



ENSURING
the HEALTHY
DEVELOPMENT
of FOSTER
CHILDREN

A Guide for Judges,
Advocates and Child Welfare
Professionals

New York State Permanent Judicial Commission on Justice for Children



Dear Reader,

The Permanent Judicial Commission on Justice for Children was established to address the problems of children whose lives and life chances are affected by New York State's courts. Our membership includes not only judges and advocates but also physicians, social workers, legislators, and state and local officials. During the past eight years, the Commission has undertaken several reform initiatives that have enhanced the lives of New York's children, including improving access to early intervention services for infants and toddlers with disabilities and establishing the nation's first statewide system of children's centers in the courts.

In 1994, the Court of Appeals designated the Commission to implement the State Court Improvement Project, a federally funded effort to improve outcomes in child welfare proceedings. As part of this initiative, the Commission found that many foster children had serious health needs that could compromise their healthy development and efforts to secure a permanent home, but that such issues were often neglected during child welfare proceedings.

I am pleased to share this booklet as part of our effort to ensure that at least one person involved in a child welfare case will ask questions about the foster child's basic health needs. While we do not suggest, or expect, that court appearances become medical inquiries, we hope that at some point an opportunity might be found to check these fundamental guideposts. By asking these questions, we can create a climate that spotlights the critical connection between foster





children's healthy development and their prospects for a permanent home. Hopefully the inquiry will ensure that needed services are provided. Where questions expose the inadequacy of resources available to meet the needs, we hope that judicial leadership can help spur new initiatives to ensure the healthy development of every foster child.

We want this booklet to serve as a useful working tool. We have therefore provided the reasons for asking each question, references to expert sources and even left blank back pages so that you can fill in telephone numbers and other information of special importance to you.

Whatever your role in the child welfare system, we hope this booklet helps you in your efforts to promote better outcomes for foster children and their families.

Judith S. Kaye

Chief Judge of the State of New York





Whether the result of parental neglect or abuse, poverty or other compromising circumstances, children in foster care are at particular risk for a number of chronic and acute medical problems. It is therefore particularly important that children in foster care have access to health care so their chances for healthy development, and their prospects for a stable and permanent home, are not diminished.

The nation's courts are at the front line for addressing the well-being of thousands of children in foster care. We would move closer to achieving the goal of healthy development for every foster child if at least one person involved in the court process—one judge, one lawyer, one law guardian, one Court Appointed Special Advocate (CASA)—asked questions to highlight that child's health needs and identify gaps in services. This booklet provides a checklist to assist judges, advocates and child welfare professionals in identifying foster children's health needs and the services that can address them.

The Scope of the Problem

Study after study reveals 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. Foster children have health needs similar to those of all children, requiring well-child health care, immunizations and treatment of childhood illnesses. But many foster children have additional health problems associated with poverty—low birthweight, increased risk of lead poisoning, malnutrition. Many foster children face further health risks specifically linked to parental neglect, including maternal substance abuse,



physical or sexual abuse and parental mental illness. Researchers have found that children with two or more identified risk factors are four times more likely than other children to develop social, educational and health problems. On average, foster children have more than fourteen risk factors. Not surprisingly, foster children have high rates of acute and chronic medical problems, developmental delays, educational difficulties and extensive behavioral and mental health problems.

While at high risk for health problems, foster children too often lack the most fundamental resource for assuring quality health care—a lasting relationship with a caring adult who has been able to observe their daily development over time, advocate on their behalf, and consent to evaluations and services. Bureaucratic obstacles can exacerbate the problem: multiple child welfare workers, multiple medical providers, incomplete documentation of services and lack of access to care.

The statistics paint a picture that cries out for a response. Approximately eighty percent of foster children have at least one chronic medical condition, with nearly one-quarter of these children having three or more chronic problems. Half of all children in the child welfare system—perhaps even more—have developmental delays and mental health problems severe enough to warrant clinical intervention. And yet, in a study of young foster children in three urban centers, the U.S. General Accounting Office found that twelve percent of the children received no routine health care, thirty-four percent received no immunizations and thirty-two percent continued to have at least one unmet health need after placement.



Lack of attention to foster children's health needs compromises their healthy development. It can also create additional stresses that may disrupt stable placements. Addressing foster children's health needs early on thus has a number of benefits: it can reverse bleak prognoses, strengthen families and enhance permanency.

