Executive Summary

Children and adolescents in foster care have a higher prevalence of physical, developmental, dental, and behavioral health conditions than any other group of children. Typically these health conditions are chronic, under-identified, and undertreated and have an ongoing impact on all aspects of their lives, even long after these children and adolescents have left the foster care system. In general, children and adolescents in foster care

- Are all ages and ethnic groups.
- Are the children of the emotionally and financially impoverished.
- May have been homeless, exposed to domestic violence, malnourished, or had multiple caregivers prior to foster care.
- May have had prenatal drug and alcohol exposure and/or suffered from abuse and neglect prior to foster care.
- May have a parent who is mentally ill or addicted to drugs and alcohol.
- Live in the uncertain, unpredictable world of foster care, separated from their families of origin but remaining, however tenuously, connected and longing to return to them.
- Have caseworkers that struggle with trying to meet the conflicting mandates of the system addressing permanency planning while trying to ensure their health and safety.
- Live in a world of impermanence, fragmentation, and instability, while in desperate need of permanence, cohesion, and stability.
- Live in foster homes, group homes, residential treatment facilities, and sometimes even juvenile justice facilities. Their world is further complicated by changes in placement, visitation, and contact with siblings and their lack of control over their lives.

Current health care models have been inadequate in addressing the complex health care agenda presented by children and adolescents in foster care. In the spring of 1997, the American Academy of

Pediatrics Committee on Early Childhood, Adoption, and Dependent Care convened a special multidisciplinary team, the Task Force on Health Care for Children in Foster Care, to address the need for health care practice standards for children and adolescents in foster care. The task force was charged to "define the components of service and care coordination that promote quality health care for these children." This resource manual is intended to fulfill that charge.

Fostering Health has been designed for use by medical, mental health, and developmental health care professionals, as well as foster parents, social welfare agencies, members of the legal community, health insurance agencies, and policy makers. It is intended to be frequently referred to, adhered to, and improved on.

Standards of health care for children and adolescents in foster care are detailed in 10 chapters. Three chapters focus on practice parameters for primary health care, developmental and mental health care, and child abuse and neglect. These practice parameters identify events and related encounters, their purposes, the time frames for their accomplishment, the types of professionals involved, and the procedures to be performed. The types of primary care events and encounters detailed in Chapter 2 include health information gathering at time of removal, initial medical screen, ongoing health information gathering, comprehensive health assessment, follow-up assessment, periodic preventive health care, discharge, and other encounters. Practice parameters for developmental and mental health care—comprehensive assessment, treatment services, periodic assessments and review of the treatment plan, and developmental and mental health care coordination—are described in Chapter 3. Chapter 4, "Practice Parameters for Child Abuse and Neglect," provides protocols for child abuse and neglect screening, child abuse and neglect evaluation, triage and evaluation for child sexual abuse, and steps to take if child abuse or neglect is suspected.

Chapter 5, "Health Care Management," discusses a new system of coordination of services that must be in place to ensure that children and adolescents in foster care receive high-quality, comprehensive, and coordinated health care. Chapter 6, "Medical Consents for Children and Adolescents in Foster Care," delineates general principles concerning when and by whom medical consents should be obtained. Confidentiality issues are summarized in Chapter 7.

Each child or adolescent in foster care requires a medical home. The health care professionals who assume this responsibility must have experience or training in all aspects of the foster care system; understand the impact of foster care on children, adolescents, and their families; and be willing to work collaboratively and closely with child welfare agencies. Chapter 8, "Qualifications of Health Care Professionals," addresses essential characteristics of professionals who can be considered well qualified to provide services to children and adolescents in foster care.

Quality assessment and improvement are designed to achieve the highest level of patient care delivery and outcomes with effective and efficient use of available resources. The practice parameters set forth in this manual can serve as measures of quality for this population as universal indicators for children are being developed (Chapter 9). Resource issues are discussed in Chapter 10, "Health Care Financing for Children and Adolescents in Foster Care."

The members of the Task Force on Health Care for Children in Foster Care hope that this manual will result in the integration of the health care plan with child welfare's permanency plan for each child or adolescent in foster care. Adoption of these standards can

- Provide health care and child welfare professionals with a framework on which to build health care services for children and adolescents in foster care in a way that fully supports the mandate for child welfare services to not only protect and ensure the safety of

children and adolescents, but to do all they can to ensure their future well-being.

- Ensure that identified or unidentified and unmet health care needs do not present significant barriers to effective permanency planning for children and adolescents in foster care, whether the goal is reunification, adoption, or independent living.
- Support an understanding by medical, mental health, and child welfare professionals that children in foster care are a population with special needs requiring access to high-quality health care services that are well coordinated, continuous, comprehensive, and culturally informed and provided by health care professionals who are familiar with the mandates, obligations, and intricacies of the foster care system.
- Place an obligation on health care professionals to face the critical responsibilities of bringing together the fragmented health care histories of these children and adolescents and offer an after-care health plan that addresses continuing health care needs and issues.

AAP District II, New York State, Task Force on Health Care for Children in Foster Care.
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