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# FOSTER CARE FOR CHILDREN: INFORMATION FOR TEACHERS

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Children in foster care have been removed from their biological homes to protect them and to improve their well-being. The incidence of foster care placement tripled in the last 2 decades to more than 500,000 children in 2000. A third of these children stay in foster care for more than 3 years. The median stay in large urban areas is 5 years. Yearly, more than 20,000 youth age out of foster care. Education has been found to be crucially important to the quality of adult life for individuals who have spent part of their childhood in foster care.

## Characteristics and Risk Factors

**Age.** Most children in foster care (as of 2001) are school-aged (ages 6–18) with a mean age of about 10, or the typical age of fourth graders. The most common ages at which children entered care were 11–15 years, followed by 1–5 years.

**Ethnicity.** Nationally, children from minority groups, especially African Americans, are over-represented in the foster care population. This racial disproportion has become more exaggerated each year. In 2000, two thirds of children in foster care were children of color.

**Health.** Foster children have significantly higher rates of health problems than children in general. Few have normal physical examinations. They tend to have very low weight and height as well as developmental delays. There is a high prevalence of untreated acute conditions, as well as chronic illnesses, poor nutrition, inadequate immunizations, and health records that may be very limited. Even though children may receive an adequate medical assessment when they enter foster care, they are unlikely to receive adequate follow-up treatment.

**Histories of maltreatment.** The families from which children are removed for foster care have complex problems involving neglect, abuse, homelessness, and parental substance abuse. Children in foster care are very likely to have been exposed to violence, both before and after being separated from their biological parents. Most foster children have witnessed violence, often repeatedly. Half have been victims of violence, and many of these children have histories of multiple rather than single forms of maltreatment. Living in violent environments is linked to depression and distress, which may be manifested in behavior problems, anxiety, Post-Traumatic Stress Disorder, poor school achievement, and lower expectations for the future.

**School difficulties.** Foster children experience high rates of poor school achievement and school failure. They are often at least one grade level behind, and have higher absentee and tardiness rates than other children. Their school records are typically incomplete; missing transcripts and immunization records can delay enrollment. Youth in foster care can lose credits when they move a few weeks before the end of the semester. They are at risk for dropping out of school and not completing a graduate equivalency degree (GED).

Behavior problems are found more frequently in foster children than their age-mates. Foster children often do poorly in unstructured activities such as recess. Their tendency to be easily victimized or to start fights can elicit aggressive behavior from their peers, who may be perceived as treating them as did their biological parents, reinforcing the foster child's belief that he or she is bad and deserving of abuse. They may test the limits of authority, have angry outbursts when asked to do something, or avoid contact with authority figures. Teachers have noted particularly poor attention and work study habits in some foster children.

There are a disproportionate number of foster children in special education. The most common disabilities among foster children are learning disabilities, mental retardation, and emotional disturbance. Conduct Disorder, although not a disability itself under the Individuals with Disabilities

Education Act (IDEA), is the most prevalent single disorder.

## Issues in Separation and Placement

Feeling psychologically vulnerable is the primary effect of being removed from biological parent. Foster children may experience confusion, anger, alienation, and ambivalence. They may withdraw and isolate themselves, test rules excessively, engage in wishful and magical thinking, be dependent and passive, and/or have limited self-confidence.

**Grief and loss.** Separation from biological parents represents a significant loss for the foster child. But the loss is more pervasive than just losing parents because the child usually loses siblings, grandparents, pets, and belongings when placed in foster care. The shock, anger, despair, and acceptance that comprise the grieving process are experienced by foster children as they mourn the loss of their biological home.

**Attachment and separation.** Children's reactions to removal from the biological parents, and how they adapt to foster care, are related to their levels of cognitive, emotional, and social development and their ability to resolve issues of attachment and separation.

Very young children may exhibit developmental delays, clingy and dependent behavior, temper tantrums, and withdrawal. Children who enter foster care as preschoolers may see themselves as deserving of prior abuse, fear continual hurt, have poor impulse control, and find it difficult to separate from their foster parents.

Elementary-aged foster children may have difficulty listening and following rules, may be fearful and anxious, think often of family problems, have poor frustration tolerance, and fail to complete work.

