

# Improving the Health and Well-Being of Children IN Foster Care

As a group, children in foster care may be the unhealthiest children in America. They are substantially more likely to have health problems than children in other groups at risk for poor health status, including children in low-income families, homeless children, and children in families receiving public assistance (NCCP 2002, GAO 1995). Once in the foster care system, many children fail to receive needed health, mental health, and developmental services and often suffer additional trauma as a result of frequent moves from one foster care placement to another.

## THE FOSTER CARE POPULATION IN THE U.S.

- Over half a million children were in foster care in 2003.
- The fastest growing segment of the foster care population is children under the age of five.
- African-American children are overrepresented in the foster care population, accounting for 16 percent of the general child population, but 37 percent of children in foster care.

Sources: Child Trends 2004, NCCP 2002

Infants in foster care often start their lives with several strikes already against them. Nearly 80 percent face the medical and developmental risks associated with prenatal exposure to drugs or alcohol (NCCP 2002). More than 40 percent are born premature or at low birthweight, which also increases the risk of medical problems and developmental delays. Regardless of age, the majority of children entering foster care have an unmet health, mental health, or developmental need. Approximately 40 percent have a chronic health condition, and many have multiple conditions. Between 40 percent and 60 percent have at least one psychiatric disorder, and approximately 60 percent have developmental delays (Halfon et al. 2002).

Recognition of the health, mental health, and developmental needs of children in foster care has increased in recent years. Researchers have begun studying exemplary models and some states have developed new approaches for providing and docu-

menting care. Much remains to be done, however, to ensure that the health needs of children in foster care are met.

## OPPORTUNITIES FOR GRANTMAKERS

Many grantmakers make significant investments in efforts to prevent the placement of children in foster care through support for child abuse prevention, home visiting, parent education, family support services, and other programs. Still, thousands of children enter foster care each year and nearly all have unmet health and mental health needs. This section describes some of the ways that grantmakers can improve health services for these children and give them a chance for a brighter future.

► **Develop systems for providing comprehensive health assessments upon entry**—Timely and comprehensive health assessments of children entering foster care can help ensure appropriate placements and the provision of needed services. While many jurisdictions have requirements for physical exams to identify and document health problems resulting from abuse or neglect, most children do not receive comprehensive assessments that include mental health or developmental needs. To change this, the Foundation for a Healthy Kentucky awarded a grant to a child advocacy organization for the planning necessary to bring the *Project for Adolescent and Child Evaluation (PACE)* to Kentucky. *PACE*, which was developed in Arkansas, uses a mobile multidisciplinary team made up of a developmental pediatrician, a psychologist/psychological examiner, and a speech/language pathologist to evaluate the health, mental health, and developmental needs of children and youth within 60 days of their entry into foster care. Child advocates are currently working with state officials to move toward implementation of the *PACE* model in Kentucky.

In the District of Columbia, the Freddie Mac Foundation is providing support for a child and adolescent protection center at a local children's hospital. Children entering foster care can be evaluated and receive immediate services while at the center 24 hours a day, if needed, from a multidisciplinary team. The center also provides ongoing health, mental health, and developmental services for the District's foster care population, ensuring continuity of care and the maintenance of accurate and up-to-date medical records. In California, the Sierra Health Foundation funded an

organization that couples emergency shelter for children removed from their homes with early diagnostic and intervention services that can help children make the transition to a foster care placement.

- ***Provide access to needed health, mental health, and developmental services while in care*** – Once placed in a foster family or group home, children in foster care need ready access to health services in order to address longstanding needs, as well as to receive the routine care that all children require. The California Endowment provided support to the Children's Rights Alliance, an organization in Los Angeles, for a pilot project designed to link children in foster care to pediatricians willing to provide ongoing care. The alliance is working with major hospitals and medical centers throughout Los Angeles County, all of whom have agreed to care for as many children as the organization can send their way, free of charge. The providers have committed to assigning a specific doctor to care for each child, as well as a hospital social worker to coordinate care for the children. Alliance attorneys handle any legal problems the providers confront in offering appropriate medical care, such as enrollment in public coverage programs, coverage denials, and necessary court approvals.

The Caring for Colorado Foundation provided funding for a program focusing on infants placed in foster or kinship care to help these children get off to a healthy start in life. Through a grant to a state child abuse prevention organization, the foundation is supporting a program that provides developmental assessments that identify any problems or delays early, when intervention can be most effective. When issues are identified, the program coordinates access to medical and developmental services to promote healthy development.

- ***Ensure timely and appropriate placements*** – Because child welfare systems in many states and communities are understaffed and overwhelmed, children entering foster care often experience further psychological trauma when they are shuffled from placement to placement or when their cases remain in limbo because of court delays. Many health grantmakers are supporting programs to minimize this so-called foster care drift by accelerating appropriate placements and, to the extent possible, ensuring permanency. The Healthcare Foundation of New Jersey, for example, provided funding to a county court program serving boarder babies, infants born to drug-addicted mothers who often linger in the hospital or temporary placements because of a lack of foster families that can meet their special health care and developmental needs. Through the grant-supported program, trained volunteers and professional staff are acting as advocates for these vulnerable babies, communicating their needs to family court judges, promoting the delivery of critical health care services, and expediting safe and permanent foster home placements. This intervention has decreased the average processing time for permanent placements for these infants from 41 months to 15.8 months.

- ***Promote healthy environments for children returning to their biological families*** – The permanency goal for many children in foster care is eventual reunification with their biological families. Grantmakers can play a role in ensuring that parents and other caregivers receive the services they need to prevent a recurrence of abuse or neglect. The New York Community Trust provided a grant to a nonprofit youth service organization to support substance abuse treatment for parents with children in foster care. Working in partnership with a substance abuse agency in New York City, the program serves approximately 150 families.

- ***Provide training to child welfare workers*** – Turnover among child welfare workers is high; an estimated 30 percent to 40 percent of workers quit each year, and average tenure is less than two years (GAO 2003). Special training on health and related issues can help workers better respond to the needs of the children in their caseloads. As part of its *Family to Family* foster care initiative, The Annie E. Casey Foundation has supported the production of training materials and other tools to help child welfare workers make better decisions on behalf of the children in their care. For example, tools have been developed to help workers learn effective techniques for working with drug-affected families, reduce trauma for children who are in foster care because of the incarceration of a parent, and shorten children's stays in temporary placements. The *Family to Family* initiative also includes information for workers on reducing stress and avoiding burnout to ensure that trained and experienced workers remain in the field to provide high-quality services to foster children and their families.

## SOURCES

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*This Issue Focus is supported by a cooperative agreement with the U.S. Department of Health and Human Services' Maternal and Child Health Bureau (MCHB), which administers the Title V Maternal and Child Health Services Program. In partnership with state Title V programs, MCHB works to ensure the health of women and children, including children with special health care needs.*

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