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FOSTER CARE IN CANADA

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Introduction:

Welcome to PedsCases! My name is Frances Morin, and I am a 4th year medical student at the University of British Columbia. This podcast was made with support and guidance from Dr. Barbara Fitzgerald, a developmental pediatrician and clinical associate professor of Pediatrics at the University of British Columbia. Today, we are going to discuss an approach to supporting children and families involved with the Canadian Foster Care system.

Objectives: At the end of this podcast, the learner will:

(1) Develop an overview of Foster Care in Canada
(2) Describe the common challenges of children in foster care
(3) Develop an approach to providing primary care to children in foster care
(4) Discuss special considerations of populations especially impacted by foster care

Clinical Case

During your community pediatrics rotation, you are asked to see Aiden, a 5-year-old boy who was recently placed in foster care, for his initial intake appointment. What questions do you need to ask, what examinations should you perform, and what investigations should you ensure are in place?

Overview of the Foster Care System

Canadian foster care is legislated and funded at a provincial or territorial level, with the exception of the federal provision of services for Indigenous Peoples living on reservation [1,2] . As such, there is variability in provincial and territorial definitions, policies, and services, and there is no nation-wide system in place for the collection of data on the approximately 62,400 Canadian children in 'out of home care' in Canada.[3] Based on American data, approximately 70% of children in foster care are placed for child protection, secondary to investigations of maltreatment such as abuse or neglect. [4,5,6] Children and adolescents might also be placed in government care following a court order, for example after involvement in the criminal justice system. Some children might be placed in foster care under a Special Needs Agreement, if the special needs of a child exceed the family's ability to meet them. Finally, a

small number of children may be placed in foster care voluntarily, under a Voluntary Agreement, if a family is unable to care for a child for a period of time, for example during a family crisis.

Common challenges experienced by children in foster care

Every family impacted by the foster care system has encountered individual challenges and developed unique strengths. That said, it is helpful to review some of the challenges that children involved in foster care may be more likely to have experienced.

Many children in foster care have come from chaotic or traumatic backgrounds, which may have included poverty, homelessness, food insecurity, toxic stress, parental mental health challenges, cognitive difficulties, substance use (prenatal or on-going), criminal activity, or physical, psychological, or sexual abuse or neglect.[4,5,6,7] As such, children impacted by foster care might present with complex physical health, mental health, behavioural, developmental and cognitive concerns.[7]

Some of the common medical problems brought forth by children in foster care include dental, vision, or hearing problems, asthma, a need for immunizations, or sexual health concerns in adolescents.[7,8,9] Some children in foster care might also be at increased risk of vertically transmitted infections, as well as nutritional deficiency, anemia, elevated blood lead levels, and in certain instances tuberculosis.[8]

Due to a combination of genetic and environmental factors, young people impacted by foster care are at increased risk of experiencing mental health and behavioural concerns, including Attention deficit hyperactivity disorder (ADHD), anxiety, depression, and post-traumatic stress disorder (PTSD) and conduct problems.[9,10] Importantly, many children impacted by foster care have been exposed to toxic stress and trauma, and the symptoms of trauma in children can be difficult to differentiate from symptoms of psychiatric or behavioural disorders. Children of different developmental stages might present with different symptoms of trauma, such as temper tantrums, attention difficulty, emotional dysregulation, and daydreaming [5],[11] . Individuals in foster care are placed on pharmacotherapy, and experience polypharmacy, more frequently than the general pediatric population, which is concerning given that many psychiatric medications carry risks of important metabolic side effects. [12,13]

Children in foster care are at increased risk of developmental delays, learning disorders, and cognitive difficulties. [8,14] Difficulties in school can be further compounded by delays in entering school, transitions in living situation and school catchment, or bullying and stigma, all of which may hinder an individual's academic performance.[15] Physicians can advocate for appropriate school based assessments, learning support and the provision of services in schools, as well as minimizing disruptions in the lives of children and adolescents, in order to help maximize the chances children in care can achieve their academic potential.

Providing Care to Children and Families Impacted by Foster care

It is important that physicians have a trauma-informed, culturally safe, and child/adolescent centered approach to providing care for children and families impacted by foster care. Both the American Academy of Pediatrics and the Canadian Pediatrics Society (CPS) provide an approach to providing care for families in foster care. [7,16]

It is recommended that a child entering foster care be seen by a pediatrician within the first 72 hours, or within the first 24 hours if they are at higher risk.[7,16] During this visit, the physician should identify and treat any active medical or behavioural issues requiring intervention or relevant to placement, perform a complete physical examination, and arrange for necessary medical, vision, hearing or dental screening.[7] It is recommended to have a second visit at 1 month for a full medical history including all mental health, developmental, behavioural, and emotional disorders, which should also include a sexual history and substance use screen in adolescents. [7] At third visit should occur at 2 months, to follow-up on any necessary issues or referrals, after which point it is recommended that a child in foster care be seen by a physician approximately twice as often as another patient in general pediatrics.[7] Children in foster care are, by nature of what brought them into care, at higher risk for developmental and behavioural issues.