Adolescents often struggle with authority figures; experience conflicting loyalties between their biological and foster families; feel inferior, different, or worthless; and become anxious over their approaching emancipation. They may keep relationships superficial in order to protect themselves from interpersonal loss.

## Characteristics/Types of Foster Care Placement

The long-term care goal for just under half the children in foster care is to be reunited with their biological parents. In 2001, 57% of the 263,000 children who exited foster care were reunified with their biological parents. Of those children who exited the foster care system through adoption, 59% were adopted by their foster parents. These figures attest to the potential long-term roles of both the biological and foster parents in these children's lives.

Two variations of foster care that have expanded in recent years are kinship care and specialized/treatment/therapeutic care.

**Kinship care.** Foster care by members of the child's extended biological family is called kinship care, or relative foster care. Children in kinship care tend to have more contact with their biological parents, have a much lower probability of multiple placements, are less likely to have failing grades, and are more likely to remain in the same school and neighborhood after entering care.

**Specialized foster care.** Therapeutic or specialized foster care is designed for children with extreme behavior problems or with complex medical needs, such as HIV infection. Usually foster parents who provide this type of care receive more training, and significantly more compensation, and are more involved in the planning for the child.

## Dealing With Change and Transitions

**Lack of stability.** The lives of foster children are characterized by many situational changes. While they are with their biological families between birth and placement, their families are often characterized by divorce, separation, and widowhood. Additionally, instability is likely to characterize their lives *after* they enter foster care. Children experience a median of four placement changes during their first 18 months in foster care. Once in the state's custody, the most common reason that children are moved from home to home is that they run away and/or have behavior problems. Children who have experienced several out-of-home placements may feel they have no control over their lives, leading to a pattern of behavior referred to as learned helplessness.

The more life situation changes experienced, the more likely the child will be hostile and oppositional. Whenever their placement is changed, foster children must adjust to a new school and new ways of teaching, resulting in a higher probability of academic and behavioral difficulties.

**Ties to biological family.** Foster children may go for long periods without information about or contact with their biological families. They may worry about their siblings who remain in the biological home or have been placed in other foster homes. When children are not informed about decisions and plans regarding their future, they may fill the void with fantasies of their own.

The more frequent the visitation between the child and biological family members, the greater likelihood that the child will be reunited with the family rather than continue in foster care. Visiting becomes less frequent the longer children stay in foster care and the greater the number of placements. Children who are visited

frequently (weekly or biweekly) by their biological parent(s) exhibit fewer problem behaviors.

However, caseworkers and foster parents often report increased inappropriate behavior following visits with the biological parents. Problematic behavior may increase immediately or shortly after a visit because visiting can allow repressed painful feelings to surface. The disruptive behavior represents the child's efforts to cope with and resolve these uncomfortable feelings.

## Supporting Foster Children in School

School can be an important stabilizing force in the lives of foster children. Teachers should strive to help them feel safe and welcome in the school. Treating foster children the same as other children is crucial, especially because they already feel uncomfortably different because they do not live with their biological parents.

Valuable time can be lost if educators delay in responding to the needs of children in foster care because they are perceived to be just passing through. Another harmful assumption is that there is little hope of a good outcome because foster children have multiple and severe risk factors in their lives. To the contrary, research on resilience of children shows that over half of children from extremely unfavorable circumstances do develop into confident and competent adults.

Key factors that promote resilience are caring and supportive relationships, positive and high expectations, and opportunities for meaningful participation in the classroom. Key strategies include:

- *Orient the new student to the classroom:* When the child is first enrolled in the school, the teacher should help the child to understand how the classroom is organized and the academic and behavioral expectations for all students.
- *Determine academic needs:* Use task and error analyses to assess the child's knowledge and skills relevant to the curriculum. If the school has a tutoring program, consider whether the foster child might benefit from this support, as either a tutor or a student who receives tutoring.
- *Reinforce strong social skills:* Many foster children have good interpersonal skills and are eager for approval and affection. Interventions that capitalize on such characteristics, such as cooperative learning and positive reinforcement, should be implemented.
- *Teach executive skills:* Goal setting, problem solving, and organization are important skills for all students and they are ones that children in foster care can carry with them if they do change schools.

Start with small but meaningful goals that can be accomplished in a few weeks.

