

Perspectives of support system for foster and adopted children and their parents by pediatricians in Japan

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Abstract

The number of the children in need of social care because of child abuse in Japan is 45,000, and most of them are institutionalized to children's nursing home. The proportion of children raised in home-like environment such as foster care is remarkably lower than those of other developed countries. To promote home-like environment for the children in need of social care, we propose implementation of support for foster/adopted children and their parents by pediatricians as a social work service. In this article, we attempted to summarize the results of current surveys held in Japan and experiences of other leading countries and to disseminate knowledge for support of foster/adopted children and their parents by pediatricians for reference in Asian countries.

Keywords: Foster care, adoption, pediatrician, children in need of social care, Japan

Introduction

In Japan, the incidence of child abuse and maltreatment is increasing every year. Children who cannot be raised in their home with abuse or neglect, who were called children in need of social care, are also increasing and reached 45,000 in 2017 (1). Table 1 shows the places of residence of children in need of social care in Japan and most of these children are institutionalized (2). A total of 6,000 children, which is less than 20% of children in need of social care, are raised by foster parents or family home (1,2). The proportion of children raised in home-like environment such as foster care is remarkably lower than those of other developed countries (3).

Focusing on adoption in Japan, most adopted children in Japan are domestic and few are adopted internationally. Japan was originally an island nation, and adoption was not for the welfare of children, but for the continuation of their homes. Recently,

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however, the number of children in need of social care has increased, and fostering and adoption have been attracting attention.

To improve the living environment of children in need of social care, in 2016, the Japanese government embossed a policy that children who are difficult or inappropriate to be raised at home are to be raised in a home-like environment, such as adoptive family home, foster home, or small group home (4). However, a remarkable political measure has not been indicated by the Japanese government since then.

Table 1. The places of residence of children in need of social care in Japan (Ministry of Health, Labour and Welfare, Japan, 2020)

Similar environment to the home	7,104
Foster parents	5,556
Small group home	1,548
Institutional care	37,154
Children's home	24,908
Maternal and child life support facilities	66,333
Orphanage for infants	2,678

In the United States, the American Academy of Pediatrics announced a guidance named 'Comprehensive health evaluation of the newly adopted child' to pediatricians on how to care for an adopted child (5). In Japan, it would also be possible for pediatricians to play a significant role in supporting foster/adoptive parents and their children. However, the kind of knowledge necessary for

pediatricians to support foster/adoptive parents and their children in Japan has not been confirmed. This article aimed to describe a desirable support system for foster and adoptive parents and their children by pediatricians in Japan.

Methods

Participants of the survey for foster/adoptive parents were 293 foster/adopted children aged 0 to 19 years (6). All children were domestic adopters. Reply rate was 47.1% and analysable answer was 138. When the child joined the family, mean age of the child was 2.4 years, mean age of the father was 42.9 years, and mean age of the mother was 41.8 years. There were 715 participants who belonged to Osaka Pediatric Association in Japan in the survey for pediatricians (7). Reply rate was 17.8% and analyzable answer was 124. About 65.3% of participants have an experience to meet foster/adopted children in their medical practice. Both foster/adoptive parents and pediatricians were surveyed about 'troubles when foster/adopted parents and children visit a hospital.' Then, 'issues that foster/adoptive parents hope to consult with pediatricians' were asked for foster/adoptive parents and 'issues that pediatrician can counsel to foster/adoptive parents' for pediatricians.

After the questionnaire survey, several adopted parents participated in the semi-structured interviews as volunteers.

Table 2. Troubles when foster/adopted parents and children visit a hospital

	Foster/adopted parents (n = 138)	Pediatricians (n = 124)
Health insurance system of foster children	57 (41.3%)	8 (6.5%)
Last name of a foster child is not the same as foster parents	62 (44.9%)	15 (12.1%)
Past history of the child is unknown	23 (16.7%)	27 (21.8%)
Past history of parents of foster/adopted child is unknown	70 (50.7%)	23 (18.5%)
Parents cannot give consent to treatment of a foster child	17 (12.3%)	2 (1.6%)

Results

It is attempted to compare the answers of foster/adoptive parents and pediatricians to find issues necessary for pediatricians to support foster/adoptive

parents. Comparisons of 'troubles when foster/adoptive parents and children visit a hospital' are presented in Table 2. When foster/adoptive parents and their children visit a hospital, more than 40 % of foster/adoptive parents were in trouble because of

ignorance of the hospital staff regarding the health insurance system of a foster child, on how to call the last name of the foster child, and on questions about the past history of foster/adopted children and their biological parents. Then, the knowledge of health insurance systems of foster children should be spread not only to pediatricians but also to the comedical staff in hospitals. Among the answers of pediatrician, 'past history of child or their biological parents is unknown' is the most common and approximately 20% of pediatricians found it problematic. In particular, pediatricians thought that unknown information on vaccination, allergy, and past medical history of the children and their parents was considered as serious (7).