A Checklist for the Healthy Development of Foster Children

Every court proceeding presents an opportunity to inquire about a child's health needs. Judges can encourage advocates and child welfare professionals to spotlight a child's healthy development as an essential component of case review and permanency planning. The following are key questions that can elicit important information. Each question is accompanied by an explanation of its relevance to a foster child's healthy development.

The checklist is consistent with the national standards for health care for children as outlined in the federal Medicaid law through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) provisions. The checklist also suggests questions based on more stringent standards of health care that specifically address foster children's unique health needs as mandated under New York State law and as recommended by the national American Academy of Pediatrics, the New York State (District II) American Academy of Pediatrics and the Child Welfare League of America.



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 complete and up-to-date 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?



QUESTIONS *and* COMMENTARY

1. Has the child received a comprehensive health assessment since entering foster care?

Because children are likely to enter foster care as a result of abuse, neglect, homelessness, poverty and parental substance abuse or mental illness, all foster children should receive a comprehensive examination shortly after placement that addresses all aspects of a child's functioning. A comprehensive assessment can establish a child's health status baseline, enable the child to catch up on immunizations if necessary, and identify the need for further screening, treatment and referral to specialists. A pediatrician or family physician knowledgeable about the health care problems of foster children should perform the examination.

Ensuring the healthy development of foster children requires that they receive quality medical care. Quality health care for foster children includes comprehensive, coordinated, continuous, family-supportive care. Coordinated, continuous care requires that one person be identified as responsible for overseeing the child's care across systems—child welfare, early childhood, early intervention, education, medical, mental health. Family-supportive care requires sharing the child's health information with the child's caregivers and providing education and training programs to support families in their ongoing care of the child.

The Child Welfare League of America and the National and New York State (District II) American Academy of Pediatrics recommend a comprehensive developmental, educational, medical and mental health assessment for every child entering foster care to identify problems that might affect a child's placement. New York State administrative directive 90-ADM-21 includes standards from the federal EPSDT program, and also requires a comprehensive medical examination within thirty days of placement.



Medicaid covers health costs for foster children. But as children move in and out of the child welfare system, or are discharged from foster care, they may lose their Medicaid eligibility and thus their access to health care. Asking questions about a child's eligibility for Medicaid or the federally-funded State Children's Health Insurance Program (known in New York as "Child Health Plus") at this juncture can ensure continuous health coverage and care.

The New York State (District II) American Academy of Pediatrics recommends that every child in foster care have a "medical home" where health care is provided by a consistent practitioner knowledgeable about children in foster care.

2. Are the child's immunizations complete and up-to-date for his or her age?

Complete, up-to-date immunizations provide the best defense against many childhood diseases that can cause devastating illness. Immunization status is an important measure of vulnerability to childhood illness and access to basic health care. Incomplete or delayed immunization suggests that the child is not receiving adequate medical care and is not regularly followed by a provider familiar with the child's health needs.

The American Academy of Pediatrics publishes an immunization schedule for all children and recommends that immunizations for Hepatitis B, Polio, Measles, Mumps, Rubella, Pertussis, Diphtheria, Tetanus, Haemophilus Influenzae Type B, Chicken pox and Rotavirus begin at two months of age, with follow-up at specific intervals thereafter.



3. Has the child received hearing and vision screening?

Undetected hearing loss during infancy and early childhood interferes with the development of speech and language skills and can have harmful effects on overall development.

Hearing loss during early childhood can result from childhood diseases, significant head trauma, environmental factors such as excessive noise exposure

and insufficient attention paid to health problems that may affect hearing. Studies reveal that seventy percent of children with hearing impairments are initially referred for assessment by their parents. Because foster children often lack a consistent caregiver who can observe their development, they should receive ongoing evaluation of hearing, speech and language development at routine child health visits.

Vision screening is an essential part of preventative health care for children. Early detection and treatment increase the likelihood that a child's vision will develop normally and, if necessary, that the child receive treatment and corrective devices.

The New York State (District II) American Academy of Pediatrics recommends ongoing surveillance throughout early childhood for hearing and language development.

The American Academy of Ophthalmology and the American Academy of Pediatrics recommend that children be screened for eye problems in the newborn nursery, at each well-baby visit during the first six months of life, at age three, then annually thereafter.

