

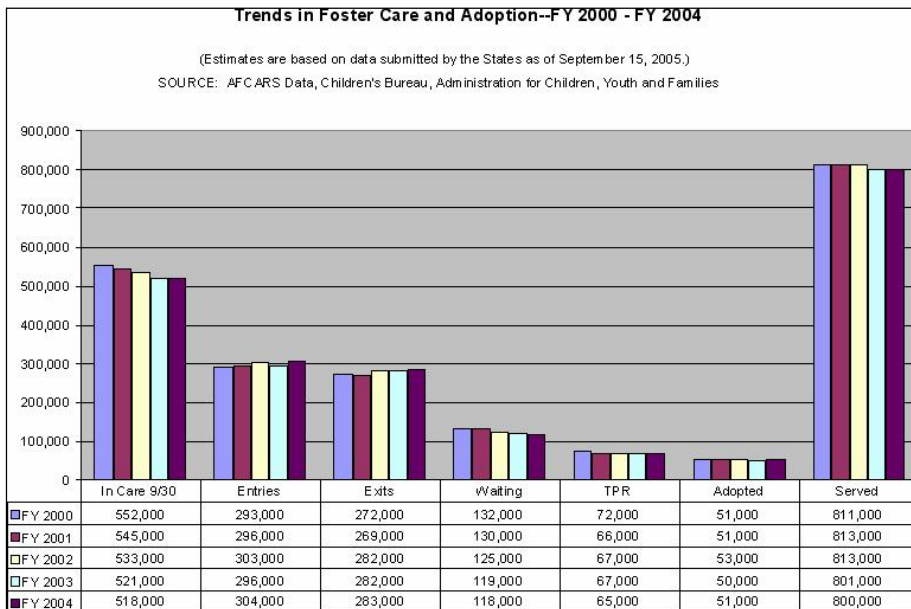


# What Docs Should Know About...Foster Care

www.DocsForTots.org

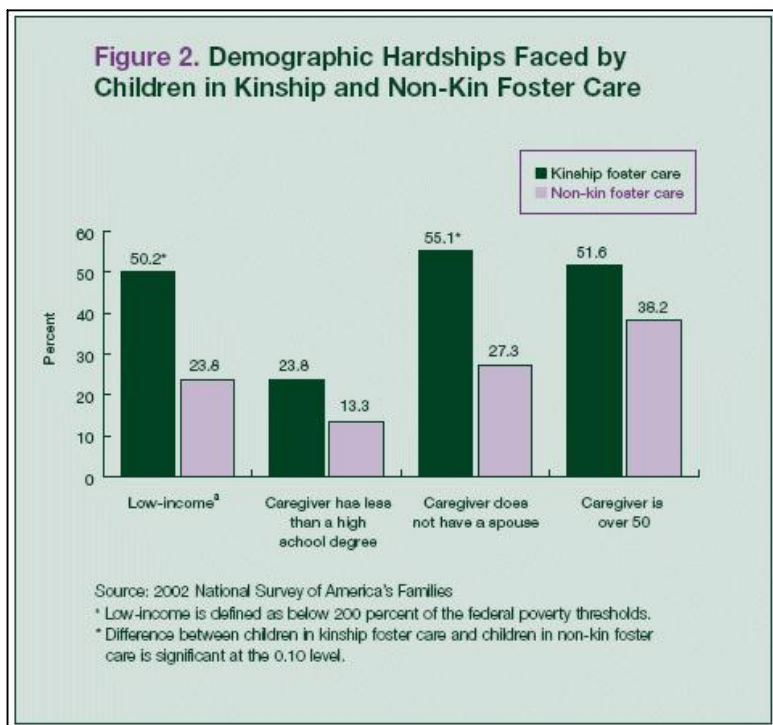
## Foster Care provides temporary protection and twenty-four hour substitute care for more than 500,000 U.S. children.

- Children are placed in foster care for a variety of reasons including protection from abuse or neglect, abandonment, a child's behavior, or the death or illness of a parent that hinders their ability to care for their child.
- As of September 2003, over 500,000 children were in foster care in the U.S.<sup>1</sup> Of this number, nearly one-third (154,540) were five years old or younger. Thirty-nine percent of these children were White/Non-Hispanic, 35% were Black/Non-Hispanic and 17% were Hispanic.



TPR = Terminate Parental Rights

## Since most children in foster care have been victims of abuse and neglect, foster care is designed to provide for their safety and well-being.



