

IECMHC to Support Children in Foster Care

The Need

Young children in foster care have had their most important early relationships disrupted, often due to abuse or neglect. These traumatic experiences increase the children’s risk for problems with developing healthy emotions and behavior. High-quality, nurturing, stable childcare has the potential to serve as a buffer against the risks these children have experienced, while low-quality or disrupted childcare may increase the likelihood that their development will be negatively impacted.

Unfortunately, little information is available nationally about the childcare experiences of foster children. Arkansas’s IECMHC program, Project PLAY (Positive Learning for Arkansas’ Youngest), conducted a state-level needs assessment, which revealed that 70% of foster children receiving childcare vouchers attended childcare of low quality. Surveys of child welfare staff revealed a need to build awareness about quality childcare. Interviews with childcare providers revealed concerns about lack of stability for foster children in care due to changes in home placement, barriers to communication with the child welfare team, and a need for training and support for teachers.

IECMHC Supports

Arkansas’s Project PLAY team took a multi-pronged approach to addressing the childcare-related needs of foster children, in close partnership with the state Department of Human Services (DHS)—specifically, the DHS divisions with responsibility for child welfare, childcare, and behavioral health. In the state, Project PLAY is the only IECMHC program that addresses the needs of children in foster care.

Consultation to Programs Serving Foster Children

The Project PLAY team began to prioritize IECMHC services for centers serving foster children. Arkansas DHS and Project Play collaborated to initially focus on programmatic consultation in centers where foster children were naturally clustering. Through this approach, they set a goal of increasing the capacity of the center staff to offer high-quality, trauma-informed services to all children, including foster children.

Since the IECMHC program was small in size, a concern was that a focus on child-/family-focused consultation would lead to an overwhelming volume of referrals that the program was not staffed to manage at that time. Project PLAY conducted outreach to the centers serving the largest number of foster children, and these centers were moved to the top of the wait list. Experiences with these centers were quite variable, but it was not uncommon for consultants to spend considerable time supporting the centers in improving “the basics” of care, such as focusing on decreasing staff stress and turnover, emphasizing developmentally appropriate activities, establishing or reinforcing schedules and routines, and supporting nurturing interactions between teachers and children.

Although the focus was on programmatic consultation, child-specific IECMHC services were still needed. To address this, the team worked with DHS to develop a protocol to facilitate clear communication between Project PLAY, the childcare center staff, and all appropriate child welfare team members.

System-Level Support

The Project PLAY team developed educational materials for child welfare partners, highlighting the science showing that children have better outcomes when they attend high-quality childcare, and how to identify high-quality child care, particularly emphasizing the importance of nurturing teacher-child interactions. To date, Project PLAY has trained over 3,000 stakeholders, including child welfare staff, Court Appointed Special Advocates (CASA) staff and volunteers, and foster parents. More details about the program, who Project PLAY partnered with, and how the team achieved buy-in can be found in *Evaluation Update 2014* (<http://familymedicine.uams.edu/files/2015/01/Project-PLAY-evaluation-report-2013-2014-final.pdf>).

The project also developed training materials for early care and education staff, designed to help staff understand the needs of children who have experienced trauma, behaviors they might observe, and classroom strategies to support children. Project PLAY, working closely with its DHS partners, developed a toolkit to support cross-system communication. The *Child Care and Child Welfare Partnership Toolkit* (http://familymedicine.uams.edu/files/2012/05/crg_Toolkit.pdf) offers resources to facilitate two-way information-sharing while still respecting the confidentiality concerns of child welfare partners. Additional materials are available on the Project PLAY website (www.projectplay.uams.edu).

Positive Outcomes and Ongoing Challenges

Published results from evaluations of Project PLAY suggest that the program is having success in improving the childcare experience for young children. Recent evaluation reports include data from childcare centers serving young foster children (read more at www.projectplay.uams.edu). Findings based on independent observations of classrooms before and after consultation suggest statistically significant changes, including:

- ◆ Increases in teacher sensitivity (for example, speaking warmly to the children) and decreases in harsh or disengaged behaviors
- ◆ Improvements in the classroom environment, including use of developmentally appropriate practices, appropriate use of directions and rules, and teaching about feelings and problem-solving
- ◆ Decreases in classroom-level child behavior concerns, and increases in pro-social behavior



Project PLAY has also made progress in building a system that can support the needs of children in foster care.

Key success strategies include the following:

- ◆ Child welfare leaders revised their existing educational stability policy to ensure that it was applied to children ages 0–5; they also developed a “practice guideline” on supporting children through transitions in childcare.
- ◆ Department of Child and Family Services staff conducted observations in all childcare settings serving foster children.
- ◆ The *Child Care and Child Welfare Partnership Toolkit* has been adopted by CASA and other child welfare partners.
- ◆ Two key policy changes for programs accepting childcare voucher funds occurred in 2016 and should provide additional support for foster children (whose care is funded with vouchers), including a policy to minimize expulsions and a requirement that programs accepting vouchers participate in the state’s Quality Rating and Improvement System.

Challenges remain, including the need for ongoing education, given the high turnover rates among both child welfare and childcare staff. However, Project PLAY’s experience suggests that IECMHC can help build a bridge between the child welfare and childcare systems and serve as a support for children in foster care.

