What is Fostering Health NC? There are approximately 9,000 children in foster care in North Carolina. These children have special health care needs. Often because of the circumstances that led them to be placed into foster care, their physical, developmental, mental/social-emotional and oral health care has been inconsistent and sometimes impacted by crisis or injury. Fostering Health NC, a project of the North Carolina Pediatric Society, is focused on building and strengthening medical homes for infants, children, adolescents and young adults in foster care through integrated communications and coordination of care through a unique partnership among local Departments of Social Services, Community Care of North Carolina (CCNC) Networks, the pediatric care team, the child and you, the child’s family.

A. Importance of Parental Engagement
As a biological parent, foster/adoptive parent, or family member serving in the role of parent, your involvement and willingness to share information is critical to delivering the best care to your child.

B. Benefits of Medical Homes
A medical home allows primary care providers (i.e. pediatricians or family physicians), parents, and child welfare professional to identify and address a child’s physical and mental health needs promptly and as a team. Children in foster care benefit from medical homes through the establishment of a consistent, ongoing relationship with a primary care provider who knows the child well. Importantly, a medical home preserves this relationship and ensures medical records don’t get lost, even when children return home or change placements (Practice Notes, Vol. 15 #2, 2010).

Foster parents, when first welcoming a child into their home, should coordinate with their Department of Social Services (DSS) case worker and local care manager (CCNC Network care manager or local health department CC4C care manager) to confirm that their child has been assigned to a medical home.

C. Frequency of Foster Care Visits
Children in foster care need to be seen early and often. Standards published by the American Academy of Pediatrics (AAP) and Child Welfare League of America (CWLA) are available in the Fostering Health NC online library or the AAP website. [See http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Health-Care-Standards.aspx].

Summary of the AAP Standards:
- 0-6 months of age: Should be seen every month
- 6-24 months of age: Should be seen every 3 months
- 2-21 years and times of significant change: Should be seen every 6 months

D. Types of Foster Care Visits
According to the AAP Standards of Care, the Initial Visit should occur within 72 hours of placement into foster care. The Initial Visit should be an assessment of acute care needs and an opportunity to obtain releases of information from additional providers in preparation for the comprehensive visit.

A second visit, called the 30-day Comprehensive Visit, should occur within 30 days of placement into foster care, unless medically necessary to see the child sooner.

Follow-up Well-Visits should start within 60 to 90 days of placement, and additional health evaluations (mental health, developmental, educational and dental) should occur based on the child’s age.

To support optimum health and well-being, foster parents should follow up with their child’s medical home provider to ensure adherence to the AAP-recommended visit schedule.

E. Screening for Social-Emotional and Mental Health Concerns
Children in foster care should receive screening for general health risks and strengths. Additionally, as a group, children in foster care are at high risk for social-emotional delay due to trauma. Screening is important; based on early brain development research, children exposed to toxic stressors experience increased risk for delays in social-emotional development. If ignored, such delays can lead to long term problems with health and behavior.

Foster parents should talk with their assigned social worker and primary care provider to determine if the need for secondary screening exists. Some possible symptoms and behaviors that should be brought to the care team’s attention may be found on the following page.
F. Social-Emotional and Mental Health Evaluation

Children who have a positive social-emotional screening or a known mental health condition should have a comprehensive mental health evaluation by a mental health professional in the practice or by referral to a provider in the community. For infants with a positive screen, there is a critical need to perform a comprehensive evaluation for social-emotional concerns and other developmental concerns with the parent and the infant and not just the infant. If you have a concern about your child’s social-emotional or mental health, do not delay in bringing it to the attention of your child’s medical home provider or DSS social worker.

G. Oral Health

Almost 35% of children and adolescents enter foster care with oral health issues. It is important to ensure your child is linked with a dental home for a comprehensive oral health evaluation within 30 days of placement in foster care. Further, parents and foster parents should encourage primary care providers to do fluoride varnishing for children aged three and under during well-visits. [See the CCNC Pediatric Oral Health Guidance: http://dev.ncfahp.org/Data/Sites/1/ccnc-oral-health.docx]

H. Transitions

Children in foster care experience many kinds of transitions and often all at once. Examples include living in a new home with their foster parents, joining a new foster family, visiting or being reunited with biological parents, starting at a new school or child care, and making new friends. Having a clear routine and structure can help children of any age adjust. Further, transitional objects (i.e. a favorite blanket, stuffed animal or other personal item) can also make transitions easier. Indiana University’s School of Medicine has published a useful handout with tips for parents. [See http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/IU-Transitions.pdf]

Symptoms and Behaviors That May Be Observed in Children in Foster Care

These may indicate that a child is not coping well and having problems related to social-emotional development and mental health.

- Sleep problems
- Feeding and Eating issues
- Toileting issues (i.e., constipation, encopresis, enuresis, regression of toileting skills)
- Self-regulation issues (inability to console or soothe or calm self, impulsive actions)
- Frequent severe temper tantrums
- Self-abuse (such as biting or hitting self)
- Aggressive with other children
- Defiance/arguing
- Frequently in trouble at school and with peers for fighting and disrupting
- Hypervigilance, anxiety, or exaggerated response
- Excessive crying or worrying
- Flat affect, withdrawn, not smiling, resists cuddling in infants (problems with attachment)
- Dissociation (detachment, numbing, compliance, fantasy)
- Difficulty acquiring developmental milestones in infants
- Difficulty with school skill acquisition and keeping up in school
- Trouble keeping school work and home life organized
- Losing details can lead to confabulation, viewed by others as lying
- Inappropriate sexual behaviors or gestures

See the Resource Section at the end for more information, especially the AAP’s Helping Foster and Adoptive Families Cope with Trauma: A Guide for Pediatricians.
I. The Role of a Foster Parent

- Coordinate with your child’s social worker to ensure that the children in your care are assigned a medical home.
- Ask your child’s social worker about the medical homes available in your community.
- Follow suggested timelines for visits to ensure your child is seen by a health care professional according to the AAP suggested timeframes.
- Ask your child’s social worker for all the medical background information/documentation available upon placement of the child including the name of the child’s medical home.
- Encourage biological parents to attend medical visits together with you when possible.
- Participate as an active member of the child’s medical team.
- Inform your child’s social worker of any physical, emotional, or behavioral symptoms you observe that may need to be evaluated.
- Ensure the best physical, mental, and emotional health possible for the child in your care.

J. Additional Resources

Foster Care
AAP Healthy Foster Care America: www.aap.org/fostercare

Mental Health
AAP Mental Health Initiatives: www.aap.org/mentalhealth

Trauma
AAP’s Helping Foster and Adoptive Families Cope With Trauma: A Guide for Pediatricians: http://www.aap.org/traumaguide

National Child Traumatic Stress Network: www.nctsn.org

Child Trauma Academy www.childtrauma.org


Early Brain Development

Center on the Developing Child at Harvard University: www.developingchild.harvard.edu


Best Practices for Foster Parents was developed by the Fostering Health NC State Advisory Team, with contributions from Marian F Earls, MD, MTS, FAAP, Director of Pediatric Programs for Community Care of North Carolina (CCNC).