5 Ways to Address Complex Care Needs of Foster Youth
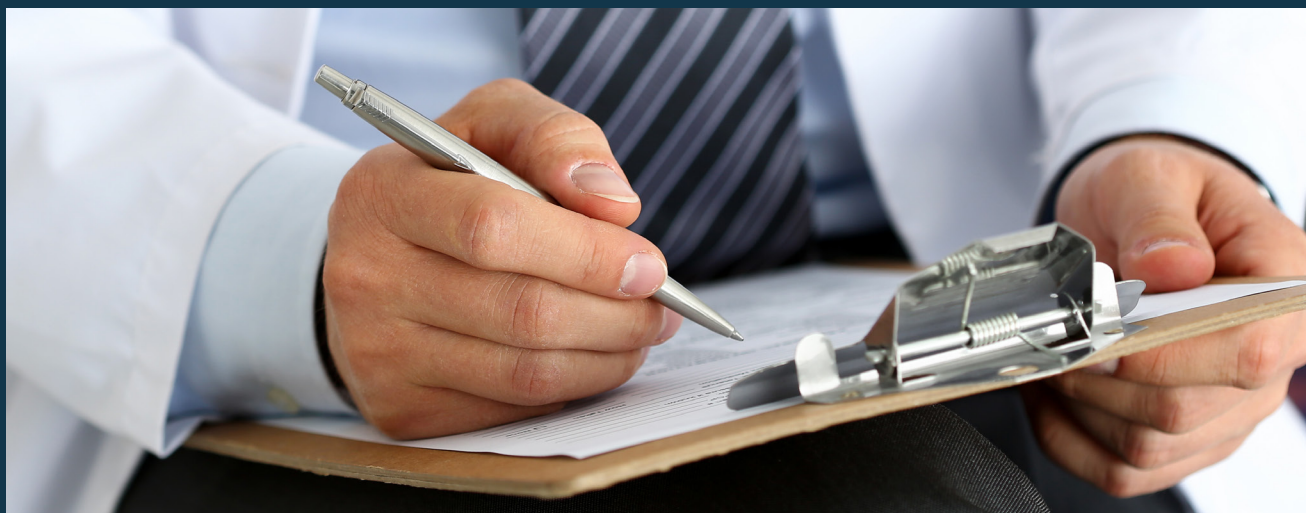
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Children in foster care often enter the system due to neglect and/or abuse. For clinicians, providing care for this population is a unique challenge. To address the varying medical needs of children in foster care, clinicians must be aware of certain details regarding the child's medical and social history that are not relevant for the general pediatric population.

Due to placements disruptions, trauma, mismanaged medical conditions, and exposure to risk factors that drive health disparities, such as poverty and household violence, children in foster care experience lasting negative health outcomes.[1]

Research has shown that maltreatment and placement instability can impact early brain development and lead to challenges in behavior such as aggression, hyperactivity, and impulsiveness.[2]

Along with these disruptions, children in foster care often enter the system with unmet medical needs that result from undiagnosed or untreated medical conditions.[2]

However, even for the most experienced clinicians, lack of direct access to child welfare information creates a roadblock when trying to provide care.

In many cases, clinicians and their staff may spend hours trying to track down child welfare records, often running into dead-ends or very limited information. This can be even more challenging when new caregivers are looking to them for the child's health history.

To resolve this issue, clinicians must be able to identify the information needed to provide adequate medical treatment plans. Once identified, the right technology can provide easy access to those pieces of information.

When providing care for your pediatric patients in foster care, it is important to take into consideration the following key pieces of information.

1 Identifying Patients in Foster Care and Placement Status

Prior to providing care, a clinician must know whether their patient is in foster care. Without this critical piece of information, the clinical team will not know that there is a need for additional information.

An inability to identify patients in foster care can also lead to confidentiality and consent barriers that if addressed incorrectly, can result in a chain of events that negatively impact the child.

Therefore, placement status and details of the child's custodianship/guardianship are also necessary pieces of information to gather.

Identifying patients in foster care allows you to:

Gain holistic view of patient's background

Receive consent from the right individuals

Maintain confidentiality

Once a clinician is aware that their patient is in foster care, they can provide the appropriate screenings and evidence-based therapies that are recommended by the American Academy of Pediatrics (AAP) for children in foster care.

Clinicians can also receive consent for treatment from the right individual and share the medical treatment plan with that individual so that their recommendations are followed.

2 Understanding Foster Care Placement Stability

Placement stability can greatly impact the wellbeing of children in foster care.

On average, over the length of time a child spends in foster care, they will change placements **8.3** times.[3]

Children who fail to achieve placement stability have up to **63%** increased risk of behavioral problems when compared to children who achieve stability.[4]

Disruptions in placement can also result in:

No-show or last-minute cancellations for medical appointments or surgeries

Worsened outcomes for those patients

Increased waitlists for other children to be seen

Furthermore, new caregivers are left with little to no information regarding medications or treatment plans, therefore unable to assist the child with proper care management.

By understanding the placement stability of the child, a clinician can have a better understanding of why certain behavioral issues are present.

They can effectively support both the child and new caregiver with the transition and help improve care management by assessing the child for medical needs.

3 Access to Maltreatment History

More than **70** percent of children in foster care have a documented history of maltreatment.[5]

Child maltreatment can have lasting physical and psychological consequences, including but not limited to:[6]

Diabetes
Lung Disease
High Blood Pressure

Post Traumatic Stress
Malnutrition

Depression
Anxiety

Child abuse and neglect can also lead to behavioral consequences such as substance use disorders and juvenile delinquency.[6]

With a full history of maltreatment, clinicians can effectively provide the appropriate screenings to treat the patient and give recommendations for targeted mental health services to help prevent further consequences that result from abuse or neglect.

