receive health care under federal law and may be eligible to participate in early intervention and early childhood programs that offer child-focused and family-supportive services.

Medicaid and EPSDT

In all states, foster children are eligible for Medicaid. All children under the age of twenty-one enrolled in Medicaid are entitled under federal law to receive Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services (42 U.S.C.A. §1396). EPSDT is a comprehensive benefits package that requires medical, vision, hearing and dental screens to be performed at distinct intervals that meet current standards of pediatric and adolescent medical and dental care. The medical screen must include at least five components: a comprehensive health and developmental history assessing both physical and mental health; a comprehensive unclothed physical exam; immunizations; laboratory tests including testing for high-risk exposure to lead; and health education. EPSDT requires state Medicaid agencies to assure the provision of necessary treatment for both physical and mental health conditions to the extent required by the needs of an individual child. (42 U.S.C.A. §1396d (5))

Individuals with Disabilities Act

Children from birth to age three who have a developmental delay or a condition with a high probability of resulting in developmental delay are entitled to early intervention services under Federal and State law. Early Intervention provides an array of services, including hearing and vision screening, occupational, speech and physical therapy and special instruction for the child. The early intervention program is premised on a large body of research that demonstrates the importance of providing services to the family to enhance the child's development. (Brookes-Gunn et al. 1994) These services include parent training and counseling, respite care, home visits and service coordination. Both biological and foster parents can benefit from Early Intervention services which are enumerated in an Individualized Family Services Plan developed collaboratively by the family, the evaluator and early intervention professionals.

Children age three through five who have a disability in one or more domains - - physical development, hearing and vision, learning, speech and language, social and emotional development, and self-help skills that affect their ability to learn - - can receive special education and related services under the Federal Preschool Grants Program. Children older than five may be evaluated for school-age special education services.

Early Childhood Programs

High quality early care and education programs can enhance healthy development for foster children, offer families information and direct services to assist with the problems of parenting and create an additional opportunity for the child to establish a stable relationship with an adult caregiver. Head Start is a federal program that provides comprehensive and developmentally appropriate preschool services for children from low-income families. Like Early Intervention, Head Start is child-focused and family-supportive, making the program a rich resource for foster children and their caregivers. Quality early childhood programs also have a two-generational approach—providing early childhood education for the child and support for the parents. As Medicaid eligible, foster children meet the income requirements for Head Start and a vast majority meet Head Start's alternative eligibility requirement of having a disability. Other federal programs provide funding streams for day care to low-income children including Temporary Assistance to Needy Families, the Social Services Block Grant (Title XX) and the Child Care Development Block Grant.

Connecting Healthy Development and Permanency in Practice

During the past eight years, the Permanent Judicial Commission on Justice for Children has undertaken several reform initiatives to promote better outcomes for foster children and their families. The Commission is chaired by New York's Chief Judge Judith S. Kaye and its members include judges, legislators, state and local officials and child advocates. As part of its efforts to reform the Family Court's handling of foster care cases, the Commission formed a Health Care for Foster Children Working Group to consider the health needs of foster children. The Commission's research found that foster children had serious, unmet health needs that were seldom the focus of any entity in the child welfare or court systems. Following the Working Group's recommendations, the Commission has published a booklet, "*Ensuring the Healthy Development of Foster Children: A Guide for Judges, Advocates and Child Welfare Professionals*," to ensure that at least one person involved in the court process ask questions about a foster child's health and spotlights the critical link between a child's healthy development and permanency. The booklet provides ten questions to identify a foster child's health needs and gaps in services as well as reasons

for asking each question and references to expert sources. Child welfare professionals can use the ten questions as a tool in developing service plans that respond to both the child's needs and the caregiver's ability to meet those needs.

The Permanent Judicial Commission on Justice for Children
Checklist for the Healthy Development of Foster Children

1. Has the child received a comprehensive health assessment since entering foster care?
2. Are the child's immunizations up-to-date and complete for his or her age?
3. Has the child received hearing and vision screening?
4. Has the child received screening for lead exposure?
5. Has the child received regular dental services?
6. Has the child received screening for communicable diseases?
7. Has the child received a developmental screening by a provider with experience in child development?
8. Has the child received mental health screening?
9. Is the child enrolled in an early childhood program?
10. Has the adolescent child received information about healthy development?

Establishing a service plan is the first step toward ensuring healthy development and permanency for foster children. If the goal is reunification, children need services to address their health conditions or disability and biological parents need education and support services to enhance their understanding of the child's needs and their own parenting skills. Where the goal is adoption, the service plan should reflect the needs of the child, educate the foster or adoptive parents about health issues and assist parents in accessing referrals.

The grim health status of many foster children, the presence of substance abuse and other stresses in their families and the complexities of the child welfare system necessitates a care coordinator to insure that services are identified and actually provided. Care coordination is imperative because foster children and their caregivers face many barriers in obtaining and managing health care. Foster children have more intensive health needs than other children and their caregivers often must interact across multiple systems including child welfare, health, mental health, education and welfare. The transient nature of foster care and the high turnover among child welfare caseworkers can further impede the provision of even basic health services to foster children. The numerous medical specialists and multidisciplinary services often required to achieve foster children's healthy development can strain a caregiver's ability to coordinate their care.

Child welfare professionals can also educate caregivers and all parties about linking healthy development and permanency and the importance of using the child's needs to guide permanency planning. They can collaborate with professionals working in fields not traditionally accessed by foster children and their families including early intervention and early childhood.

By asking questions about a foster child's health, child welfare professionals can spotlight the critical connection between healthy development and the child's prospects for a permanent home. More importantly, the inquiry can ensure that needed services are provided to promote better outcomes for foster children and their families.

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For more information:

For copies of the Permanent Judicial Commission on Justice for Children's booklet please contact PJCJC, 140 Grand Street, Suite 404, White Plains, N.Y. 10601