- Foster care is intended to be a temporary and therapeutic setting for the children, aimed at either returning them safely to their biological family or identifying another permanent family for the child through adoption or guardianship. However, the average length of stay in foster care in 2003 was approximately 31 months.<sup>2</sup>
- Kinship care, placing children in foster care with relatives, offers children family support. There were 121,000 children in kinship care as of September 2003, representing nearly one-fourth of the total foster care population. While it is beneficial for children to live with relatives, they often face hardships because of the low income levels of kinship foster care households.

<sup>1</sup> The AFCARS Report. (Preliminary FY 2003 estimates as of April 2005). U.S. Department of Health and Human Services, Administration for Children and Families, Administration for Children, Youth and Families, Children's Bureau. [http://www.acf.hhs.gov/programs/cb/stats\\_research/afcars/tar/report10.htm](http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report10.htm).

<sup>2</sup> Ibid.

- Fifty percent of children in court-involved kinship foster care live in households with income below 200% of federal poverty thresholds as compared with 24% of children living with non-kin foster parents.<sup>3</sup> Children and kinship caregivers need supportive services and resources to address housing, health, educational and mental health concerns and to ensure a stable setting for the child if reunification is unlikely.
- Child welfare workers work with birth and foster families to determine how long the child should remain in foster care, and to make sure the families are aware of and receive the services they are eligible for. In addition, caseworkers coordinate services, such as medical and counseling services, that children may need to deal with previous neglect or abuse.

### **Children in foster care are more likely to have health and developmental problems**

- More than 40% of infants who enter foster care were born prematurely or at low birth weights, and more than half of these babies experience developmental delays.<sup>4</sup>
- More children are entering foster care in the early years of their lives when brain growth and development are most active. In addition, children who experience abuse and neglect during their early years are more likely to experience abnormalities in brain development, which could lead to long-term consequences. Young maltreated children are at a greater risk for developing behavioral disorders that could have a serious impact on their social functioning later in life.
- Early relationships that provide responsive and nurturing care giving are crucial to healthy child development. Unhealthy family situations and inconsistency in caregivers put children in foster care at risk for delayed development.

### **Advocates are calling for a comprehensive reform of the child welfare system that would:<sup>5</sup>**

- Preserve the entitlement of abused and neglected children to Medicaid benefits that address lasting physical and mental health issues typically not covered under Title IV-E Foster Care and Adoption Assistance.
  - Ensure that Medicaid services such as targeted case management (TCM), rehabilitative services, and therapeutic and psychiatric services provided at residential facilities continue to remain available to children in the child welfare system.
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### **Docs can help children in foster care by supporting foster families and by advocating for policies and practices that promote the healthy development of foster children.**

- Doctors can support foster care parents by discussing child development and related issues foster children may experience. In addition, doctors can make sure that families are receiving the supportive services they are entitled to such as TANF (Welfare), childcare subsidies, Medicaid, food stamps, etc. For information about these services, contact ACF at [www.acf.dhhs.gov](http://www.acf.dhhs.gov).
- Contact Docs For Tots ([dft@DocsForTots.org](mailto:dft@DocsForTots.org)) for help in advocating for policies and programs that support foster families and promote the healthy development of children in foster care.

### **Additional Resources and Organizations**

- The AAP District II committee on Early Childhood, Adoption, and Dependent Care Task Force on Health Care for Children completed a comprehensive resource manual that outlined areas of health concerns and set forth guidelines for evaluating foster children's physical, developmental, mental health, and educational needs. <http://aappolicy.aappublications.org/cgi/content/full/pediatrics:109/3/536>.
- The Child Welfare League of America, the nation's oldest and largest child welfare organization. <http://www.cwla.org/>.

<sup>3</sup> Erle, J. Green, R., & Maine, R. (2003). *Kinship Foster Care: Custody, Hardships, and Services*. Washington, DC: Urban Institute. <http://www.urban.org/publications/310893.html>.

<sup>4</sup> Dicker, S, Gordon, E., and Knitzer, J. (2002). Improving the odds for the healthy development of young children in foster care. Promoting the Emotional Well-Being of Children and Families Policy Paper No. 2 New York: National Center for Children in Poverty. <http://www.nccp.org/media/pew02b-sum.pdf>.

<sup>5</sup> Child Welfare League of America. (2006). *CWLA 2006 Children's Legislative Agenda*. Washington, DC: Child Welfare League of America. <http://www.cwla.org/advocacy/2006legagenda10.htm>.