



Improving Health Care for Children in Foster Care Practice Bulletin 2



DHS Case reading data indicates that 64% of 423 children reviewed between August 2007 and October 2007 had their physical needs assessed and met.

Expectation: There are very specific requirements for caseworkers to meet the physical, medical, and dental needs of foster children:

- ❑ If a child is in foster care placement, an initial health screening (or other medical examination) must be conducted right before the child is placed or within 14 calendar days of the most recent entry into out of home placement.
- ❑ The medical report must be in the file and timely. The screening and recommended follow-up must include health and dental care. This includes screenings completed as part of the initial child protective assessment.
- ❑ The child(ren)'s immunizations need to be current and documented.
- ❑ If needs were identified through the screening process, the child must receive treatment for those issues.
- ❑ The child in foster care must receive ongoing periodic preventive physical and dental health screenings to identify and avoid potential problems. Preventive health care refers to initial and periodic age-appropriate dental or physical health examinations.
- ❑ If the child is in placement, the health records must be provided to the foster parents.
- ❑ For in-home cases, if physical health needs are relevant to the reason for DHS involvement with the family, physical health issues must be addressed in the case plan and treatment follow-up documented in the file for all children in the home.

Improving Health Care for Children in Foster Care:

Children who enter the child welfare system, already exposed to poverty, substance abuse, and parental neglect and abuse, are far more likely than other children to have fragile health. Yet there has been relatively little attention focused on linking child welfare practice with health care strategies that could effectively address the risks these children face, (Dicker, et.al., 2002).

When children with presenting problems such as medical neglect, failure to thrive, or prenatal exposure enter the child welfare system, their physical health needs are the primary focus of the child protection assessment. Assessing and meeting their physical health needs are central to deciding service interventions and developing the case plan. When physical health needs are less obvious, a health screening is an important first step for evaluating a child's health status to

identify health problems that may require immediate attention or further assessment.

Because of their special legal status, children in foster care warrant more comprehensive health assessments and health-related services designed to address their overall physical, dental, mental/ emotional and developmental strengths and needs (McCarthy, 2002).

Parents are vital sources of information about their child's health care history and health care needs. Involving families as partners in assessing physical health needs, and planning for ongoing health care, ensures that their child's health care is addressed in the context of the family's strengths, needs, culture, beliefs and environment, (McCarthy, 2002).

Undetected and un-addressed health needs jeopardize children's healthy development, and may create barriers to permanency. For parents struggling with addiction, mental illness or extreme poverty, the strain of meeting their child's health needs makes it more difficult to manage the daily challenges of parenting. If severe enough, unmet health needs of children in foster care can undermine efforts to reunify families, maintain children in stable settings, or recruit and retain foster and adoptive families, (Dicker/Gordon, 2004).

Providing Health and Dental Services

All children need routine health and dental care, comprehensive medical monitoring, treatment for minor illnesses, and immunizations to grow up healthy. Children in the child welfare system, particularly those in foster care, often need health-related services and treatment beyond those needed by the average child, (U.S. Government Accounting Office, 1995). 3

Meeting children's physical health needs requires a comprehensive, coordinated and continuous plan of care that clearly defines the tasks, roles and responsibilities of the department, the child's biological family, the foster care provider and the agency providing FSRP services. It is also essential to identify and provide support services that enable caretakers to attend to a child's health care needs, (McCarthy, 2002).

Vision and hearing screening test are currently on the Physical Record form, and mental health screening is going to be part of this form when changes are published. Vision and hearing screenings are an important part of caring for the needs of the foster child

Meeting health and dental needs of children also requires access to primary and specialty health care services, and to a service array that includes a range of interventions, from prevention to intensive treatment. Strategies that enhance access, such as facilitating eligibility for Medical Assistance, providing transportation and training providers on the special needs of children in foster care.

Some counties are facing an emergent challenge of meeting health and dental needs of undocumented immigrant children. Their status precludes eligibility for Medical Assistance, which limits their access to preventative and



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routine health and dental services. Counties express legitimate concerns regarding their capacity to meet the needs of this population as they become increasingly represented in the child welfare system.

Practice Tips:

- Right up front, get releases of information signed by parents, which always includes medical and dental services for the child. Clarify roles and communicate responsibilities between social workers and foster care providers when meeting the health needs of children. Make it a clear expectation that if the foster parents follow-up with medical care, that they forward the record of medical care to you to file. Always share medical information with the foster parents and parents and document that you have done so. Use a Healthy Foster Care Checklist to ensure that health-related needs are addressed. Include health needs and plans to address them in the case plan under the Child Well-being Domain. Include the completion of these tasks in any reports to the court. Has the child received a comprehensive health assessment since entering foster care? Are the child's immunizations complete and up-to-date for his or her age? Has the child received hearing and vision screening? Has the child received screening for lead exposure? Has the child received regular dental services? Has the child received screening for communicable diseases? Has the child received a developmental screening by a provider with experience in child development? Has the child received mental health screening? Is the child enrolled in an early childhood program? Has the adolescent child received information about healthy development?

Improving System Performance

Service Areas can improve performance on meeting health and dental needs of children by addressing key systemic issues; focusing supervision on critical areas of practice; and implementing quality assurance practices, including the use of data. Strategies for improving performance on meeting health and dental needs of children include the following:

- Define clear expectations and review policies for assessing and providing health services to children. Include expectations for addressing physical health needs

in case plans and including health information in court reports.

- Ensure training for case workers, foster parents, court personnel and service providers on the unique physical health needs of children in the child welfare system. Include information on meeting physical health needs of children as part of foster parent expectations. Assess availability and access to health and dental providers to meet the needs of children on Medical Assistance. Utilize community partnerships to address medical and dental access issues and gaps in services. Assess availability and access to services that support caregivers in attending to children's health care needs. Conduct case consultation and case reviews that target assessment and delivery of health related services.

Continuity of Medical Information for Foster Children

Provide foster parents with a well-organized and comprehensive "traveling file" when children are placed in their care. The file includes the child's health history, immunization records, health plan information, medication sheets and forms that foster parents use to record medical appointments and needed follow up. The file "travels" with the child from one placement setting to another, or from foster care to a permanency home, ensuring up-to-date medical history and continuity of health care services.

Resources and Technical Assistance

1. Dicker, S., Gordon, E. and Knitzer J. January 2002. Improving the Odds for the Healthy Development of Young Children in Foster Care. National Center for Children in Poverty. Available at: http://www.nccp.org/pub_pew02b.html
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