About issues that foster/adopted parents hope to consult with pediatricians, one-third of foster/adoptive parents answered not only 'psychological development' and 'difficulties in rearing their children' but also 'physical development' and 'sickness of children' (6). Pediatricians also hope to give counsel to the foster/adoptive parents on both physical and psychological issues (7), which was thought to be agreed by both parties.

Interview of foster/adopted parents

Several adopted parents participated in the semi-structured interviews. Typical cases are introduced here.

Foster parents of a toddler male

They were worried about short stature of their foster child. After the foster child left the maternity hospital, he lived in several family homes. When he was one and a half years old, he joined the foster family. He has been allergic to foods and hyperactive. He has eaten much, but his height and weight have not increased well. The foster mother was afraid that their foster child might have any serious physical or developmental problems. Six months later, the foster mother spoke about her stillborn experience and said 'I noticed what I feared. I'm afraid that I will lose him by any physical problems like my stillborn baby.'

An adoptive mother of an elementary schoolboy

The parents adopted the boy when he was two years old. When the boy joined an elementary school, his classroom teacher said he might have attention deficit hyperactivity disorder and recommended to bring him to a psychiatric hospital. The teacher considered his failure of training as the cause of the hyperactive behavior. The adoptive mother was worried whether his behavior was because of failure of training or heredity, because the behavioral characteristics of his biological parents were unknown.

Discussion

From the current studies in Japan, the following issues are important to support foster/adopted children and their parents by pediatricians. First, it is very important that pediatricians learn the health insurance system and typical developmental and behavioral phenomena of foster/adopted children, such as physical and psychological growth, developmental disorders, and behavioral and emotional problems. Second, information on past histories of the foster/adopted children and their biological parents should be made available for the foster/adopted parents as much as possible.

About the health insurance system of foster children in Japan, medical voucher is given to them and the medical fee is paid by the government. However, the appearance of the voucher is not like the common health insurance certificate card. As a result, when a foster child visits a hospital, they are in trouble because of the ignorance of the hospital staff about the insurance system of foster children (7).

About the behavioral problems of foster/adopted children, it is well known that developmental disorders are prevalent in them (8, 9). Of the Japanese children in need of social care who are living in children's nursing homes, 23.4% have disabilities. Moreover, of the 4,534 foster children in 2013, 3.3% had attention deficit and hyperactivity disorders, 0.8% had learning disabilities, and 4.4% had autistic spectrum disorders (3). Generally, it is difficult to raise children with developmental disorders. The reasons why foster/adoptive parents struggled to deal

with foster/adopted children were ‘hyperactivity and carelessness,’ ‘being prone to tantrums or panic attacks,’ ‘obsessive behavior and lack of eye contact,’ ‘slow linguistic development,’ and ‘difficulties in making friends’ (10). Foster/adoptive parents might experience considerable difficulties in raising their children with developmental disabilities and dealing with these issues. It is essential that special needs among adopted children need to be identified so they may be evaluated and treated appropriately. The pediatrician also needs to be knowledgeable about the symptoms of developmental disorders of foster/adopted children and resources available to help the families.

In the United States, the American Academy of Pediatrics compiled knowledge that pediatrician should know about foster/adopted children into the ‘Comprehensive health evaluation of the newly adopted child’ (5). The guideline contains the current status of the adoption, physical examination, immunization, hearing and vision developmental screening, mental health issues, education environment, and financial considerations. It is expected to be published such convenient guideline in both Japan and the other countries.

Next, we should mention the current status of transfer of medical history of foster/adopted children in Japan. Both pediatricians and foster/adoptive parents regarded that unknown history of the children and their biological parents is troublesome when the children consult to pediatrician. Information of medical history of children is important for both pediatricians and foster/adoptive parents.

It is because of assignment of personal health records of Japan (11). The personal health record belongs to medical facilities and not to individuals. Therefore, when a child moves to the foster/adopted parent’s home, their health records are not taken over and only kept in the hospital. As a result, foster/adoptive parents are often troubled with questions about the medical history of the children. The most important thing is to ask child custody office to compile the information of medical history about the foster/adopted children and their parents as much as possible.

Furthermore, electronic health records system of North European countries is useful in the case of foster/adopted children (12-14). eHealth has been a

key focus area for all Nordic countries, it is go online with a national secure ID system, and log on to the personal electric records (13). As an example, people who live in Finland can access their health records anywhere in Finland (11, 13). Important health information in the electronic health record is attached to a personal number; hence, their medical history is not lost even when the child moves to the foster/adoptive parents’ home. About the transfer of personal information on the foster/adopted children, a lot of things can be learned from the personal health records of the Nordic countries.

Conclusion

To improve the living environment of children in need of social care, pediatricians would be able to play a significant role. We hope to disseminate the knowledge in supporting foster/adopted children and their parents to pediatricians and work with the government to create a new management system of personal health records of foster/adopted children.

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Ethical compliance

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