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.

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 documenting 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 inter-
vention services that can help children make the transition
to a foster care placement.

➤ *Provide access to needed health, mental health, and develop-
mental 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 organ-
ation, 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 under-
staffed 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 grant-
makers 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 vol-
unteers and professional staff are acting as advocates for
these vulnerable babies, communicating their needs to fam-
ily 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 treat-
ment 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 per-
cent 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 mate-
rials 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**


Halfon, Neil, Moira Inkela, Robin Flint, et al., *Assessment of Factors Influencing the Adequacy of Health Care Services to Children in Foster Care* (Los Angeles, CA: University of California at Los Angeles, 2002).

National Center for Children in Poverty, *Improving the Odds for the Healthy Development of Young Children in Foster Care* (New York, NY: Columbia University, 2002).


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