4. Has the child received screening for lead exposure?

Children who are young, low-income and have poor access to health care are particularly susceptible to the harmful effects of



lead poisoning. Ingested or inhaled lead can damage a child's brain, kidneys and blood-forming organs. Children who are lead-poisoned may have behavioral and developmental problems. According to the Centers for Disease Control and Prevention, however, lead poisoning is one of the most preventable pediatric health problems today. Screening is important to ensure that poisoned children are identified and treated and their home environment remediated.

The Centers for Disease Control and Prevention recommends universal lead poisoning screening beginning at nine months of age for children living in communities with high-risk lead exposure and targeted screening based on risk assessment during pediatric visits for all other children.

5. Has the child received regular dental services?

Preventative dentistry means more than a beautiful smile for a child. Children with healthy mouths gain more nutrients from the

The American Academy of Pediatric Dentistry recommends that before the age of one, a child's basic dental care can be addressed during regular well-child visits with a primary care provider, with referral to a dentist as deemed medically necessary. For children older than one year of age, the Academy recommends a checkup at least twice a year with a dental professional. The American Academy of Pediatrics recommends that all children be referred to their first dental evaluation by age three.

foods they eat, learn to speak more easily, and have a better chance of achieving good health. Early dental care also prevents decay in primary teeth (baby teeth) which is currently at epidemic proportions in some U.S. populations and prevalent among foster children.



6. Has the child received screening for communicable diseases?

The circumstances associated with placement in foster care—such as prenatal drug exposure, poverty, poor housing conditions and inadequate access to health care—can increase a child’s risk of exposure to communicable diseases such as HIV/AIDS, congenital syphilis, hepatitis and tuberculosis. A General Accounting Office study found that seventy-eight percent of foster children were at high risk

The American Academy of Pediatrics recommends that all HIV-exposed infants be tested for HIV at birth, at one to two months of age, and again at four months. If these tests are negative, the child should be tested at twelve months of age or older to document the disappearance of HIV antibody. New York State regulations require universal newborn screening for HIV at birth and assessment of risk for HIV infection within five days of entry into foster care, at each case review and at each preventative health care visit.

for HIV, but only nine percent had been tested for the virus. Early identification of HIV is critical to enhance the lives of HIV-infected children, ensure that HIV-infected children receive modified immunizations to prevent adverse reactions and minimize their exposure to infectious illnesses such as measles and chicken pox. Adolescent foster children also require risk assessments for HIV exposure. Sexually active adolescents have the highest rates of reported sexually transmitted diseases, with increasing numbers of AIDS cases reported among young adults.

The American Academy of Pediatrics recommends assessment for risk of exposure to tuberculosis in high-risk areas and that all children with increased risk should receive tuberculin skin testing.

Tuberculosis is an airborne disease that primarily affects the lungs. Children become infected with tuberculosis mainly through exposure to infected adults in their home environment. One recent study of foster



children in San Francisco found that among foster children ages thirteen to eighteen, twelve percent had positive tuberculin skin tests. Tuberculosis in infants and children younger than four years of age is much more likely to spread through the bloodstream to the entire body, a dangerous condition that affects a child's central nervous system.

7. Has the child received a developmental screening by a provider with experience in child development?

Young foster children often exhibit substantial delays in cognition, language and behavior. A study conducted by the Center for Vulnerable Children in Oakland, California found that over eighty percent of all the foster children in the study exhibited developmental, emotional or behavioral problems, with over fifty percent

The American Academy of Pediatrics recommends that all infants and children be screened for developmental disabilities to identify those children who may need a more comprehensive evaluation. The New York State (District II) American Academy of Pediatrics recommends formal, comprehensive developmental and educational assessment for all children entering foster care.

of the children under age one having growth and motor delays and seventy-five percent of children ages three to five having significant delays in behavior, cognition and speech. Powerful new research tools confirm that early intervention is most effective during a child's first three years of life, when the brain develops the foundations for all developmental domains. Early identification of developmental health problems also can help caregivers better understand and address the child's needs. Developmental evaluations provide young children who have identified delays with access to two federal entitlement programs: the Early Intervention



Program for children under age three, and the Preschool Grants Program for children with disabilities between the ages of three to five.

Children from birth to age three who have a developmental delay or a condition with a high probability of resulting in developmental delay are eligible for 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 as well as family support services to enable parents to enhance their child's development. The services are enumerated in an Individualized Family Services Plan developed collaboratively by the family, the evaluator and early intervention professionals.

