

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

Chapter Ten

Supporting Caregivers

Foster parents and childcare staff have a crucial role to play in maintaining the health of children in their care. Ideally, the caregiver and agency work together with health care providers and other professionals for the benefit of the child. In working together, caregivers have responsibilities to carry out as well as rights to certain actions by the agency, both of which are outlined in this chapter.

The function of health care coordination goes a long way in providing that the caregiver supports the health plan for the child and that information is shared appropriately among caregivers, agency staff, parents or guardians, and providers involved in the child's care.

This chapter describes formal and informal ways of supporting caregivers in maintaining and monitoring children's health, relating to health care providers, and keeping informed about health issues. To implement these methods of supporting caregivers, some districts and agencies will want to re-examine their current practices, meet with cooperating agencies to discuss joint efforts, and/or put in place policies that incorporate new approaches.



Sections in this chapter include:

1. Being part of a team
2. Transportation
3. Information
4. Health/mental health training
5. Foster parent associations and support groups
6. Resources

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

1 Being Part of a Team

Foster parents are part of a “team” working together for the child’s well-being and permanency. The team should also include the caseworker, agency health care coordination staff, health care providers, other service providers, the birth parents or guardians, and the child when appropriate. The message to foster parents should be: *You are not alone in caring for a child. You have support. It also means that you need to keep the agency up to date on the child’s health.*

As part of their overall responsibilities as caregivers, foster parents are expected to cooperate with the caseworker in carrying out the health plan, communicate with the caseworker when health issues arise, and attend any meetings called to discuss the child’s health needs. It is important for foster parents to attend Service Plan Reviews since the child’s medical, mental health, developmental status, and other health-related factors are discussed, and input from foster parents is valuable.

In their health-related role as members of the team, foster parents are responsible for:

- Working with agency staff in arranging for the child’s ongoing and/or special health care.
- Transporting and accompanying the child to appointments whenever possible.
- Carrying out prescribed treatment and/or referrals.
- Welcoming in-home services, such as those provided through EIP and B2H.

In working with foster parents on health issues, agency staff are responsible for providing practical and emotional support, including:

- Offering to assist with scheduling appointments and transportation.¹
- Providing information on required health activities and time frames.
- Providing or locating specialized health information and training when needed.
- Helping foster parents identify and negotiate with health care providers.
- Informing foster parents about medical consent and emergency care.
- Informing foster parents about billing and payment.
- Answering questions and providing resources (e.g., stickers for poison control).
- Requesting and respecting foster parents’ opinions and observations about the child’s well-being.
- Listening and being available especially during difficult periods of illness or disability.

Other types of support include visits to the foster home by a nurse care manager, referral to support groups, accompanying foster parents to specialty clinic visits to assist in interpreting and understanding prescribed treatment recommendations, and providing a 24-hour telephone number for foster parents and families to address crisis situations.

Tip: Be aware of the cultural, ethnic, and religious needs of caregivers and how those factors may impact the caregiver’s perceptions of the child’s medical needs. Be sure to address home remedies or traditional treatments that the caregiver may wish to use.

¹ 18 NYCRR 441.22(j)(2); 507.1(c)(5).

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

2 Transportation

Foster parents are expected to transport and accompany children in their care to their routine medical or other appointments whenever possible. Teens, however, may go to family planning appointments alone. Reinforce to foster parents that they know the child's needs and that they can be a comforting and familiar presence for the child especially during stressful appointments. Encourage them to tell the caseworker if the appointment does not go well or they are uncomfortable with the provider.

For children eligible for Medicaid, agencies must provide transportation and other related travel expenses, if necessary.² Travel expenses include the cost of transportation by ambulance, invalid coach, taxi, common carrier, or other appropriate means; the cost of outside meals and lodging (en route to, while receiving, and returning from medical care); and the cost of an attendant to accompany the child, if medically or otherwise necessary.³

Be sure to explain that prior approval from the caseworker is needed for nonemergencies and that decisions about reimbursement are made in partnership with the agency.

² 18 NYCRR 507.1(c)(5).

³ 18 NYCRR 505.10.

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

3 Information

When caregivers are informed about health care and confident of their ability to perform medical activities (e.g., dispense medication), they will be more effective in their role. Helping them be informed benefits everyone – the child, caregivers, agency staff, and health care providers.

Information is an important source of support for caregivers throughout placement. Even before certification, prospective foster parents need to be informed about the range of possible health conditions of children who might be placed in their homes. Foster parent recruiters should describe clearly the realities of caring for children with special needs as well as the support available from the agency and other sources, including special and exceptional board rates.

