



## 10 THINGS EVERY PEDIATRICIAN SHOULD KNOW ABOUT CHILDREN IN FOSTER CARE

In 2009, Moira Szilagyi, MD, PhD, FAAP, presented on the health needs of children in foster care at the AAP Pediatrics for the 21st Century symposium, “Fostering Healthy Children: Optimizing Health and Well-Being for Children in Foster Care”. Dr Szilagyi discussed what pediatricians should know about children in foster care. Below is a list taken from her presentation, which can be viewed at [www.dcprovidersonline.com/aap/e12a2295419cc4b56c5303df2311eb5c//902f.html](http://www.dcprovidersonline.com/aap/e12a2295419cc4b56c5303df2311eb5c//902f.html).

Dr. Szilagyi is grateful to the Foster Care Alumni Association of America for the use of their postcards throughout this presentation.

### #10 Removal is Traumatic

Removal from family and all that is familiar is emotionally traumatizing for almost all children and teens. It’s not just removal from parents, but removal from the community, neighborhood, school, child care center, and sometimes the child’s siblings.

### #9 The Things They Carry

Children often enter care with very little as this postcard shows. Think of the messages that we send to children when we cram their stuff into a garbage bag or a plastic bag to remove them from their families. But more important than what they carry in their bags, is what they carry within. They carry with them who they’ve been up to that point in time— a tapestry of their temperament, experiences, coping skills, and strengths. And all but the very youngest carry with them a history of complex childhood trauma. And this is the prism through which they will view their time and their experiences in foster care. Unfortunately, children also enter care not carrying some important things: like their health histories, medications, and their medical equipment.



### #8 The Impact of Childhood Trauma

Children learn what they live as this postcard so aptly shows. Trauma experiences such as maltreatment, violence exposure, poverty, and impaired caregiving lead to chronic elevation in stress hormones in children. The behaviors that we commonly see in maltreated children, such as insecure attachment, impulsivity, hyperactiv-



ity, poor attention, and dissociation, reflect their trauma experiences and the effects of those experiences on the developing brain.

As pediatricians, it is crucial that we understand the impact of trauma on the developing brain and its translation into largely predictable emotions and behaviors. We must be able to reframe behaviors for foster parents and other caregivers in ways that might be helpful to them in parenting the child.

## #7 Children in Foster Care Are Children With Special Health Care Needs

The American Academy of Pediatrics has clearly defined children in foster care as children with special health care needs because of the very high prevalence of physical, mental, developmental, educational, and dental health and family relationship problems. Children in foster care have many of the same health problems as other children, they just seem to have more of them more often.

Why are medical conditions so prevalent?

- Health condition might be the direct result of trauma
- Or result from medical neglect
- The parent may seek foster care because they are unable to care for the child's health problems
- And, emotional stressors may precipitate flares in underlying conditions, like asthma

The major health needs of children in foster care are in the arena of mental and developmental health, rooted in the child's prior history of trauma and deprivation. As pediatricians, helping children and families find appropriate care and resources for these problems is critical, because children with significant mental health and developmental problems are less likely to find permanency through reunification or adoption. They thus remain in foster care longer and experience more placement changes, which, in turn, contribute to poor emotional and developmental health.

Many transitions occur in foster care and can negatively impact a child's well-being, making them feel transient or "disposable":

- Changes in visitation with parents –parents may visit inconsistently or not at all
- Changes in foster care placement
- Changes in school or child care settings
- Separation from siblings, or sometimes reunification with siblings
- Parents going to rehab or jail, which sound like scary places to children



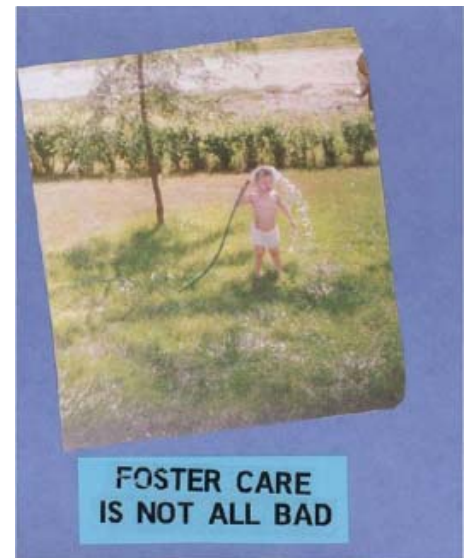
- Court dates, where children know major decisions about them get made
- New child enters foster home (or a child leaves); children may wonder when they will leave
- Other siblings go home to parent
- Being freed for adoption, which is the final severing of ties with one's family of origin

## #6 Barriers to Improving Health Outcomes

Foster care is an incredibly complex system. Its sheer design with the diffusion of authority and responsibility among multiple parties (caseworkers, courts, foster caregivers and parents) creates major barriers. This leaves the child in foster care in the center of a very complex web.