Children 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.

Foster children may be referred for early intervention and special education services by parents as well as health care and social service workers. Since these programs are premised on active parent involvement, they require parental consent for services. The law, however, provides a broad definition of "parent" that includes the birth or adoptive parent and a legal guardian or relative acting as a parent, or in some circumstances the foster parent with a long-term relationship with a child. Where no parent is willing or able to participate, the early intervention or local school district official may appoint a surrogate parent whose authority is limited to making educational decisions for the child.



8. Has the child received mental health screening?

Children enter foster care with adverse life experiences—family violence, neglect, exposure to parental substance abuse or serious mental illness, homelessness, chronic poverty. Once children are placed in foster care, they must cope with the separation and loss of their family members and the uncertainty of out-of-home care. The cumulative effects of these experiences can create emotional health issues that warrant an initial brief period of mental health counseling or further evaluation by a mental health professional.

Children exhibiting certain behaviors may also signal a need for a mental health assessment and neurological and educational evaluations. Many of the symptoms associated with child and adolescent emotional and behavioral health problems may be alleviated if addressed early. The American Academy of Child and Adolescent Psychiatry recommends assessments for infants who exhibit excessive fussiness, feeding and sleeping problems and failure to thrive. For toddlers and older children, the Academy recommends assessments for children exhibiting aggressive, defiant, impulsive and hyperactive behaviors, withdrawal,

The New York State (District II) American Academy of Pediatrics and the Child Welfare League of America recommend that every child in foster care receive a mental health assessment by a mental health professional shortly after placement in foster care and that children with identified problems be further evaluated for diagnosis and treatment.

extreme sadness and sleep or eating disorders. To promote and facilitate permanency, children identified with mental health problems should receive care from a mental health professional who can develop a treatment plan to strengthen the child's emotional and behavioral well-being and the child's relationship with caregivers. Services may include clinical intervention, home visiting, early care and education, early intervention services and



caregiver support for young children. Services for older children may include psychiatric consultation, clinical intervention, residential treatment and therapeutic foster care.

9. Is the young child enrolled in an early childhood program?

Quality early childhood programs nurture children, protect their health and safety, and help to ensure that they are ready for school. Decades of research demonstrate that early education has a positive impact on school and life achievement. Early childhood programs also provide much needed support for caregivers. For many foster children, early childhood professionals may be the only adults, other than their caregivers, with daily opportunities to observe and impact their development.

In addition to the Early Intervention and Preschool Special Education Programs mentioned above, many foster children are eligible for early childhood programs such as Head Start and publicly funded pre-kindergarten programs for four-year-olds.

The American Academy of Pediatrics recommends universal access to good quality child care and education for children from birth to age five.

10. Has the adolescent child received information about healthy development?

Adolescent foster children have high risk of unintended pregnancy, HIV exposure, sexually transmitted diseases and substance abuse.

Healthy development for adolescent foster children also requires that they receive information about mental health services, educational and vocational training opportunities, and programs that



The American Academy of Obstetrics and Gynecology and the American Academy of Pediatrics recommends that health care providers evaluate and counsel all adolescents on human reproduction and sexuality, high-risk behaviors and communicable diseases. New York law requires that all foster children older than age twelve be informed about the availability of family planning services.

teach daily living skills. For example, literacy experts and health care providers recognize that individuals with low literacy skills are at risk for developing health, learning and behavioral problems. Adolescent foster children with poor literacy skills may not understand materials distributed by health care providers to inform them about preventative health

measures and managing health problems. Additionally, older children entering the foster care system should receive a complete educational evaluation to identify undetected neurological damage and learning disabilities that can cause behavioral problems.

All adolescents who are discharged from foster care need information about continuous access to health coverage and care. Some adolescents may retain their Medicaid eligibility while adolescents who are under age nineteen and ineligible for Medicaid can apply for the federally-subsidized State Children's Health Insurance Program (such as New York's Child Health Plus).



Foster children deserve both a safe haven and the promise of healthy development. A child's time in the foster care system provides an opportunity to connect the child to programs established by Federal and State laws for enhancing healthy outcomes for foster children. By asking basic questions about foster children's health, judges, advocates and child welfare professionals can safeguard their right to health care and identify gaps in services that can enhance their well-being and strengthen their prospects for a stable and permanent home.



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