Technical Assistance Brief

QUESTIONS EVERY JUDGE AND LAWYER SHOULD ASK ABOUT INFANTS AND TODDLERS IN THE CHILD WELFARE SYSTEM

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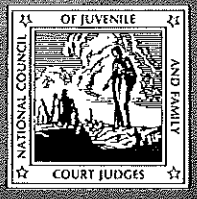

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the fourth most common disability among children in the United States and the leading cause of impaired conditions in childhood.[8] Early detection and treatment increase the likelihood that a child's vision will develop normally, and, if necessary, the child will receive corrective devices.

Has the child been screened for lead exposure?

Children who are young, low-income, and have poor access to health care are vulnerable to the harmful effects of lead.[9] 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 (CDC), 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 environments remediated.

The CDC recommends lead-poisoning screening beginning at nine months of age for children living in communities with high-risk lead levels. The CDC also recommends targeted screening based on risk assessment during pediatric visits for all other children.

Has the child received regular dental services?

Preventative dentistry means more than a beautiful smile for a child. Children with healthy mouths derive more nutrition from the food they eat, learn to speak more easily, and have a better chance of achieving good health. Every year, thousands of children between one to four years old suffer from extensive tooth decay caused by sugary liquids – especially bottles given during the night. Children living below the poverty level have twice the rate of tooth decay as children from higher income levels.[10] Furthermore, poorer children's disease is less likely to be treated.

Early dental care also prevents decay in primary ("baby") teeth which is currently at epidemic proportions in some U.S. populations and is prevalent among foster children.[11] The American Academy of Pediatric Dentistry recommends that before the age of one year, a child's basic dental care be addressed during routine "well-baby" visits with a primary care provider, with referral to a dentist if necessary. For children older than one year, the Academy recommends a check-up at least twice a year with a dental professional.

Has the child been screened for communicable diseases?

The circumstances associated with the necessity for placement in foster care – such as prenatal drug exposure, poverty, parental substance abuse, 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 Study found that 78 percent of foster children were at high-risk for HIV, but only nine percent had been tested for the virus.[12] Early identification of HIV is critical to support the lives of infected children and to ensure that they receive modified immunizations. Modified immunizations are necessary to prevent adverse reactions to the vaccines while still providing protection against infectious diseases such as measles and chicken pox. The American Academy of Pediatrics recommends that all prenatally HIV-exposed infants be tested for HIV at birth, at one to two months of age, and again at four months. If the tests are negative, the child should be re-tested at 12 months of age or older to document the disappearance of the HIV antibody.

Does the child have a "medical home" where he or she can receive coordinated, comprehensive, continuous health care?

All children in foster care should have a "medical home," a single-point-of-contact practitioner knowledgeable about children in foster care who oversees their primary care and periodic

[8] American Academy of Pediatrics, Developmental surveillance and screening of infants and young children. *Pediatrics* Vol. 108, No. 1, pp.192-196. July 2001.
[9] American Academy of Pediatrics, Screening for elevated blood lead levels (RE9815). *Pediatrics* Vol. 101, No. 6, pp. 1072-1078. June 1998.
[10] Testimony of Ed Martinez, Chief Executive Officer San Ysidro Health Center, San Diego, CA to the Senate Subcommittee on Public Health, in support of Senate Bill 1626. June 25, 2002.
[11] American Academy of Pediatrics, Early childhood caries reaches epidemic proportions (Press Release). February 1997.
[12] General Accounting Office, "Foster Care: Health Needs of Young Children Are Unknown and Unmet." GAO/Health, Education and Human Services Division, pp. 95-114. May 1995.

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PHYSICAL HEALTH

- Has the child received a comprehensive health assessment since entering foster care?
- Are the child's immunizations complete and up-to-date for his or her age?
- Has the child received a hearing and vision screen?
- Has the child been screened for lead exposure?
- Has the child received regular dental services?
- Has the child been screened for communicable diseases?
- Does the child have a "medical home" where he or she can receive coordinated, comprehensive, continuous health care?

