

Promoting the Health and Well-Being of Current and Former Foster Youth



Children and youth in foster care often have complex health needs because of trauma

Children and youth in foster care have experienced abuse, neglect, and other adverse childhood experiences that can negatively impact their health. In fact, half of all children and youth in foster care have endured four or more adverse childhood experiences.ⁱ As a result of this trauma, they often have complex physical, mental health, and developmental needs.ⁱⁱ Children and youth in foster care are up to six times more likely than their peers to experience mental health challengesⁱⁱⁱ, and between 35 and 60 percent of children and youth have at least one chronic or acute physical health condition that needs treatment at the time they enter foster care.^{iv} The health issues faced by children and youth in foster care often continue into adulthood.

Children and youth in foster care face barriers accessing needed care

Children and youth in foster care have health coverage through Medi-Cal and those who age out stay covered until age 26, but despite this coverage, they continue to face barriers accessing needed services. Common barriers include:

- Care coordination can be challenging because of the multiple individuals and systems involved and frequent moves.
- Health history is often unavailable or incomplete at the time of foster care entry.
- There is a shortage of trauma-informed providers who understand the unique needs of foster children.
- Long waits for services.
- Difficulty navigating the complex health care system for caregivers and social workers.

The American Academy of Pediatrics recommends children in foster care receive more frequent monitoring given their special health care needs. However, many children in foster care in California do not receive timely preventive exams, required screenings, or follow-up services when a need is identified, especially to meet their emotional needs.

Conclusion

In order to heal from their trauma and thrive, children and youth in foster care need loving and responsive caregivers and access to comprehensive health services tailored to their individual needs. Policymakers should ensure a broad continuum of behavioral health services, including non-traditional therapeutic supports, are universally available and that children and youth in foster care can easily access needed services without requiring a diagnosis or deterioration in their emotional well-being. Additionally, policymakers should continue to promote cross-system collaboration between child welfare and health and strengthen cross-system oversight and accountability. Access to comprehensive health services is imperative to helping children and youth in foster care heal and thrive, supporting efforts to stabilize youth in nurturing placements, meeting Continuum of Care Reform's (CCR) goal to reduce the state child welfare system's dependence on congregate care, and ensuring young adults aging out of foster care are able to successfully navigate the transition to adulthood.

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ⁱ Connecting Youth Placed Out of County to Trauma-Informed Care, Trauma Transformed, available at <http://traumatransformed.org/wp-content/uploads/BTC-TT1-care-coord-report.pdf>

ⁱⁱ Health Care Issue for Children and Adolescents in Foster Care and Kinship Care, Pediatrics, October 2015, Volume 136, Issue 4, available at <http://pediatrics.aappublications.org/content/136/4/e1131>

ⁱⁱⁱ Connecting Youth Placed Out of County to Trauma-Informed Care, Trauma Transformed, available at <http://traumatransformed.org/wp-content/uploads/BTC-TT1-care-coord-report.pdf>

^{iv} Child Welfare: Health Care Needs of Children in Foster Care and Related Federal Issues, Congressional Research Service, Nov. 2014, available at <https://fas.org/sgp/crs/misc/R42378.pdf>