



Healthcare Should be Family Support, not Family Surveillance

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Each year, more than 200,000 foster children reunify with their families. Family reunification is the most desired outcome of the child welfare system, but about 30% of children who reunite later reenter foster care. Reentry poses a significant disruption to young people's overall well-being, contributing to worsened mental health and disrupted school, family, and peer relationships. At the same time, however, youth with mental health issues are at a heightened risk of reentry.

A recent study shows that, while intended to support families, expanded public healthcare can also increase exposure to mandated reporters and heighten scrutiny on already marginalized families. Children with mental health issues may be more likely to be pulled back into foster care, not because of new harm, but due to professional surveillance, fragmented services, and systemic inequities. Additionally, access to school counselors can influence child welfare reentry differently across racial and ethnic groups, highlighting the need for racially responsive, mental health-informed policy interventions. If we want to advance child and family well-being, we must orient toward approaches that sustainably support families rather than unduly surveil them.

Key Takeaways About Foster Care Reentry

- **Mental Health and Reentry:** Children with mental health issues are more likely to reenter foster care after family reunification.
- **State Policies Matter:** Youth living in states with higher Medicaid/Children's Health Insurance Program participation and more child psychiatrists were unexpectedly more likely to reenter. This may suggest that greater exposure to professionals can increase scrutiny without necessarily increasing support.
- **The Policy Paradox of Surveillance vs. Support:** While expanded public systems can increase access to care, they also extend the reach of mandatory reporting. Health, education, and welfare professionals are required to report suspected abuse or neglect. Their increased presence may heighten system contact, rather than connect children and families to the supports needed to prevent system involvement.
- **Systemic Racial Inequities:** System professionals may engage with young people differently based on both their mental health statuses and racial and ethnic identities. More research is needed to build effective supports for youth of color with and without diagnosed mental health issues.

Policy Implications

- **Reassess the Role of Mandated Reporting in Service Settings:** Greater access to healthcare and school-based professionals, many of whom are mandated reporters, may unintentionally lead to increased scrutiny and referrals, even in the absence of substantiated maltreatment. Research shows

that surveillance risk is especially high for families of color. Policymakers should develop and expand alternative pathways for families to access care, such as community-led support networks or voluntary services, without triggering unneeded reports to child welfare agencies.

- **Monitor and Evaluate the Consequences of Service Expansion:** While expanding access to health and mental health services is vital, this alone is not enough. As states expand Medicaid and other support systems, it's essential to track not only who gains access, but also who becomes more visible to surveillance and system involvement. Policymakers should require that all state-level child welfare and Medicaid programs include metrics for equity, surveillance exposure, and reentry risk in their evaluations. Systems professionals should develop family feedback mechanisms and participatory evaluation models that center the experiences of children and families.
- **Advance Racial Equity in Mental Health Services:** Black and Latine youth face different risks of reentry based on access to professionals like school counselors. Disparities such as these can reflect broader patterns of structural racism and unequal access to culturally competent care. Without attention to how services are delivered, system expansion can unintentionally drive families deeper into the very systems they are trying to exit. Policymakers should expand access to culturally competent, trauma-informed mental health services in schools and communities, with attention to historically excluded racial and ethnic groups. Efforts could include funding scholarships and pipeline programs to diversify the child mental health workforce and require racial equity impact assessments in Medicaid planning.

To reduce reentry and promote lasting family stability, we must ensure that systems of care are not only accessible but also equitable, trauma-informed, and accountable to the communities they serve. This includes confronting the potential harms of mandatory reporting, tracking the consequences of reforms that expand state systems, and investing in culturally responsive care.

Read more in Lauren M. Beard and Kyung Won Choi, “Disrupted Family Reunification: Mental Health, Race, and State-Level Factors” *Social Science & Medicine* 348 (2024).