DEVELOPMENTAL HEALTH

- Has the child received a developmental evaluation by a provider with experience in child development?
- Are the child and his or her family receiving the necessary early intervention services, e.g., speech therapy, occupational therapy, educational interventions, family support?

MENTAL HEALTH

- Has the child received a mental health screening, assessment, or evaluation?
- Is the child receiving necessary infant mental health services?

EDUCATIONAL/CHILDCARE SETTING

- Is the child enrolled in a high-quality early childhood program?
- Is the early childhood program knowledgeable about the needs of children in the child welfare system?

PLACEMENT

- Is the child placed with caregivers knowledgeable about the social and emotional needs of infants and toddlers in out-of-home placements, especially young children who have been abused, exposed to violence, or neglected?
- Do the caregivers have access to information and support related to the child's unique needs?
- Are the foster parents able to identify problem behaviors in the child and seek appropriate services?
- Are all efforts being made to keep the child in one consistent placement?

reassessments of physical, developmental, and emotional health, and who can make this information available as needed.

DEVELOPMENTAL HEALTH

Has the child received a developmental evaluation by a provider with experience in child development?

Young foster children often exhibit substantial delays in cognition, language, and behavior. In fact, one half of the children in foster care show developmental delay that is approximately four to five times the rate of delay found in children in the general population.[13] Early evaluation can identify developmental problems and 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 the age of three years, also known as Part C of the IDEA [20 U.S.C. Section 1431 (2000)], and
- The Preschool Special Education Grants Program for children with disabilities between the ages of three to five [20 U.S.C. Section 1419 (a) (2000)].[14]

Are the child and his or her family receiving the necessary early intervention services, e.g., speech therapy, occupational therapy, educational interventions, family support?

Finding help for young children may prevent further developmental delays and may also improve the quality of family life. Substantial evidence indicates that early intervention is most effective during the first three years of life, when the brain is establishing the foundations for all developmental, social, and cognitive domains. "The course of development can be altered in early childhood by effective interventions that change the balance between risk and protection, thereby shifting the odds in favor of more adaptive outcomes."[15] Children with developmental delays frequently perform more poorly in school, have difficulty understanding and expressing language, misunderstand social cues, and show poor judgment.

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. Such services can help children benefit from a more successful and satisfying educational experience, including improved peer relationships.[16] Foster children can be referred for early intervention and special education services by parents, health care workers, or social service workers. Early intervention services are an entitlement for all children from birth to three years and their families as part of Part C, IDEA. Both biological and foster families can receive Early Intervention Family Support Services to enhance a child's development.

MENTAL HEALTH

Has the child received a mental health screening, assessment, or evaluation?

Children enter foster care with adverse life experiences: family violence, neglect, exposure to parental substance abuse or serious mental illness, homelessness, or 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 issues that warrant an initial screening, and, sometimes, an assessment or evaluation by a mental health professional. Compared with children from the same socioeconomic background, children in the child welfare system have much higher rates of serious emotional and behavioral problems.[17] It is important to both evaluate them and offer counseling and treatment services when needed so that early difficulties are addressed and later problems are prevented.

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[13] Dicker, S. and Gordon, E., Connecting healthy development and permanency: A pivotal role for child welfare professionals. *Permanency Planning Today*, Vol. 1, No. 1, pp. 12-15. 2000.

[14] Website: http://www.nectac.org/default.asp.

[15] Shonkoff, J. P. and Phillips, D. A., From Neurons to Neighborhoods: Committee on Integrating the Science of Early Childhood Development. National Academy Press, Washington, D.C. 2000.

[16] American Speech-Language-Hearing Association, Frequently asked questions: Helping children with communication disorders in the schools – speaking, listening, reading, and writing. *American Speech-Language-Hearing Association website*, July 1, 2002.

[17] Halfon, N., Berkowitz, G., and Klee,L., Development of an integrated case management program for vulnerable children. *Child Welfare*, Vol. 72, No. 4, pp. 379-396. 1993.