

Meeting the Special Needs of Foster Children in Child Care

What if ...

- the child care center was a safe-haven when home life has been disrupted – a place where the child could count on a predictable routine and familiar caregiver?
- the child care center was a place where developmental delays were quickly identified and children received the support they need to be successful?
- teachers understood the unique challenges facing foster children and were equipped to build social skills and handle challenging behaviors in a positive way?
- teachers, parents and child welfare staff worked together to address the needs of the child and ensure consistency between



Children in foster care have experienced serious life events that put them at risk for problems related to physical and mental health and development. In fact, more than half of young children entering foster care have developmental delays or medical problems. These very vulnerable children deserve the very best care we can offer.^{1,2} The child welfare system strives to ensure a safe and stable home environment for children who have experienced abuse or neglect. Other than the home, the child care setting is the place young children spend the most time.³ And we know that early experiences, at home or day care, shape the child, including actual brain development - for better or worse.⁴ Therefore it is critical that child care providers understand the impact of abuse and neglect on children, and the special role they can play in the lives of foster children.

Young Children and Trauma

Children enter foster care because they have experienced the trauma of abuse or neglect. Trauma can be a single event or on-going life events that threaten life or safety and are powerfully disturbing, hurtful, or stressful. Many foster children have experienced multiple traumas,

and trauma has been an on-going part of their lives.⁵

Children in the foster care system have experienced one or more of the following traumas:

- Physical or sexual abuse
- Abandonment
- Neglect
- Death or loss of a loved one
- Witnessing domestic violence
- Witnessing neighborhood violence
- Witnessing arrests or other police activity
- Living in chaotic home (inconsistent meals, sleep, quiet times, play, etc.)

Children can also be traumatized by accidents, severe illness, witnessing violence, natural disasters, or even acts of terror or violence seen on TV.

The Impact of Trauma on Young Children

Often people assume that young children are not affected by trauma because they are too young to understand or too young to remember what happened. Young children can't talk about their experiences or say how they are feeling.

However, research tells us that young children—even infants—are affected by events that threaten their sense of safety. Young children who experience trauma are at particular risk because of the impact it can have on their developing brain. Early childhood trauma has been associated with a smaller cortex. The cortex is the part of the brain that is responsible for memory, attention, thinking, and language. This may affect children’s IQ, their ability to manage their emotions, and may make them feel more fearful and anxious.⁶

Trauma can overwhelm children’s ability to cope with thoughts and emotions related to the experience. Trauma causes feelings of fear, hopelessness, and help-

lessness.⁵ While very young children cannot tell us that they feel afraid, overwhelmed, or helpless, their behaviors provide us with important clues about how they are affected.⁶ Young children are just learning how to control their emotions and behaviors, so can be profoundly affected by trauma.

Experts from the National Child Traumatic Stress Network tell us that there are many behaviors that we can watch for in young children. Traumatic stress symptoms can look like a child who is being fussy or misbehaving: clingy, fearful, easily frightened, aggressive, impulsive. Other behaviors caregivers might notice⁶:

Behaviors that are possible reactions to trauma	Age more likely to notice	
	Infants - Toddlers	Preschoolers (3-6 years old)
Saying or understanding fewer words than same age peers	X	X
Problems focusing on learning		X
Slower than normal skill development		X
Temper tantrums; anger outbursts	X	X
Attention demanding (using either negative or positive behavior)	X	X
Regression (had skills, but went back to younger or more babyish behavior)	X	X
Aggression (hitting, kicking, biting, etc.)	X	X
Acting out or being disruptive around others		X
Imitating the trauma or abuse		X
Use of foul language		X
Excessive crying or screaming	X	
Startles easily	X	X
Difficulty making friends		X
Fear of adults who remind child of the trauma; fear of separation from parent/ caregiver	X	X
Anxious and fearful in general		X
Irritable or often sad	X	X
Withdrawn	X	X
Poor appetite; low weight; digestive problems	X	
Frequent stomachaches, headaches		X
Problems sleeping; nightmares	X	X



Children Need a Stable Relationship with a Caring Adult - And that can be You!

Some children seem to be able to overcome the trauma that they have experienced. Research tells us that children are more likely to overcome their traumatic experiences when they have a close relationship with a caring, positive, nurturing, stable parent or other important caregiver. Why is this? It's about "attachment." Attachment is a special bond or relationship that is formed with a consistent, responsive caregiver. Babies are "hard-wired" to seek this attachment with familiar adults who provide care. Babies can have an attachment to more than one person. Within the attachment relationship, children learn that the world is a safe place and that their needs will be met.⁷ This allows children to grow strong and healthy - mentally, emotionally, physically.

