



## CHAPTER 10

# Supporting Caregivers

Foster parents and child care 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*



## 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 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 the following:

- 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 the Children's Waiver (see Chapter 7).

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

- Offering to assist with scheduling appointments and transportation.
- 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.

## 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 choose to go to sexual and reproductive health (SRH) appointments alone. Agency staff must 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.

<sup>1</sup> 18 NYCRR 441.22 (j) (2); 507.1(c)(5).



For children eligible for Medicaid, agencies must provide transportation and other related travel expenses, if necessary.<sup>2</sup> Travel expenses include the cost of transportation by ambulance, ambulette or paratransit vehicle, taxi, transportation network company (TNC), 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.<sup>3</sup>

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.

### 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 or approval, 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 clearly describe the realities of caring for children with special needs as well as the support available from the agency and other sources, including special, exceptional and extraordinary 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.<sup>4</sup> As described in Chapter 1, Removal and 24-Hour Health Screening, 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 home finder 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 informing foster parents of the comprehensive health history, current health status and health care needs of the child in foster care placed in their home, including the following:<sup>5</sup>

- Type and frequency of medical examinations.
- 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 sexual and reproductive health services for the adolescent.
- If the child is eligible for Medicaid, the availability of Child/Teen Health Plan (CTHP) services, and, upon request, the names and locations of providers offering these services.

Some agencies develop handouts with helpful information on obtaining health care and time frames that foster parents

<sup>2</sup> 18 NYCRR 507.1 (c) (5).

<sup>3</sup> 18 NYCRR 505.10.

<sup>4</sup> 18 NYCRR 443.2 (e).

<sup>5</sup> 18 NYCRR 441.22 (j) (1).

<sup>6</sup> 18 NYCRR 463.2(b).

<sup>7</sup> 18 NYCRR 507.1 (c) (4).



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.<sup>8</sup> Foster parent training, handbooks, and case contacts must cover what constitutes an emergency and inform foster parents of procedures for calling “on-call” staff or going to the emergency room.

Tips for foster parents include:

- Call the on-call worker to
  - obtain consent if necessary, and
  - obtain appropriate billing information (e.g., Medicaid number).
- Bring the child’s medications, including allergy medications.
- Update the agency following an emergency room and/or provider visit.

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. Instruct caregivers 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.

## **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 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).
- Sexual and reproductive health services education.
- Detailed information on signs and symptoms that may be seen in children in care and could indicate a specific condition (e.g., head lice, mental health disorders).
- HIV/AIDS education.

When a child or adolescent in foster care has a serious medical condition, the child, the foster parents, and the parents should receive additional education, training, and support resources as appropriate. For example, foster parents caring

<sup>8</sup> 18 NYCRR 441.22 (j)(1)(iii).



for children who need to take medication in school should know how to coordinate with the school.

Regarding behavioral and mental health concerns, caregivers should learn how to recognize indicators of mental health problems. Many children in foster care have experienced trauma as a result of abuse, neglect or witnessing violence. Caregivers need to understand how traumatic experiences in childhood can affect how children in their care act and react and must provide a safe and supportive place for the child to heal and grow. Topics for training and education include the following:

- 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 conditions (e.g., depression, anxiety).
- Behavior management.
- Effects of alcohol and substance use.
- 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 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.

Caseworkers should coordinate with the foster parents' home finder to share information regarding tracking attendance and completion of any training they have provided and provide the home finder with copies of any tracking forms for placement in the foster parent's recertification/reapproval record. Tracking is necessary to determine whether foster parents have met the training requirements and is also a useful tool to assess progress in acquiring skills and knowledge of health.

### 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:

- Early Intervention Program
- Local public (county) health department
- Planned Parenthood
- Local hospitals



- Universities
- Local school district
- State-sponsored training
- Community-based organizations

**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 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.

**Local 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 foster parent training, survey them to find out what health and mental health topics they need or would like to be covered. 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.

**Local 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 LDSS.

## ***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 LDSSs, 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.