4 Access to Medical History

It can be challenging to keep track of a foster child's medical history when parents are unavailable, healthcare providers shift, and placements are frequently changing.

However, access to the full medical history of children in foster care, including other providers seen, is a critical component that all clinicians should receive.

With the full medical history, clinicians can be aware of:

Immunizations	Previous diagnoses	Medications	Missed surgeries

And can ensure compliance with medical treatment plans by sharing key items with new caregivers, such as

Allergies	Chronic diseases	Vision loss	Hearing loss

With knowledge of past medical appointments and providers seen in other networks, the clinician can confidently provide the necessary assessments to meet the healthcare needs of the patient, avoid duplicate services, and improve the wellbeing of the child by sharing the necessary details with the caregiver.

5 Knowledge of Family History and Siblings

It has been estimated that more than half of children in foster care have at least one sibling and **75 percent** of those children are separated from each other.[7]

Research has shown that **sibling bond is a critical component of child development**, and separation from siblings can lead to more disruptions in placement as well as emotional and behavioral problems.[7]

Understanding the history of a foster child's birth family can provide insight into the child's behavior and emotions, as well as other aspects of the child's health and wellbeing, such as inherited genetic conditions.

Knowledge of the people in the child's current placement, such as group home residents or foster siblings, is also relevant for understanding infectious diseases or other implications.

Providing care for children in foster care is a known challenge faced by many clinicians. Lack of access to placement status, placement stability, maltreatment, medical history, and family history can create a barrier that prevents clinicians from providing the best possible care.

Although awareness and knowledge of this information is critical, clinicians are often left scrambling to gather pieces of information from child welfare agencies.
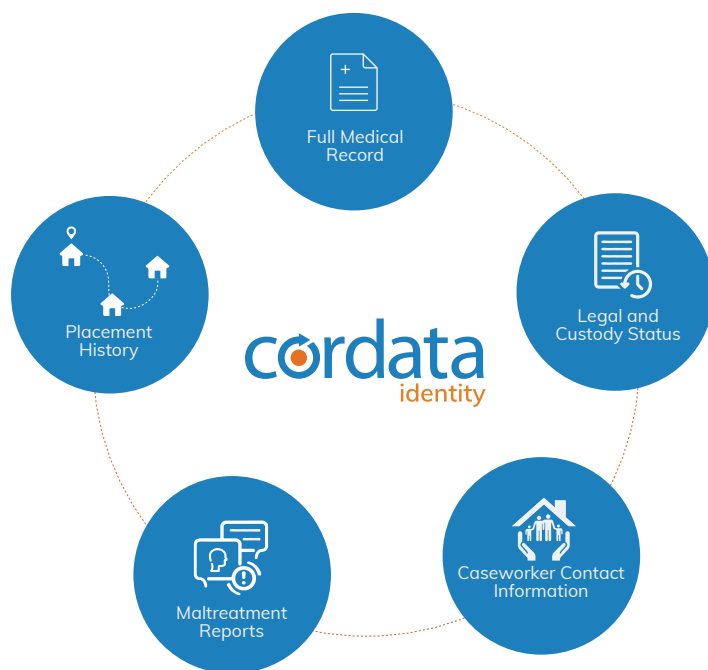
In many cases, clinicians are not even aware that their patient is in foster care or find themselves losing touch with a patient after they enter the foster care system. This prevents them from gathering critical information and can lead to confidentiality and consent issues.

Cordata IDENTITY, a technology that was initially developed by leading researchers and clinicians at Cincinnati Children's Hospital Medical Center, resolves this issue by closing the gap between child welfare and healthcare.

The Software as a Service (SaaS) platform utilizes a proprietary deterministic matching technology to exchange information safely and securely between a hospital's Electronic Health Record (EHR) and the child welfare system.

With Cordata IDENTITY, clinicians have near-real time access to child welfare records, allowing them to review full medical and social histories of the child and ensure that the proper assessments and treatments are provided.

Now, clinicians have at their fingertips:

- Full Medical Record
- Legal and Custody Status
- Caseworker Contact Information
- Maltreatment Reports
- Placement History

cordata *identity*

Furthermore, child welfare caseworkers will have access to the medical treatment plans provided by the clinician, ensuring compliance with the plan.

Caseworkers benefit from Cordata IDENTITY as well, with the following information at their fingertips:

Cordata IDENTITY places the right information at the right time in front of the right individuals. Together, all groups will have what they need to improve outcomes for children in foster care and help them achieve brighter, healthier futures.

1 Seltzer, R. R., Henderson, C. M., & Boss, R. D. (2016). Medical foster care: what happens when children with medical complexity cannot be cared for by their families? *Pediatric Research, 79*(1), 191–196.

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4 Rubin, D. M., O'Reilly, A. L. R., Luan, X., & Localio, A. R. (2007). The Impact of Placement Stability on Behavioral Well-being for Children in Foster Care. *PEDIATRICS, 119*(2), 336–344.

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6 Child Welfare Information Gateway. (2018). *Long-Term Consequences of Child Abuse and Neglect - Child Welfare Information Gateway.* Childwelfare.gov.

7 *Keeping Siblings Together: Past, Present, and Future - National Center for Youth Law.* (2014). National Center for Youth Law.

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