When asked to care for a specific child, foster parents must receive health (and other) information about the child that is as complete as possible.⁴ As described in Chapter 1, Initial Evaluation of Child's Health, obtaining the child's health records and history is a priority before or at the time of placement. When the health history is available, the homefinder or other caseworker should inform the foster parent about any relevant support services.

Note: In an emergency placement, the caseworker may need to explain that because of circumstances the child's health history is not available but will be obtained as soon as possible. If there is information in the CONNECTIONS health module, a Health History Report can be generated to give the foster parents.

The agency is responsible for providing caregivers information about:⁵

- Periodicity schedule for health visits, including immunizations.
- Agency's procedures for obtaining medical care in cases of suspected illness.
- Agency's procedures for securing emergency medical treatment.
- Information related to whether the child has had an HIV-related test or has been diagnosed as having AIDS, an HIV-related illness, or an HIV infection.

Agencies are also responsible for notifying caregivers about certain services:

- For foster parents caring for children 12 years of age or older, the availability of social, educational, and medical family planning services for the adolescent.⁶
- If the child is eligible for Medicaid, the availability of Child/Teen Health Plan (C/THP) services, and, upon request, the names and locations of providers offering these services.⁷

⁴ 18 NYCRR 443.2(e).

⁵ 18 NYCRR 441.22(j)(1).

⁶ 18 NYCRR 463.2(b).

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

Some agencies develop handouts with helpful information on obtaining health care and time frames that foster parents need to know. Examples include the immunization schedule; time frames for evaluations; information on making medical appointments, consent issues, and health records; medication guide; side effects of psychiatric drugs; and tips on cleanliness and hygiene.

Emergencies: Tips for Foster Parents

Agencies must inform foster parents of procedures for obtaining care for suspected illness or medical emergencies.⁸ In foster parent training, handbooks, and case contacts, cover what constitutes an emergency, and inform foster parents of procedures for calling “on-call” staff or going to the emergency room (*see section 6, Resources, for a sample Emergency Fact Sheet for foster parents*).

Tips for foster parents include:

- Call the on-call worker to:
 - obtain consent if necessary.
 - obtain appropriate billing information (e.g., Medicaid number).
 - let the agency know that follow-up may be needed.
- Bring the child’s medications, including allergy medications.

Explain that visits to the emergency room should be reserved for true emergencies. *Disadvantages* of using an emergency room include lack of continuity in medical care; lack of medical monitoring; and high cost. Emergency rooms are not meant for delivery of routine preventive health care or treatment of minor health problems. Caregivers should be instructed to contact the child’s primary care provider/medical home for guidance when in doubt as to whether a health condition warrants use of the emergency room. In many cases, the primary care provider can give health instruction over the telephone, or direct the caregiver to bring the child in for an office evaluation instead of an emergency room visit.

⁷ 18 NYCRR 507.1(c)(4).

⁸ 18 NYCRR 441.22(j)(i)(ii) and (iii).

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

4 Health/Mental Health Training

It is critical that caregivers receive ongoing training on health and mental health issues of children in foster care. To be effective in managing these issues, caregivers should have basic information on health care (including preventive health) and detailed information on the particular condition or illness of children in their care. Training on attitudes and skills related to health and mental health issues is very important.

Training Topics

Health education and training for caregivers should cover the following topics:

- Overview of health care for children in foster care, medical home, preventive health services, treatment plans, and childhood health requirements and time frames (e.g., immunization schedule).
- Wellness awareness, nutrition, and physical fitness.
- Common health problems and dealing with emergencies.
- Proper administration and documentation of medication and taking of a child's temperature (written and/or skill exam is recommended).
- Family planning, sexuality education, and reproductive health services.
- Detailed information on conditions that may be seen in children in care (e.g., head lice, mental health disorders).
- HIV/AIDS education.
- Infection control and universal precautions (written and/or skill exam is recommended).

When a child or adolescent in foster care has a serious medical condition, the child, the foster parents, and the birth parents should receive additional education, training, and support resources as appropriate. For example, foster parents caring for children who need to take medication in school should know how to coordinate with the school.



Health Care Coordination Activities

Caregivers should also be familiar with the school's exclusion policies on communicable diseases. A checklist for conditions that are contagious and require staying away from school would be helpful for foster parents. Check with the schools in the community to see if they provide a list of such conditions and illnesses to parents, what the rules are for returning the

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

child to school, and opportunities for the child to continue studies with work sent home (*see Chapter 2, Preventive and Ongoing Health Care, section 8, Acute Illness and Injury/Emergency Care*).

