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Children and Teenagers Quality of Life in Foster Families

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Abstract

States place a high priority on the well-being of children since it has a long-term effect on kids' achievement as successful adults. State policymakers are eager to identify and implement strategies that will minimise the long-term effects for children and the costs to state budgets as they are aware that children and youth in foster care face long-term risks from their exposure to violence, child maltreatment, and other adverse childhood experiences. Fortunately, state child welfare systems may create an expanding set of evidence-based initiatives to greatly enhance children's wellbeing. The social and emotional health of children and teens in foster care is the main topic of this extended edition newsletter. The weekly will cover child abuse and trauma's effects on children's development, as well as the social and emotional traits and requirements of children in care. It will also look at state and municipal legislation and practises that address the welfare of children in foster care. The contribution of legislation to enhancing children's wellbeing will also be taken into account.

Keywords: Foster families • Child maltreatment • Child welfare systems

Introduction

According to neuroscientific research, young children's early experiences have a significant impact on how their brains grow. In contrast to chronic or extreme adversity, such as extreme poverty, caregiver substance abuse or mental illness, exposure to violence, or family hardship without adequate adult support, these circumstances can cause excessive levels of the stress hormone cortisol to be produced, leading to toxic stress, which disrupts developing brain circuits. In addition to impairing the development of the brain and other organ systems, persistent activation of the stress response systems increases the chance of developing stress-related illnesses and cognitive impairment well into adulthood [1].

Physical neglect, such as leaving a child unattended or failing to meet their nutritional or other basic needs. Medical neglect through denial or postponement of medical care inadequate supervision, such as exposure to risks or a lack of suitable caregivers; Emotional neglect, such as insufficient nurturing or affection, social isolation, or severe or persistent partner abuse. Babies who have abused or been exposed to drugs. Parental substance addiction is the second most frequent cause of removal after child neglect. 90 present of children in foster care are thought to have experienced trauma. One state's thorough review of kids going into foster care indicated that one in four had trauma symptoms that needed to be treated. Children who have had several or protracted traumatic events-often intrusive and interpersonal in nature-are said to have experienced "complex trauma." The simultaneous or consecutive incidence of child maltreatment, such as psychological maltreatment, neglect, exposure to violence, and physical and sexual abuse, is known as complex trauma exposure. The separation of children from their families, friends, and communities, as well as negative foster care experiences, can exacerbate trauma. Increasing amounts of evidence demonstrate the detrimental long-term effects of traumatic stress, particularly repeated exposure to trauma such could [2].

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Legislators are in a unique position to bring together important decision-makers from other branches of government and heads of numerous state agencies to answer the youngsters' mental and social health. Legislators have the power to mobilise stakeholders who can influence outcomes and raise awareness of child well-being as state and local leaders. These stakeholders include state agencies involved in Medicaid, child mental health, health care systems, substance abuse, education, early childhood and juvenile justice programmes, as well as the child welfare system. Courts play a crucial role in ensuring that the social and emotional functioning of each child is taken into account in decisions and that the court experience itself is not traumatic. Schools, community service providers, foster parents, and many other organisations are among the wide range of local options that support wellbeing [3].

Description

Legislators actively participated in the three-branch collaborations by introducing legislation, exchanging ideas, meeting with legislators from other states, and forging connections with key stakeholders such as judicial leaders, child welfare administrators, and others. Examples of state policies created as part of the institute include New Mexico's intention to improve coordination between the Medicaid and child welfare systems in order to guarantee that all foster children receive trauma assessments and suitable Medicaid-covered services. The team from Wisconsin aimed to broaden a community-level pilot initiative to incorporate young children [4].

Child welfare officials at the federal, state, and local levels are developing policies and funding mechanisms to address social and emotional well-being in order to counteract the harmful consequences of child maltreatment, trauma, and adversity. State legislators can work with them to concentrate on: Preventing child abuse and other traumatic events that result in long-term harmful effects. Improving the experiences of children who must be temporarily placed in foster care by lowering length of stay, frequent moves between placements, excessive or inappropriate use of psychotropic medications, high caseworker turnover, and other harmful practises, while preserving and fortifying ties with relatives. Ensuring that children in foster care receive effective treatment for trauma and behavioural/mental health issues, including the approval of evidence-based and evidence-informed programmes and training for in-home service providers, foster parents, courts, and other parties. Making the most of already available financial and resource opportunities and reinvesting in methods and tactics that improve well-being [5].

Arizona, Connecticut, Texas, and Washington are some of the other states that have passed laws requiring a coordinated strategy to address children's

health and behavioural health. Arizona lawmakers mandated the creation of a plan in 2013 to provide complete medical, dental, and behavioural health care for kids in foster care. Additionally in 2013, Connecticut lawmakers passed legislation requiring the Department of Children and Families (which includes juvenile justice and youth services, child welfare, and child mental health services) to create a thorough implementation plan for addressing all of the state's children's emotional and behavioural health needs. The strategy must: support families by offering home visits and parenting classes; raise awareness of mental, emotional, or behavioural health issues in elementary and secondary schools.

Up to 30 states participating in the Title IV-E waiver demonstration programme will share their five years of expertise with the rest of the country as they test out novel and more potent approaches to improving the lives of children in foster care or at risk of entering or re-entering care. States have the option to use funding flexibly to accomplish well-being and other goals for foster children thanks to the waivers. The influence of trauma on child development is being examined by local, state, and federal agencies, courts, and other state systems in order to assess whether or not they combine their services and methods. Additionally, they are funding trauma-informed training for foster, kinship, and adoptive families who are leading the charge in the fight to safeguard millions of helpless children. In their function as watchdogs, state legislators can bring together important parties to examine data from the state, decide results, and establish benchmarks for the social and emotional wellbeing of children and families involved in child welfare. Legislators can take the helm of these interagency collaborative initiatives to find policy answers and roadblocks, identify best practises, and create efficient plans to pay for and deliver behavioural health services.

Conclusion

The EPSDT programme offers early diagnosis and treatment of behavioural health concerns through initial and on-going follow-up tests as a mandatory benefit for kids who qualify for Medicaid. Entrance into the foster care system, a change in living situation (such as a foster care placement move), or a change in or presentation of acute behavioural health needs (such as a school suspension due to behaviour or a referral to residential psychiatric care) are examples of events that may cause a periodic screening. In addition, even if the additional medical care, diagnostic services, and treatment required to "correct or alleviate" any physical or mental illnesses or problems identified by the screenings are not supported by the state Medicaid programme, the state is still required to provide them.

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Conflict of Interest

None.

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