

AMERICAN ACADEMY OF PEDIATRICS

Committee on Early Childhood, Adoption, and Dependent Care

Health Care of Foster Children

Children entering foster care generally have a higher than average number of health problems, and the care they receive is usually insufficient to meet their needs.^{1,2} These circumstances arise from the preplacement history of these children and from within the dual systems of foster care and publicly funded health care to which responsibility for their well-being is assigned.

BACKGROUND

Children enter foster care because their parents are unwilling or unable to provide for their physical and emotional needs. Most often, these children come from single-parent households where poverty, lack of formal education, and absence of social support contribute to inadequate and inappropriate child care. More than 80% of the children have experienced physical or sexual abuse and/or neglect.³ Their previous health care is likely to have been fragmented. As a consequence, foster children are likely to have unrecognized or untreated chronic disorders, a high rate of emotional and developmental problems, and impaired school performance.^{1,2,4,5}

Placement of children into foster care is ordinarily a court-ordered process used when the application of resources by social service agencies fail to, or appear unlikely to, improve a home situation deemed detrimental to the children's well-being. Foster care is intended to be a planned temporary service designed to strengthen families and to enhance the quality of life for children. The imposed separation of children from parents is a decision intended to be based on the best interests of the children. It is to be an opportunity for families to receive the social support and counsel they require to be reconstituted. Communities, through their

social service agencies, assume the responsibility for ensuring that the children's physical, emotional, health, and educational needs are met.

The foster care system has not been successful in addressing the health needs of children.^{1,2} Children who have been in foster care have been shown to have a continuing high rate of unaddressed health problems, especially chronic disabilities and emotional problems. These latter disorders occur with such high frequency as to be the norm rather than the exception among children in foster care. Although the presence of health problems at the time of entrance into foster care is, in large part, a reflection of the social circumstances of these children's families, the persistence of these health problems suggests major shortcomings in the system of providing health care to foster children.

Initial entrance into foster care usually accompanies an emergent removal of children from their families. In such a circumstance, social service agencies tend to use public health care facilities; these facilities are structured to provide crisis care and do not provide thorough health assessments. Families are ordinarily excluded from this process; thus, much information and an opportunity to contribute to an eventual reunion are lost. Subsequently, agency social workers respond to obvious physical and emotional disabilities, but their inconsistent background in child development and child health, and their excessive caseloads and extensive responsibilities, compromise their ability to ensure that appropriate health care is obtained. Social service agencies may not have, or may not apply, standards and policies relating to child health care.⁶ Agency staffing and turnover, record keeping, and management systems rarely allow adequate monitoring of the health care provider to children in foster care.

Funding for health care is usually derived from public funds allocated by the Medicaid program. The low rate of reimbursement and the additional paperwork involved in providing care for foster

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children have led to a decline in the number of pediatricians willing to participate (J. D. Perloff, California State Medicaid Office, unpublished data, January 1985). This situation has led to the increased use of public facilities (eg, emergency rooms and clinics) by foster children and a concomitant decrease in the availability of comprehensive, continuous care—the type of health care most needed by these children. Finally, the frequent changes of residence for many children within foster care and the patterns of exit and reentry into the system require a comprehensive system of health care case management which is usually unavailable in the public sector.

RECOMMENDATIONS

Each child entering foster care should have a complete health assessment by a pediatrician familiar with the foster care system and the special needs of foster children. Although the stated plans may be for temporary placement, the assessment should be detailed and thorough because the average stay in foster care usually goes well beyond the time period initially planned. Similarly, implementation of health care interventions, treatments, and referrals should not be delayed in anticipation of a brief placement. The health evaluation should extend beyond the physical, emotional, and educational problems that may be present; it must also allow for cognizance of the child's legal status and communications with the many people responsible for the child. Records of previous health care including immunizations should be sought; the child, caseworker, foster parent(s), and natural parent(s) should all be sources of information.

Continuing care of a child in foster care should ideally be provided by the same pediatrician who saw the child initially. There is a lack of continuity in the life of foster children, and this is especially true with regard to their health care. Standard schedules of child health care can be used as a basis for planning care for a child in foster care. However, these schedules should be modified, not only to take into consideration the needs of each individual child, but also to anticipate those health care needs common to all children in foster care. Because of the nature of their health problems, foster children should be seen with greater frequency than is generally recommended for children of similar ages. Specifically, screening for emotional problems, for difficulties with social and familial interactions, and for developmental or school problems should occur at the intake evaluation and at every visit thereafter. The pediatrician caring for foster children should be willing to discuss positive findings from such a screening and should be able to ensure that identified problems will be addressed effec-

tively. This may require a commitment of more time than is usually allotted for health maintenance visits. Because adolescents are overrepresented in the foster care population, the pediatrician should be prepared to address aspects of care unique to this group, especially patient education concerning pubertal development and sexuality. Frequently, other professionals (medical subspecialists) become involved in the care of foster children, and time must be allowed for effective integration of all of their recommendations into the care plan.

By being a sympathetic, objective advocate for the child, the pediatrician can be a source of support, advice, and stability in the child's otherwise insecure and precarious world. The pediatrician's knowledge and skills provide the opportunity to recognize and address problems, both emotional and physical, that would otherwise handicap the child's future development. In addition, the pediatrician can also educate and influence other adults, including the biologic parents, who share responsibility for the child's best interest. The pediatrician can facilitate the reunion of the child with the biologic parents by encouraging their participation, as appropriate, in health care visits and decisions.

Pediatricians should play an active role in the system of providing health care to foster children. They should advocate for greater organization of social service agencies' health care programs. Agencies should be encouraged to have and use standards of care and policies for ensuring that high quality health care is provided to children in foster care. Pediatricians should participate in the development, implementation, and monitoring of these policies.

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