

## FACT SHEET



### FSU Center for Prevention & Early Intervention Policy

# The Health and Development of Children in the Child Welfare System

\* “Children whose prenatal and early life experiences are influenced by their parents’ substance abuse and/or physical and mental disorder, by poor nutrition, or by other environmental concerns, enter the world with a very high risk for developing a variety of special needs (p. 28).”

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## RESEARCH

Research has shown that approximately 80% of foster children suffer from at least one chronic medical condition and 25 % have three or more chronic problems.

Foster children have multi-layered health needs that present challenges for caregivers, health care providers, and child welfare professionals:

- Foster children have health needs common to those of all children, requiring 1) well-child health care, 2) immunizations, and 3) the treatment of acute illnesses.
- Additionally, foster children may have health problems associated with poverty such as low birth weight, increased risk of lead exposure, and malnutrition.
- Foster children face further health risks specifically linked to their maltreatment history such as parental neglect, maternal substance abuse, physical or sexual abuse, parental mental illness and the separation and loss associated with out-of-home care.

“Many young foster children do not receive basic services to enhance their health and development once they are placed in foster care. In a 1995 study of young foster children in three urban centers- Los Angeles, New York City and Philadelphia- the U.S. General Accounting Office (GAO) found that 12% of the children received no routine health care and 34% received no immunizations. The GAO found that 78% of the children were at high risk for HIV, but only 9% had been tested for the virus (p. 9).”

“Most of all the children in foster care (and most of those freed for adoption) arrive with emotional, if not physical, scars. It is not unusual for even very young children in placement to show signs of traumatic stress, of grief, of irregular feeding/sleeping/eating patterns, and of difficult temperamental responses (p. 28).”

Therapists and doctors who work with abused and neglected children may have to address challenging behaviors due to the trauma these children have experienced. Abused and neglected children may demonstrate increased anxiety during medical procedures and become extremely upset, even combative. Lack of preparation of the child or caretaker could sabotage the medical appointment.

Jaudes, P., & Shapiro, L. (1999). Child abuse and developmental disabilities. In J. Silver (Ed.), *Young children in foster care: A guide for professionals*. Baltimore, MD: Paul H. Brookes Publishing.

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In a recent summary, Jaudes and Shapiro indicated that nearly half, perhaps even more, of all children in the child welfare system have mental problems severe enough to warrant clinical intervention.

Nationwide studies have found that at least half of the children in foster care exhibit a developmental delay. This is approximately four to five times the rate of developmental delay found in children in the general population.

“Studies have found that young children exposed to maltreatment are more likely than other children to experience physiologic changes in their brains that make them susceptible to heightened arousal and an incapacity to adapt emotions to an appropriate level; this can impact their capacity to focus, remember, learn, and engage in self-control (p. 3).”

For example, here in Florida, the Infant and Young Children's Mental Health Statewide Pilot Project was designed to assist families in receiving services for at-risk children. The goal of the project was to improve parent/caregiver and child interaction and relationships, reduce occurrence or reoccurrence of abuse and neglect, and enhance the child's developmental functioning. Across the three project sites, 37 of the 84 at-risk children (44%) were identified as being delayed in at least one domain of development.

Children with a history of maltreatment are at greater risk for developing disorganized attachment patterns. In a study of 56 at-risk toddlers, disorganized attachment patterns were linked to poorer joint attention skills. This is important since early joint attention skills have been linked to language, cognitive, and behavioral development.

The inattention 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 planning. Child welfare professionals play a vital role in ensuring that the healthy development of foster children is an integral component of permanency planning. Early identification and intervention can increase the likelihood of the child's healthy development and family stability.

Thus, addressing foster children's health needs early on has a number of benefits. It can reverse bleak prognoses, strengthen families, and enhance permanency.

\* Comfort, R. L. (1997). When nature didn't nurture: What's a foster/adoptive family to do? *Infants Young Children*, *10*(2), 27-35.