Medical Management and Trauma-Informed Care for Children in Foster Care

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Children enter foster care with a myriad of exposures and experiences, which can threaten their physical and mental health and development. Expanding evidence and evolving guidelines have helped to shape the care of these children over the past two decades. These guidelines address initial health screening, comprehensive medical evaluations, and follow-up care. Information exchange, attention to exposures, and consideration of how the adversities, which lead to foster placement, can impact health is crucial. These children should be examined with a trauma lens, so that the child, caregiver, and community supports can be assisted to view their physical and behavioral health from the perspective of what we now understand about the impact of toxic stress. Health care providers can impact the health of foster children by screening for the negative health consequences of trauma, advocating for trauma-informed services, and providing trauma-informed anticipatory guidance to foster parents. By taking an organized and comprehensive approach, the health care provider can best attend to the needs of this vulnerable population.

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Introduction

Children in foster care often have a significant health burden due to adversities experienced prior to and during placement.[1–4] Children in foster care are more likely than peers to have chronic illness, mental health concerns, and developmental challenges.[5] Exposures such as insufficient prenatal care, prematurity, or in utero toxins as well as chronic abuse/neglect have direct and indirect effects on the health and well-being of this population. The interplay of chronic or prolonged stress, physiologic response to that toxic stress, and behavioral adaptations to this stress impact the health of children over the life course.[6–8]

Standards previously published by the American Academy of Pediatrics (AAP) and Child Welfare League of America (CWLA) provide a framework, based on expert opinion, to guide health evaluations and healthcare for children in foster care.

There is a need for a comprehensive, trauma-informed approach to medical management. In this article, we will summarize the practice parameters for primary health care for children in foster care based on literature currently available.[9] Standards previously published by the American Academy of Pediatrics (AAP)[10] and Child Welfare League of America (CWLA)[11] provide a framework, based on expert opinion, to guide health evaluations and health care for children in foster care. Recommendations presented here include more recent literature and consensus to address current health epidemics including dental caries and obesity, and recent advances in our understanding of the impact of adversities on the health of children in foster placement.[12,13]

Medical Homes for Children in Foster Care

Children in foster care may experience fragmented, sub-optimal health care not only prior to placement, but

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TABLE 1. Attributes of quality health care for children in foster care

Attribute	Application
Information exchange	Standardized communication protocols and strategies, which allow for clear communication between medical provider and: Child welfare agency Current caregivers Schools and daycare providers Medical and mental health specialists
Access	Clear and easy access to medical provider office by child, foster family, and child welfare agency
Accurate assessment	Accurate and timely evaluation of physical and mental health needs of child in foster placement
Appreciation of impact of trauma	Medical providers are trained to recognize physical and emotional impact of trauma associated with abuse, neglect, and placement in foster care
Attentiveness to regulations	Medical providers and staff appreciate and respond to child welfare regulations and mandates, which impact medical care, communication, consent, and confidentiality
Alliance and collaboration	Collaboration with child welfare and community partners to address the special health care needs of children in foster care

also while in placement. Children in foster care with medical homes achieve better health outcomes, higher immunization rates, and higher primary care visits than those without a medical home.[14] Different models for provision of primary care have been successful, including continuity of care with the pre foster placement provider; evaluation in a specialized foster care clinic followed by ongoing care with a medical home; or becoming established in a new medical home for the initial evaluation and ongoing care. Once a child enters foster care, the pediatrician ideally should remain the same, despite any changes in foster placement or insurance coverage.[15] Table 1 outlines attributes of quality health care for children in foster care.

Education and counseling is a critical component of preventive health care encounters, especially for children in foster care.

Quality health care must consider the impact of adversity on health and development, and incorporate the trauma lens in the evaluation and management of these children.

Initial Health Screening

Standards and regulations for the initial screening are determined regionally and most suggest a medical evaluation within 7 days of entering foster care. The AAP recommends that children entering foster care should have a screening health evaluation within 72 h of placement, and that infants should be seen even sooner, within 24 h of placement if possible.[15] Various methods have been employed to address the initial health screening, including nurse screenings, emergency department clearance, chart review, and standard office visits.[16] The purpose of the initial screen is to identify health needs that require urgent medical attention such as chronic diseases requiring therapy, acute infections requiring treatment, signs of child maltreatment, immediate nutritional problems, acute mental health needs, or pregnancy.[9–11,14,15] Table 2 summarizes important components of the initial health screening.

Comprehensive Health Assessment

Within 30 days of the child's placement, a comprehensive health assessment should be performed.[15] If possible, the child's caseworker, foster caregiver, and, if appropriate, birth parent(s) should be present for this encounter.[9] Table 2 outlines key components of the health assessment. Immunization status can be difficult to assess when care has been discontinuous. Children entering foster care may be incompletely immunized, but visits to various health providers with poor record management may also lead to over-vaccination.[17] Strategies for obtaining immunization records include communication with previous medical providers, obtaining daycare or school records, and reviewing immunization registries. If records are unavailable by 60 days post-entry, immunizations should be commenced using the catch-up schedule from the Centers for Disease Control and Prevention.[18]

Anticipatory Guidance

Topics specific to foster care that should be discussed include adjustment to the new home, grief and separation issues, contact with birth parents, behavioral concerns, sleep problems, eating habits, and enuresis or