The complexity creates issues in caring for these children. There can be challenges with:

- Obtaining appropriate consents for health care
- Obtaining health information
- Coordinating health care
- Confidentiality, especially for teens in care
- Sharing information across systems
- Obtaining health insurance or being under-insured through Medicaid
- Obtaining timely referrals
- Caseworkers/foster parents navigating the health system
- Health care providers navigating the child welfare system on behalf of a child



## #5 Shared Goals

We pediatricians, if we think about it, share the goals of child welfare on behalf of children in foster care. Foster care is intended to be a temporary intervention to keep children safe during a time of crisis for their family. It is supposed to be a healing experience. The explicitly stated goals of foster care for children are: health and well-being, safety, and permanency through reunification or adoption. Safety is often thought of in a physical sense, though we should think about it in an emotional sense as well.

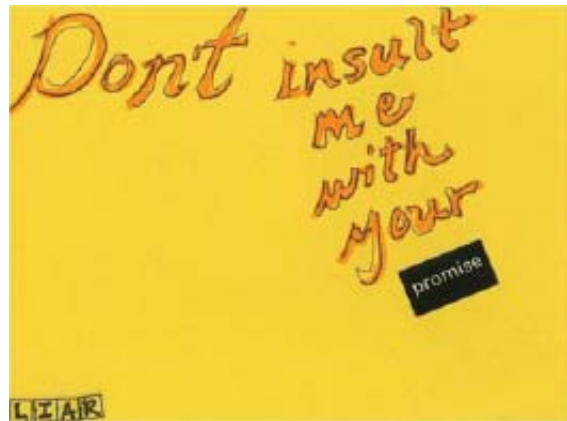
Foster care has other responsibilities toward the children's families, responsibilities that we also share: the provision of education and services so that birth parents can reunite when safe, with their children; the education of birth and foster/kinship parents about a child's health so that health is optimized; and the preparation of youth for successful independent living when reunification or adoption is not possible.

## #4 The Foster Parent

The major therapeutic intervention of the foster care system is the foster parent. Foster parents are the heart and soul of the foster system. They are supposed to heal children and buffer them against further trauma. They come in all sizes, shapes, and demographics. While the vast majority is motivated by a desire to do something really good on behalf of children, they are often under-trained and under-prepared for the challenges they face. Foster parents need our support and education. They need us to tell them about their child's health, assist in accessing needed services, reframe behavioral concerns, and provide advice on positive parenting strategies and helping children manage transitions. They also need help in managing their own grief and loss when a child leaves their home.

## #3 Visitation

Visitation with parents is the best predictor of reunification, and it's intended to provide a safe place for parents to maintain and heal their relationship with their children. Visits, however, can be fraught with difficulty for both parents and children. Both may relive separation or past trauma or rejection. Parents may make promises they cannot keep or visit unpredictably. There are also challenges if either the birth parent or foster parent somehow undermines or sabotages the other.



Ideally, birth and foster parents work together on the child's behalf. Pediatricians can provide guidance to ensure visitation goes well, by encouraging foster parents to prepare children for visits, or to send along a transitional object or a drawing for their parents. Foster parents should also be present when the child returns from the visit to welcome the child home and provide a safe and comfortable re-entry time.

## #2 The Medical Home

A medical home is a partnership between the health provider and the parents/foster parents on behalf of the child. It is a setting that provides comprehensive holistic care that is accessible and continuous over the time of the child's life in foster care. Care should be well-coordinated, and there should be good communication across health and child welfare. Compassionate and culturally competent care in foster care means that the staff of the health practice is trauma-informed and understands the impact of foster care, uncertainty, separation, and losses on children and their parents. The medical home should be centered on the child who is living in the context of multiple families.

## # | The Power of You

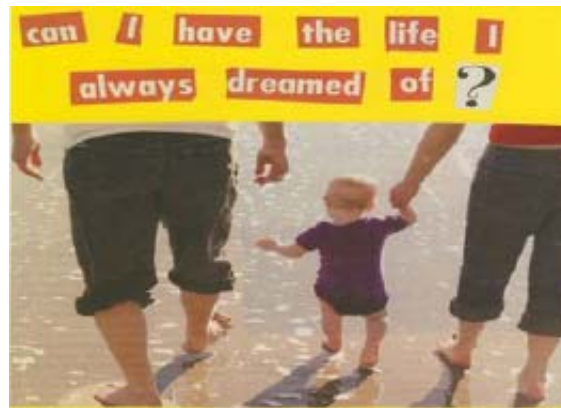
Don't underestimate your own role in the lives of children in foster care. What follows is a quote from Dr. Francine Cournos, who grew up in foster care with her sister, and who comments here on her own pediatrician when she was a child:

*"He was the nicest man in the world, and he was there almost every time I went. He had a way of taking children seriously which most adults can't do. And he was even kinder to foster children than most pediatricians are to children with parents. He listened carefully and respectfully to everything I told him. He even seemed to believe me when I said I'd become a doctor someday. I was convinced he took me more seriously than I took myself."*

*Francis Cournos, MD  
City of One: A Memoir*

Health with a capital everything – Here's what we can do as pediatricians to foster healthy futures for our children in care:

**H** health care in medical home  
**E** ducation of parents and youth  
**A** dvocacy  
**L** iaison with child welfare  
**T** racking and coordination  
**H** olistic approach to child in foster care



If we each do all we can to ensure that every child in foster care is nurtured and cared for and has their needs met, the answer to the question in the above postcard will hopefully be a resounding "Yes!".