Regarding behavioral and mental health issues, caregivers should learn how to recognize indicators of mental health problems. A majority of children in foster care have experienced trauma as a result of abuse, pervasive neglect, or witnessing violence. Caregivers need to understand what has happened to the children in their care, and provide a safe and supportive place for the child to heal and grow. Topics for training and education include:

- Child and adolescent development and behavior.
- Emotional effects of child abuse and neglect.
- Impact of domestic violence.
- Loss and separation.
- Providing trauma-informed care.
- Common mental health illnesses (e.g., depression, anxiety).
- Behavior management.
- Effects of alcohol and substance abuse.
- Medications and their side effects

In addition, training should give caregivers skills in crisis counseling that are appropriate to their role. In contacts with caregivers, emphasize the need to be sensitive to signs of emotional distress in children in care. Having such knowledge should help caregivers feel more confident in their role.

Training Materials

To reinforce the skills and knowledge acquired in training and provide a ready reference, give foster parents written materials containing much of the information covered in training. Some agencies include tips on what to do in an emergency, how to handle common childhood illnesses, when to seek medical care, medication guides, and developmental charts. Any materials should be specific to infants, toddlers, young children and adolescents, and the health care setting in which the child will receive care. To track the child's growth and development, give foster parents developmental schedules and ask them to keep records of growth. Share materials with the child's birth parent or guardian as appropriate.

To follow up, as part of each home visit caseworkers should review key training concepts with foster parents and provide handouts and other materials received at any staff training sessions.

Tracking attendance and completion of training is necessary to determine whether foster parents have met the training requirements. Tracking is also a useful tool to assess progress in acquiring skills and knowledge of health topics. Consider asking foster parents to sign a form indicating their acceptance and understanding after they have received training on health issues. Copies of any tracking forms should be placed in the foster parent's recertification record.

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

Sources of Training

Training for caregivers on health and mental health issues can come from a variety of sources. For example, in-service training sessions for foster parents, arranged or conducted by staff, may spotlight guest speakers from community hospitals, schools, and local police and fire departments.

Existing programs can be identified through the following:

- MAPP/GPS
- Early Intervention Program
- Public (County) Health Department
- Planned Parenthood
- Local hospitals
- Universities
- School district
- State-sponsored training

MAPP/GPS. The Model Approach to Partnerships in Parenting/Group Preparation and Selection (MAPP/GPS) Pre-Certification Training Program consists of three-hour sessions each week for 10 weeks. MAPP/GPS provides a model for working toward partnerships in parenting among agencies, foster parents, adoptive parents, and birth families. This approach to foster parenting encourages open communication and trust among foster families, adoptive families, birth families, and casework staff. A primary goal of the training sessions is to articulate ways to ensure that children's needs for safety and nurturing are met. Depending on the needs of the children who come into care, MAPP training also covers parenting issues for children with specific disabilities and conditions.

In addition to the MAPP/GPS training provided to new and prospective foster parents, a Mini-MAPP training program (15 hours) is available (and required by some agencies) for current foster parents.

Compass Training. This training, offered by the Center for Development of Human Services (CDHS), is offered at three levels for newly certified foster parents and covers topics of health and safety. Check with your agency staff development coordinator for arrangements to send foster parents to this training.

Early Intervention Program. When communication disorders or other developmental problems have been identified through the New York State Department of Health's Early Intervention Program, part of treatment includes parent training programs in which the parent (caregiver) receives instruction in the treatment approach and specific goals of the intervention, demonstrations of intervention techniques, feedback on their use of such techniques, and ways to adapt intervention methods to their foster child's needs. This training is strongly encouraged when the foster parent is the primary caregiver for a child with communication disorders. Include the birth parents or guardian whenever possible.

Public Health Department. It is recommended that agencies bring in trainers or speakers from the local health department on a regular basis. After foster parents have completed MAPP training, survey them to find out what health and mental health topics they need or would like to be covered.

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

The public health department is also the source of information and training on the Early Intervention Program.

Planned Parenthood. Training is available on issues of sexuality and family planning (e.g., contraception, emergency contraception, pregnancy prevention).

Local Hospitals and Universities. Many hospitals offer patient education programs, some of which may be relevant for foster parents caring for children with chronic illness or conditions (e.g., cardiac care). Medical universities often provide classes for the public on special topics.

