
Health-care professionals play a crucial role in the health and well-being of children, youth, and families. Their contact with children and families during the different stages of a child’s life gives them a unique opportunity to observe families’ resilience and progress and to provide education and support. When necessary, health-care professionals report suspected child abuse and neglect. This guide provides an overview of child welfare services, describes how health-care professionals and child welfare workers can collaborate, and lists resources for more information.

What Is Child Welfare?

Child welfare is an array of services designed to ensure that children are safe and that families have the necessary support to care for their children successfully. Child welfare agencies typically:

- Support or coordinate services to prevent child abuse and neglect
- Provide services to families that need help protecting and caring for their children
- Receive and investigate reports of possible child abuse and neglect and assess child and family needs, strengths, and resources
- Arrange for children to live with kin or with foster families when safety cannot be ensured at home
- Support the well-being of children living with relatives or foster families, including ensuring that their health and educational needs are addressed
- Work with the children, youth, and families to achieve family reunification, adoption, or other permanent family connections for children and youth leaving foster care

Each State or locality has a public child welfare agency responsible for receiving and investigating reports of child abuse and neglect and assessing child and family needs; however, the child welfare system is not a single entity. Public child welfare agencies often collaborate with private child welfare agencies, community-based organizations, and other public agencies to ensure that families receive the services they need, such as supportive child care, parenting programs, in-home family preservation services, health and mental health services, and substance use treatment.

How Can Health-Care Professionals Assist Child Welfare Professionals?

Pediatric professionals, family practice providers, hospital nurses, school nurses, urgent care clinicians, mental health professionals, and other health-care professionals can support at-risk children and families, help prevent child abuse and neglect, identify and report suspected abuse or neglect, and serve as a resource for children in foster care.
**Supporting families and preventing child abuse and neglect.** Routine medical appointments provide a good setting in which to address issues that may compromise a child’s safety or well-being. Health-care professionals can help prevent child abuse and neglect by referring families to parenting programs, early childhood programs (e.g., Head Start), and home visiting programs and educating parents about their children’s physical and mental health needs, child development and behavior, parenting strategies and child safety concerns (e.g., safe sleep environments), and diagnoses and treatment plans. This is particularly important for parents of children with disabilities, as these children are more likely to experience maltreatment, which may be attributed to caregiver fatigue or stress (For more information, see Child Welfare Information Gateway’s webpage Statistics on Abuse and Neglect of Children With Disabilities, https://www.childwelfare.gov/topics/systemwide/statistics/can/stat-disabilities/).¹

**Identifying and reporting suspected child abuse and neglect.** Health-care professionals should be aware of the types of child maltreatment, including neglect, physical abuse, sexual abuse, and emotional abuse; their possible physical, emotional, and behavioral signs; and State definitions of child maltreatment. (State-specific definitions of child abuse and neglect can be found here: https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/define/). In 2016, 9.5 percent of all child abuse and neglect reports were made by medical personnel.² Health-care professionals, designated as mandatory reporters in all States, should know the reporting standards, protocols, and penalties for failure to report for their institutions and localities. (State-specific laws for mandatory reporters can be found here: https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/manda/.) In addition, health-care professionals should be aware of the Health Insurance Portability and Accountability Act (HIPAA) reporting regulations (learn more about HIPAA here: http://www.hhs.gov/ocr/privacy/hipaa/faq/preemption_of_state_law/406.html).

**Knowing the laws about confidentiality and privacy.** Health-care professionals should become familiar with Federal and State legislation affecting the disclosure of health information for the minors they treat, particularly those receiving child welfare services. Health-care professionals may need to consult with the child welfare agency regarding who (e.g., caseworker, foster parents, birth parents) has the right to receive medical information and to make medical decisions about a child in out-of-home care.

**Utilizing trauma-informed practices.** Children in foster care are more likely than other children to have adverse childhood experiences, which can include multiple or chronic health conditions, and a recent study found that children in out-of-home care have a higher rate of psychotropic medication use (17.7 percent).³ Children’s trauma due to maltreatment, removal from their families, and other factors is often linked to physical, mental, and developmental issues. Trauma-informed practices help health-care professionals better assess the physical and mental health needs of children receiving child welfare services and determine appropriate treatment. (For more information, see the American Academy of Pediatrics’ trauma guide for pediatricians working with children in foster care: http://www.aap.org/traumaguide.)