- *Establish relationships with foster parents:* School personnel should establish and maintain a good relationship with the foster parents to facilitate the foster parent's involvement in the child's education. They need to feel welcome in the school and should be kept fully informed, because any intervention involving home-school contingencies requires full cooperation of the foster parents. Teachers need to monitor the completion of assignments and work with the foster parents to make sure that homework is completed.
- *Consider the appropriate involvement of biological parents:* The extent, timing, and type of involvement of the biological parents in the child's education should be discussed by the school team, the foster parents, and the child's case manager.
- *Limits to accessing information:* The foster child's rights to confidentiality and privacy may result in less background information available to the school team than what is typically available for planning assessment and intervention services. However, the teacher should ask the foster parents about the child's special needs, problems, or interests.
- *Seek health information:* The school nurse should be asked to assess the child's health needs and to attempt to obtain immunization records from the child's previous school.
- *Use strategies that are effective with abused children:* Special attention should be given to the child management approaches used with foster children who have experienced abuse and/or neglect. Interventions helpful for abused children include behavior management, self-management, and natural consequences. Neglected children benefit from a structured, predictable environment coupled with a great deal of individual attention. For both groups of children, the environment needs to have clear limits and consequences that are consistently enforced. Ignoring inappropriate behavior should be avoided because foster children often increase the behavior being ignored to dangerous levels. However, punishment of any type, particularly corporal punishment, should not be used with children who might have experienced abuse. The need for counseling in the school setting should be considered.
- *Help children cope with anger:* Interventions should be planned to address the child's anger and hostility. Giving children a quiet place in the classroom or in a safe place to use when they cannot cope provides an alternative to aggression.

- *Prevent bullying and teasing:* Foster children are often teased by other children. The teacher must be proactive in ending teasing and bullying among all students.
- *Help direct adolescents to post-secondary options:* Teenagers in foster care need additional guidance on postgraduate training and educational opportunities, ways to finance further education, and career possibilities.
- *Provide an inclusive environment:* The teacher should examine the curriculum to make sure all kinds of families, including foster families, are represented. Books about foster homes can be read to elementary classes. Omit activities in which foster children cannot participate, such as displaying baby pictures.
- *Encourage a relationship with at least one adult:* Every effort should be made to help the child develop a relationship with at least one other person, an adult, who really cares about the child, can affirm the child's worth, and can be a good listener for the child's concerns and conflicts. This person might be the teacher, a relative, foster parent, counselor, or teacher aide.

## Resources

- Curtis, P. A., & Dale, G. (Eds.). (1999). *The foster care crisis: Translating research into policy and practice*. Lincoln, NE: University of Nebraska Press. ISBN: 0803263996
- Goldman, L. (1999). *Life and loss: A guide to help grieving children*. London: Taylor & Francis. ISBN: 1560328614.
- McKellar, N. (1997). Foster homes. In G. G. Bear, K. M. Minke, & A. Thomas (Eds.), *Children's needs II: Development, problems, and alternatives* (pp. 697–706). Bethesda, MD: National Association of School Psychologists. ISBN: 0932955967.
- Schwartz, W. (1999). *School support for foster families*. (ERIC CUE Digest, Number 147). New York: ERIC Clearing House on Urban Education. (ERIC Document Reproduction Service No. ED434189).

## Books for Children

- Byars, B. (1987). *The pinballs*. New York: HarperCollins Children's Books. ISBN: 0064401987.
- Gibbons, K. (1997). *Ellen Foster*. New York: Random House. ISBN: 0375703055.
- Paterson, K. (1987). *Great Gilly Hopkins*. New York: HarperCollins Children's Books. ISBN: 0064402010.
- Pelzer, D. (1997). *The lost boy: A foster child's search for the love of a family* (rev. ed.). Deerfield Beach, FL: Health Communications. ISBN: 1558745157.

## Websites

- American Foster Care Resources—[www.afcr.com](http://www.afcr.com)  
 Casey Family Programs National Center for Resource Family Support—[www.casey.org](http://www.casey.org)  
 Child Welfare League of America—[www.cwla.org](http://www.cwla.org)  
 Connect for Kids: Guidance for Grownups—[www.connectforkids.org](http://www.connectforkids.org)

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