Meeting the Special Needs of Young Foster Children
Early involvement is particularly critical to prepare foster children for kindergarten.

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Kindergarten entry is a key developmental milestone for children. Children lacking the social and academic skills to succeed in kindergarten are likely to experience increasing academic failure and behavior problems across their school years. Foster children are at particularly high risk, faring worse than their peers on many indicators of school performance, including academic achievement, social competence, high school completion, and need for special education services (Dumaret and Stewart 1985; Wodarski et al. 1990).

IN BRIEF

Children in foster care have educational, emotional, and psychological needs that must be met if they are to succeed in kindergarten and beyond. The authors describe a promising intervention program that links schools and foster parents in a multidimensional effort to ensure that foster children are ready for school and for new beginnings with their biological or adoptive parents.
During the past 20 years, the foster care population has increased substantially, owing to changes in reporting requirements for child abuse and neglect; higher foster care entrance rates compared to exit rates; and the impact of poverty, family violence, mental illness, and substance abuse in the face of decreasing budgets for social services (Barbell 1997). Currently, there are more than 500,000 foster children in the United States, with more than 230,000 children entering foster care each year (U.S. Department of Heath and Human Services 2000). Many display problems requiring intervention at a much higher rate than the general population (Pilowsky 1995).

Given the pervasiveness of psychosocial and developmental problems among foster children, it is not surprising that they fare poorly on indicators of school performance and frequently lag behind their peers in academic skills (Fanshel 1978; Wodarski et al. 1990). An estimated 30 percent to 37

Amy’s Success

Amy was an attractive, blonde-haired, blue-eyed five-year-old who had been welcomed into the homes of several foster parents. But not for long. During seven months in foster care, Amy had disrupted six foster care placements and two school placements. She was defiant at home and school, threw tantrums for hours, and hit other children. No one seemed to know what to do with Amy until her caseworker called to refer the child to MTFC-P.

For Amy’s placement, the program recruited and trained a single parent who was a teacher and part-time principal at a small rural school. Amy was placed in a structured school setting and her treatment team, which included the program supervisor, foster parent, and skills trainer, consulted with her teachers on techniques designed to target negative behaviors, increase cooperation, and develop positive peer relationships and problem-solving skills. Strategies and techniques that were implemented at home and at school included pre-teaching, age-appropriate limit-setting, time-outs, distraction and redirection, and supportive scaffolding during transitions.

Although progress was slow, Amy began to respond favorably to the new demands; as her negative behaviors decreased, she started experiencing success and encouragement from her foster parent and teachers. Her attention became focused on getting positive praise from adults and peers. She cooperated in play dates with friends, and learned how to share, take turns, and follow directions. She also started learning at a rapid rate. As her progress continued, it was determined that Amy was ready for adoption. She was able to transition smoothly to her “forever family” and begin first grade with the skills and tools needed for success.
percent of foster children receive special education services—three to four times the rate for the general population (George et al. 1992; Sawyer and Dubowitz 1994).

Caregivers of preschool-aged foster children often have a difficult time meeting the unique needs of this population. Typically, these children come from chaotic backgrounds and have experienced a number of caregivers in their lives. They suffer from social-emotional and developmental delays, which impede their ability to comply with the demands made upon them, make smooth transitions, or respond positively to caregivers’ attempts to build healthy relationships.

Preparing foster children for school entry by focusing on the skills necessary to succeed in kindergarten calls for early intervention. However, existing programs to enhance school readiness have not been tailored to meet the educational, emotional, and psychological needs of foster children. This is the rationale that prompted the development of the following intervention program.

A Multidimensional Treatment Program

The Multidimensional Treatment Foster Care Program for Preschoolers (MTFC-P), developed by the Oregon Social Learning Center and currently being implemented in Eugene, Oregon, and Sacramento, California, was designed to meet the needs of these children through intensive support and parent training for foster parents and targeted skill development for children (Fisher and Chamberlain 2000; Fisher et al. 1999).

The services offered to caregivers include clinical support to address behavioral and developmental concerns, emotional support, and ongoing training. Caregivers attend weekly group support meetings that focus on the events of the past week, identifying behavior problems and the emotional needs of both children and caregivers. They are offered tips and techniques that can be used to decrease problem behavior and increase prosocial behavior.

The program includes supervisors, who coordinate services in cooperation with each child’s foster parents, and a foster care consultant, who conducts home visits to assist foster parents in setting up a safe, nurturing, structured, and predictable environment.

A key component of the program is a weekly therapeutic playgroup for the children, held during the foster parent meeting. The playgroup curriculum focuses on developing the skills...
required for successful adjustment to school, including social competence, sustained attention, and teacher-preferred classroom behaviors (e.g., sitting and participating in circle-time activities, following individual and group directions, and successfully transitioning between activities).

Children referred by child welfare caseworkers or other professionals are eligible for enrollment in MTFC-P from age 3 until they enter kindergarten, and the average length of participation is six to nine months. The cost of services can be covered by funding from Medicaid, Title XIX, child welfare, early childhood special education, or other sources.

Evidence gathered from a randomized trial to evaluate the effectiveness of the MTFC-P found that the participating children were more successful in school and were significantly less likely to re-enter foster care following reunification with their biological parent(s) or adoption (Fisher et al. 2005).

References

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WEB RESOURCES
MTFC Consultants oversees the implementation of the Multidimensional Treatment Foster Care Program for Preschoolers. Its Web site provides additional information about program effectiveness and a list of current and future MTFC sites.

www.mtfc.com

The Oregon Social Learning Center has a searchable database of research-based articles about foster children and appropriate intervention.

www.oslc.org

The Vera Institute of Justice provides a 40-page online publication, Foster Children and Education, which describes how foster parents and schools can create a positive educational experience for the foster child.

www.vera.org
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