School District. For training and information on preschool special education services, contact the local school district. Caregivers and birth parents, if possible, should attend these sessions.

State-sponsored Training. The New York State Office of Children and Family Services provides training for staff and foster parents through contracts with various trainers. Check with the staff development coordinator in your local district.

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

5 Foster Parent Associations and Support Groups

An additional source of support for foster parents is other foster parents. Some agencies help create foster parent support groups that engage in discussions of common concerns and strengths as well as family activities. In some districts, experienced foster parents serve as mentors with new foster parents. Through groups or one-on-one, foster parents should feel free to call another foster parent and talk over a situation.



Health Care Coordination Activities

Make foster parent meetings as convenient as possible for caregivers. Suggestions include:

- Schedule meetings in the evenings.
- Provide child care.
- Ask for input from foster parents on topics.
- Invite speakers from the community with expertise in topics requested.
- Consider having an experienced foster parent facilitate meetings.
- Provide handouts on resources (e.g., list of community health care providers, pharmacies, services for special needs).

Some districts have foster parent associations or local chapters of the New York State Foster and Adoptive Parent Association (NYSFAPA). Foster parent associations provide valuable support and resources for foster parents.

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

6 Resources

Statewide Organizations for Foster and Adoptive Parents

New York State Citizens' Coalition for Children, Inc.

410 East Upland Rd.

Ithaca, NY 14850

607-272-0034

607-272-0035 fax

office@nysccc.org

<http://www.nysccc.org>

New York State Foster and Adoptive Parents Association, Inc.

92-31 Union Hall St.

P.O. Box 120151

St. Albans, NY 11412

718-725-3657 or 718-725-2103

Fax: 718-725-2104

Treatment of Children with Mental Disorders

<http://www.omh.state.ny.us/omhweb/booklets/pdf/children.pdf>

This June 2008 publication of the Office of Mental Health is appropriate for foster parents. The booklet offers answers to frequently asked questions regarding the treatment of children with mental disorders, descriptions of classes of medication, a chart of medications most commonly prescribed for children, and contact information for OMH regional offices.

Emergency Fact Sheet

See the next page for a sample Emergency Fact Sheet for foster parents.

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

Emergency Fact Sheet

Source: Association to Benefit Children, Variety Cody Gifford House

What Is Considered an Emergency?

1. A child who is having difficulty breathing (like asthma or choking).
2. Child's color doesn't look right (blue tinged or very pale).
3. Any head injury. Observe the child for the first 12 hours after a bump on the head. During this time, if the child is dizzy, or fainted, or is too sleepy, or is difficult to wake up, or acts drunken or drowsy, or has a bad headache, or is vomiting – bring to the ER.
4. A deep cut that may need stitches after-hours when clinics and doctors' offices are closed. [In the meantime, gently clean the wound with large amounts of lukewarm running water (use Betadine if you have it), and wrap or cover with a clean bandage or cloth. If bleeding is very heavy apply pressure – but not too hard!]
5. Seizures (also called convulsions or fits). A prolonged seizure can be life threatening. (In the meantime, remove all obstacles in the area around the child and provide cushioning under the head if he/she is banging it on a hard floor. **DO NOT** try to stop movements, **BUT** turn to side if vomiting or drooling heavily).
6. Any heavy bleeding that cannot be stopped within five minutes.
7. An accident or injury where you think a serious injury may have occurred (e.g., depending on the force, direction, or location of the injury).
8. A high fever and it is after-hours when your doctor's office or clinic is closed (or when your doctor/ clinic instructed you to go to the ER).
9. Excessive diarrhea or vomiting. Infants and very young children dehydrate quickly, so this may be a serious emergency. The child may require intravenous fluids.
10. Any eye injury. Do not apply pressure or put anything into the eye.

Note: If your child's eye is swollen and/or crusty from allergies or “pink eye” (conjunctivitis), the child should be seen at an office or clinic as soon as possible. It is not considered an emergency. In the meantime, it may be contagious from one eye to the other – or to someone else. So be careful not to share towels or clean both eyes with the same cloth.

Note: If the child eats or drinks something that maybe poisonous (e.g., medicine, cleaning products, or plants), call Poison Control (1-800-222-1222) and get advice on what to do.

Remember: Foster parents cannot consent to treatment. Call your caseworker as soon as you get to the emergency room.

Give all of the paper work and instructions that you received from the ER to your caseworker or health care coordinator.