Screening tools, such as the Ages and Stages Questionnaire (ASQ), can improve detection rates of developmental delay.[14] Similarly, standardized screening instruments, such as the Strengths and Difficulties Questionnaire (SDQ) can improve detection of psychosocial difficulties, while trauma specific tools, including the UCLA Post Traumatic Stress Disorder Reaction Index (PTSD-RI) or the Trauma Symptom Checklist for Children (TSC-C) can elicit symptoms of trauma. [11,17] Physicians can provide guidance to help a family support a child who has experienced trauma by validating the child's response to trauma, and providing techniques to address the behaviours, and highlighting the important of providing consistent messages to the child that they are safe, wanted, and supported.[11] Specialized treatments, such as child parent interaction therapy, trauma focused cognitive behavioural therapy, and attachment, self-regulation and competency exist. [9,11] In children where either developmental delays or mental health concerns are found, appropriate referrals should be made to a pediatric developmental assessment service or a child and youth mental health team.

Special considerations for certain populations

Some populations, such as children from certain racial minorities and children with special needs, mental health, or behavioural problems are over-represented in general in foster care.[4] In Canada specifically, Indigenous children are over-represented, making up 48% of children in foster care but only 7% of general pediatric population.[2] Physicians can advocate for Indigenous children in Canada by upholding equitable funding and access to social and medical services to all children in Canada, both on and off reservations, ensuring the implementation of Jordan's Principle, a child first principle aimed at ensuring disputes between government do not delay access to services for Indigenous children, and promoting placement of children with families who share the same specific indigenous culture.

Adolescents transitioning into adulthood, are faced with 'aging out' of government care with significantly less support than the general adolescent population.[18] Upon aging out of the foster care system there is a significant decline in services, and prior foster youth are generally at risk for poorer educational outcomes and employment rate, housing instability and periods of homelessness, mental health problems, substance use, and criminal justice involvement.[19] Extending the time frame of social and financial support, removing barriers to education and employment, and facilitating the creation of peer social support networks are some strategies than promote success during this difficult transition.[19, 20, 21]

Clinical case

Let's return to our case. You meet Aiden, his foster mother, and his child protection social worker. You remember that children affected by foster care are at uniquely elevated risk for physical and mental health, developmental, behavioural, and academic difficulties, and therefore want to organize good medical follow up, while ensuring that you have a trauma informed, culturally safe approach to your care.

You learn that Aiden has been in the care of his foster family for 24 hours and that this is his first foster placement. He has been placed in foster care based on recommendation from the ministry of children and family services (MCFD) as his mother was suffering from a mental health crisis and unable to care for him.

You elicit question and concerns from Aiden's foster mother and child protection worker, inquire about his transition so far. You also ask about any unique cultural, emotional and spiritual needs to ensure these aspects of Aiden's life are being addressed. You learn that he will be returning to his same kindergarten class next week.

His child welfare worker will consent for the transfer of Aiden's medical chart and documentation, including birth records and newborn screen, past medical history, medications, allergies, and immunization records.

You perform a complete physical examination, and note that Aiden has stable vital signs, height and weight within the 85%ile, and no dysmorphic features. You pay specific attention for any signs of recent or past trauma or chronic disease.

You provide Aiden's family with local and online resources to help support families and children affected by foster care. Although you have not identified any acute medical conditions, you arrange for a comprehensive medical follow-up within a month, during which you will complete Aiden's developmental, mental health, and trauma screening or need for referral to any specialists, and arrange for Aiden to appointments for a dental, vision, and hearing screening. You plan to liaise with Aiden's teachers and principal to asses for the need for psychoeducational assessment.

You evaluate Aiden's need for a CBC, ferritin, lead level, HIV and Hep B/C test. You decide that since he at low risk and asymptomatic, you can hold off on ordering bloodwork for now, especially until he has had the chance to adjust to his new living circumstances and form attachment with his caregivers and the healthcare team.

Review of Key Points

(1) Child welfare services in Canada are provided through provincial, territorial and delegated aboriginal agencies.
(2) Child and youth in foster care have often experienced toxic stress, complex trauma, instability, and loss, and are at elevated risk for physical health, mental health, developmental and behavioural problems.
(3) There are published guidelines for providing medical care to children in foster care, which should at least include 3 visits in the first 3 months.

(4) Certain groups of young people, including Indigenous children and adolescents, are overrepresented in the Canadian foster care system, and the process of adolescents 'aging out' of foster care represents a uniquely vulnerable time for foster youth.

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