When children are unable to form and maintain an attachment to at least one stable, trusted adult or when their attachment is disrupted (interrupted, weakened, or lost) their growth and development can suffer. They are more likely to have emotional, social, and behavior problems. This lack of attachment or disrupted attachment can have negative effects on the developing brain.⁷ These children will have a harder time learning, making friends, and controlling (regulating) their emotions and behaviors. They are at a higher risk for problems later in life such as breaking rules, substance abuse, and depression.⁸

Disrupted relationships are one of the biggest threats to emotional health for young children in foster care.⁹ Due to being removed from their parents, children in foster care have obviously had their relationships (attachments) disrupted.¹⁰ Frequent moves between homes or child care centers further reduce children's ability to develop secure healthy attachments and social-emotional health.

"Disrupted relationships are one of the biggest threats to emotional health for young children in foster care."

Young Children Can Benefit from Attachment to Their Child Care Teacher

Children can benefit from attachment to more than one person. This means that secure attachments with teachers or caregivers can be helpful for young children.³ Researchers have found that in a child care setting, babies who are securely attached to a caregiver explore, play, and interact better than babies whose teachers/caregivers change frequently.^{3,11} These important relationships develop over time, and cannot fully develop if the child experiences frequent disruptions in child care providers. When you provide sensitive caregiving, you are making an important difference in the life of a foster child!

Helping Children Learn to Trust

Children in the foster care system are likely to have negative thoughts about themselves. Their experiences may have taught them not to expect that adults will be there to help them and to care for them. Some have learned not to trust. Young children cannot explain their feelings. The feelings may come out in behaviors such as aggression, anger outbursts, ignoring, or withdrawing. They may reject people who are trying to help (foster parents, teachers). An adult trying to help may feel rejected, frustrated, or powerless. When this happens a negative cycle between the adult and child can begin. Teachers can prevent this with patience, self-awareness, and encouragement. Find ways to both show and tell the child the following messages¹²:

- You are safe here.**
- **Our classroom is a safe place. I will keep you safe.**
 - **I will listen to you and respond to your needs.**
 - **I will help you.**
- You are important.**
- **You can do many things.**
 - **You are lovable.**
 - **We are happy to have you here.**

Foster Care Statistics: Arkansas

In 2010 there were 3,166 children age 5 and under in foster care, up 81% from 2001. Children aged 0-5 represent 36% of all children in foster care. Nearly a third (31%) of children in foster care in 2010 experienced three or more home placements.¹⁷

From July-October 2011, 1987 child care vouchers were issued for foster children. Of those, 30% were issued for children served in a state-funded pre-kindergarten classroom or a center participating in the state's Quality Rating Improvement System.

Foster Care Statistics: United States

In 2010, 254,375 children entered foster care, and 47% were under 6 years of age. The average length of stay in foster care was 21.7 months.¹⁸ For young children, this is a long stretch of time during a key developmental period in their life. The importance of stable and quality child care during this period cannot be overemphasized.

There are things that early childhood teachers can do to help children who have experienced trauma in the classroom. The items below were adapted from the National Child Traumatic Stress Network website^{12,13}:

Maintain an age appropriate daily schedule

- Recognize that children feel safe when their day is predictable; when they know what will happen next.
- Have your daily schedule on a poster at child's eye level (use both pictures and words).
- Teach the children about the schedule. Talk about it each day.
- Make sure the schedule includes extended time periods where children are able to choose learning centers or play activities.
- If the schedule will need to be changed, let the children know in advance.
- Try to get advance information from foster parents about appointments and visitation. Whenever possible, prepare the child prior to the changes.

Provide encouragement and support

- Listen to what the child is saying and respond warmly.
- Comfort the distressed child.
- Allow the child to warm up to classroom routines.
- Help the child get involved in play with peers.
- Provide a quiet, cozy corner for a child who needs some alone time. Provide words of encouragement or time to sit in a lap.

“Young children do not yet know how to express their anger, sadness, anxiety, or fear. Disruptive behaviors may be related to anxiety caused by the child's trauma. Have patience. “

Use positive behavior guidance techniques

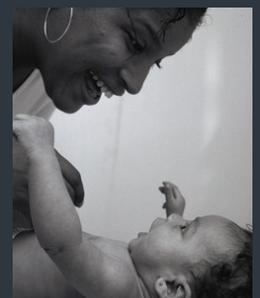
- Recognize that behavior problems may be related to trauma.
- Set clear, firm limits for inappropriate behavior. Use a calm voice to describe the rule.
- Redirect the child to appropriate behavior. Tell the child what to do (rather than what not to do).
- Use logical consequences rather than punishment (e.g. If the child knocked blocks over, help him put them back.)
- Children who have suffered isolation may not benefit from traditional time out. Try voluntary time out instead. Teach the child to notice when he is getting upset and encourage him to go to the cozy corner. Don't make it a punishment. Allow the child to decide when he is ready to play again.
- Praise positive behavior. For children who are often disruptive, praise brief moments of positive behavior, or even neutral behavior.
- Use a calm, matter-of-fact voice when correcting a child. Use as few words as possible.
- You will need to repeat both corrections and praise many times. Be patient. Learning takes time.

Be sensitive to the things in the environment that may cause a reaction in the traumatized child.

