

Foster Care

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A. Knowledge

Demographics: 360,000 foster children in the U.S. in 1989
Massachusetts, 10,341 in 1992, (consult your local
Department of Social Services for current numbers)

The average length of stay for a child in foster care (in
Massachusetts) is 2.1 years

Risk factors associated with the need for foster care:

Child abuse (approximately 50%), parental disability
Parental alcohol/substance abuse, child behavior
problems

Special groups, e.g., multiply handicapped, HIV infected

Mode of entry to care

Voluntary

Involuntary

CHINS-Child in Need of Services/PINS - Person in
need of Supervision

JD/JO-Juvenile Delinquent or Juvenile Offender

Medical Concerns

Lack of previous health histories

Growth failure

Inadequate immunizations

Dental problems/lack of care

Abuse

Lead poisoning

Visual/auditory impairment

Chronic diseases/multiple handicaps

Developmental/educational delays (30% of foster
children are 1-2 years behind grade level)

Behavioral problems

Emotional Issues endemic to children in care

Separation/grief/loss-often repeated

Isolation/different from peers/guilt

Unpredictability/absence of security

Anger/lack of control

Rejection/lack of identify/lack of privacy

Idealization of biological parent

Lack of ability to form intimate relationships, trust

Foster Home

Requirements: supportive, safe environment for both physical, emotional and educational needs

Training and Annual Certification

Emotional issues for foster family

Assimilating new kids into family

Variable support by Department of Social Services

Difficulty with being responsible but not having authority

"Burnout" of providers

Need for permanency planning

Frequent change in foster home undermines child's Social emotional stability

Need to determine ASAP parental fitness/need for adoption

Many children in care for several years or until they reach the age of majority

Young children especially require rapid resolution of their home situation based on rapid bonding with care givers and documented detrimental effect of multiple changes of residence in this age group

Economics, e.g., cost of foster care, medical care, mental

Average cost of foster care \$10,000/child/year

Title IV-E of the Social Security Act states that foster children who would be eligible for AFDC if living with the natural parents are eligible for Medicaid

Department of Social Service: role includes

Managing/coordinating

Care

Intake

Homefinding

Reunification

Adoption

Independent living

Case worker training/turnover/"burnout"

Legal

DSS attorney

Child guardian

CASA (Court-Appointed Special Advocates)

Family Court

Confidentiality issues

Consent-voluntary/involuntary placement

Outcomes of children in foster care:

return to parent or relative
Emancipation/adoption/AWOL
Stay in foster care/institutionalization

Skills

Knowing how to assist in developing a care plan for foster child
Assessment of medical, developmental, emotional needs
Assessment of relationships with the foster family
Role of biological parents: visits and contract
Communication of information to other providers, i.e., child welfare workers
Use of "health care passports" listing immunizations, medical problems, appointment keeping
Specialized foster care
 Teaching medical care/needs
 Arranging for equipment, nursing, appointments, access to care
Assessing emotional status of child, foster parents, biological parents
Anticipatory guidance specific to known problems of children in foster care
Addressing medical issues with court

Attitudes

Sensitivity to needs of both foster family and biological family
Remaining nonjudgmental to two families
Recognition of foster parent frustration with certain children
Importance of confidentiality
Recognition of guilt when match fails
Willingness to collaborate with subspecialist, foster parent, caseworker, courts

Barriers

Lack of medicaid and EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) reimbursement for full continuum of care
Lack of communication/coordination between health care providers and child welfare agencies and courts
Lack of planning prevents adequate delivery of services (sporadic crisis oriented care, multiplicity of providers)
Careworker expected to monitor and provide for children's needs but not trained to do so
Lack of medical information
High cost to the state/child welfare system

Conflicting legal/ethical mandates for child welfare agencies

Advocacy

- Political/Legal-permanency planning, funding
- PL 96-272 (Adoption Assistance and Child Welfare Act)
- Supporting uniform standards to license foster care homes
- Assisting legal advocates with litigation in order to improve scope of services
- Targeted health care case management/integration with child welfare or social service case management
- Involvement in foster parent, caseworker, attorney training
- Involvement with foster parent organizations, support groups
- Support funding for foster parents and for relatives who act as foster parents
- Availability for court appearances, letters
- Inservice training of other professionals

References

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- Halfon N, Klee L. "Health and development services for children with multiple needs: The child in foster care", Yale Law and Policy Review 9 (1): 71-96, 1991.
- Miller G. "No place to call home: Discarded children in America", Report of the Select Committee on Children, Youth, and Families, U.S. House of Representatives, Washington, DC, 1989, p. 1-12.