**Being a resource for child welfare agencies and families.** Health-care professionals can offer their expertise on the health-care system to help child welfare workers ensure that children and families have access to the necessary services. As privacy laws allow, health-care professionals can also explain children’s health-care needs and histories to foster parents and prospective adoptive families. Youth who age out of foster care often need guidance about their ongoing health-care needs, diagnoses, treatment plans, etc. Health-care offices can help keep children’s medical records intact, help older youth find a physician, and facilitate access to other health services. Interested health-care professionals may also participate in case reviews or system reform efforts, such as Citizen Review Panels (learn more about Citizen Review Panels here: http://www.cantasd.org/crp/).


How Can Child Welfare Professionals Assist Health-Care Professionals?

Child welfare workers and agencies can help health-care professionals provide optimal care to children and families in a number of ways:

- **Ensuring that health-care professionals have what they need to best treat children.** Child welfare workers should maintain good communication with the families they serve and keep abreast of children and families’ medical histories in order to provide health-care professionals with as much information as possible, as well as any necessary medical consent. Workers must know who has legal authority to give consent and should ensure that the appropriate parties are notified and understand proposed treatment, that informed consent is sought in a timely manner, and that the written consent is included in the child’s medical records. Child welfare workers can also collaborate with health-care professionals to centralize children’s health-care records by creating a stable medical home for children. (The American Academy of Pediatrics’ medical home model allows a child to receive consistent, comprehensive primary care services from the same health professionals.)

- **Implementing a shared decision-making approach to working with families involved in child welfare with children in foster care.** The collaboration between health-care providers, child welfare workers, and families when it comes to making health-related decisions for children can create the most appropriate balance among those invested in the child’s care and well-being. For shared decision-making to be successful, all stakeholders must be aware of all treatment options and bring their knowledge and values-related priorities to the table to reach a consensus for treatment.

- **Helping children and families access health-care services.** The majority of children and youth in foster care meet income and other eligibility requirements to receive Medicaid benefits. The Children’s Health Insurance Program (CHIP) may also offer coverage of many medical costs for children who are not eligible for Medicaid. Child welfare workers should be aware of the benefits available in their localities, coordinate with Medicaid providers so that children and families know about and can access services, and ensure that eligible children are enrolled and receive benefits in a timely fashion. Many agencies have nurse case managers and other support staff on hand or as consultants to provide guidance, follow-up, and a point of contact regarding necessary health-care services.

- **Coordinating the health-care needs of youth aging out of foster care.** The Fostering Connections to Success and Increasing Adoptions Act of 2008 requires caseworkers to work with youth preparing to age out of foster care to create a transition plan with provisions for continuing health care. Enacted on January 1, 2014, the Affordable Care Act established that youth receiving Medicaid benefits while in foster care may extend their coverage until they reach age 26. (Learn more at Medicaid.gov: https://www.medicaid.gov/affordable-care-act/eligibility/index.html.) Child welfare workers should work with a youth’s medical team to ensure that youth leaving foster care know how to access health-care services, receive a copy of their complete medical records, and understand their right to designate a person of their choice to make health-care decisions on their behalf, should they be unable to do so.

If questions arise regarding who to contact in the event of suspected child abuse and/or neglect, visit Child Welfare Information Gateway’s webpage State Child Abuse and Neglect Reporting Numbers, at https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspList&rolType=custom&rs_id=5.

Working together, health-care professionals and child welfare workers can ensure that families have the supports and services they need to successfully care for their children and that children and youth are safe and healthy throughout childhood and into their adult lives.

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Resources

- Medical Responses to Child Abuse and Neglect (Child Welfare Information Gateway) - [https://www.childwelfare.gov/topics/responding/collabresponse/medical/](https://www.childwelfare.gov/topics/responding/collabresponse/medical/)
- Council on Child Abuse and Neglect (American Academy of Pediatrics) - [http://www2.aap.org/sections/childabuseneglect/](http://www2.aap.org/sections/childabuseneglect/)

Suggested citation:

The Children’s Bureau, within the Administration for Children and Families, U.S. Department of Health and Human Services, is the Federal agency with primary responsibility for administering Federal child welfare programs. The Children’s Bureau works with State and local agencies to develop programs that focus on strengthening families, protecting children from abuse and neglect, and finding permanent families for those who cannot safely return to their homes. [https://www.acf.hhs.gov/cb](https://www.acf.hhs.gov/cb)