- Be aware that a child might have fears related to the trauma (e.g. afraid of emergency vehicles, toileting, of lying down at nap time, etc.).
- Provide comfort when the child is distressed.
- Let the child know you will keep him safe.
- Warn children if you will be doing something out of the ordinary, such as turning off the lights or making a sudden loud noise.

Additional considerations for Infants and Toddlers:

- Infants-toddlers are not ready for the structure of a pre-school classroom. There should be a consistent sequence to the day, while adapting to individual children's needs.
- Read the child's cues. Talk to the child as you try to figure out what is causing fussiness and what the child's need is at that moment. Learn what excites, pleases, distracts, upsets, or bores the child. Use that information to provide sensitive, responsive care.¹⁴
- Assign a primary caregiver and avoid changing teachers or classrooms if at all possible. Infants who stay with the same teacher are able to build a secure relationship.¹⁴
- Don't ignore crying. Even if you are the middle of changing another diaper, speak soothingly to the child crying and go to the child as soon as possible.



“Children in foster care fare best when the adults in their life work as a team.”

Team members might include foster parents, biological parents, teacher(s), child care director, therapists, case-worker, CASA volunteer, attorneys, and others. The various important adults can work together to ensure that a child’s needs are met. You may want to start by talking to the child’s caseworker about how you can help.

Resources for Teamwork

Project PLAY and DHS have developed a toolkit that child care providers and caseworkers can use to give the teamwork a kick start. You can obtain a Child Care Toolkit for Working with Children in Foster Care from www.projectplay.org. This toolkit includes:

- *Child Care Center and Child Welfare Information Exchange* - Designed to help you exchange contact information with the child’s caseworker and get important information about the child’s history and medical or developmental needs.
- *Immunization Network for Children* - Information on how to obtain immunization records through the Health Department.
- *Child Progress Update from Child Care Provider* – A template you can use to provide feedback to the case-worker or court about the child’s progress in your classroom. You see the child every day. Your feedback is important!
- *Saying Goodbye – Suggestions for Helping Children in Foster Care as They Leave a Child Care Center* - A form that gives ideas on how all adults can help a child who is leaving.

Using the toolkit may help you in your efforts to provide the best care possible for the child.



Resources to Support Children’s Development

Also, keep in mind; children in foster care are at high risk for developmental delays. Talk to the foster parent or caseworker about developmental test results. Watch for signs the child may be falling behind other children his/her age. Know where to refer children for developmental testing and services in your area. If the child is receiving special services, ask the therapist what you can do in the classroom to help. Keep a good resource on hand that shows normal developmental milestones for children at each age.

The **Center for Disease Control** (CDC) has a good one. *Milestone Moments: Learn the Signs. Act Early.* To download it go to: http://www.cdc.gov/ncbddd/actearly/pdf/parents_pdfs/MilestoneMomentsEng508.pdf

Better Beginnings has developmental highlights from birth to 5 years. Click on “Families” and then “Parenting 101.”

<http://www.arbetterbeginnings.com/>

You can also go to **Healthy Children**, a website sponsored by the American Academy of Pediatrics. Go to the link. Click on “Ages and Stages”, the child’s age, and then developmental milestones.

<http://www.healthychildren.org/English/ages-stages/Pages/default.aspx>



DON'T FORGET TO TAKE CARE OF YOURSELF!

Caring for children is hard work physically, mentally, and emotionally. When working with children who have experienced trauma, teachers may begin to feel overwhelmed with worries about children's well-being or frustrated by their behavior. Sometimes this feeling is called 'compassion fatigue' or 'secondary traumatic stress'. It is important that you watch for these feelings in yourself and take steps to take care of yourself. Some signs of compassion fatigue are¹⁵:

- Feeling especially irritable or impatient with children
- Having difficulty planning classroom activities or trouble concentrating
- Having intense feelings or dreams about trauma the children have experienced

If you notice, these signs, here are some suggestions^{15,16}:

- **Talk about it.** You can respect the confidentiality of the children in your care, while still getting support. Talk to your child care program director or another teacher about your feelings. If you have an early childhood mental health consultant working in your setting, ask them to visit with you. If your feelings last for several weeks, seek professional counseling. This may be especially important for teachers who have experienced traumatic events in their own lives.
- **Go easy on yourself.** Don't be hard on yourself if you feel overwhelmed or worn out. These feelings are common among teachers who have a soft heart for children. It is a sign that you care deeply for the children in your classroom.
- **Take Care of Yourself.** Take care of yourself by eating well and exercising, engaging in fun activities, taking a break during the workday, finding time to sit quietly, allowing yourself to cry,



Project PLAY teams early childhood mental health consultants with childcare providers in Arkansas. Our consultants work with child care center directors and teachers to meet the challenges they face each day. Our FREE services positively impact the social and emotional development of pre-school children.

Find us on the Web:

projectplay.uams.edu

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Positive Learning for Arkansas' Youngest

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