

Considerations for Providing Infant and Early Childhood Mental Health Consultation in Early Care and Education Settings to Support Children in Foster Care

Young children in foster care, especially children of color, are more likely than other children to have experienced trauma in the form of abuse or neglect. This brief focuses on how infant and early childhood mental health consultation (IECMHC) can mitigate the challenges these children face, as well as the challenges that early childhood education (ECE) teachers and other program staff face in providing the best possible care for them.

The Need

Young children in foster care may have experienced trauma in the form of abuse or neglect, and their caregiving relationships have been disrupted. As a result, they are at increased risk for developmental delays and early-emerging emotional and behavioral problems. Children of color, specifically black and American Indian/Alaska Native children, are disproportionately represented in the child welfare system and are more likely than children of other races in the system to have negative outcomes, such as social and emotional challenges, due to a range of factors, including bias in child welfare decision-making and systemic racism.

High quality, stable ECE characterized by warm and nurturing caregiving, can serve as a protective factor to counter the risk factors that children in foster care



face. On the other hand, low-quality or disrupted ECE may increase the likelihood that these children's development will be compromised. Unfortunately, little information is available nationally about the ECE experiences of children in foster care. However, state-level research (<https://www.iecmhc.org/resources/research-and-evaluation>) has revealed that access to high-quality, stable ECE for this population varies, many children in foster care experience disrupted ECE (often due to changes in home placement), barriers to communication between

ECE programs and child welfare teams exist, and training and support for ECE teachers and other staff is needed. What's more, biases and disparate treatment based on race in ECE settings have been well documented, which is a particular concern given that children of color are disproportionately represented in the child welfare system.

Infant and Early Childhood Mental Health Consultation (IECMHC) can be part of the solution to these problems by serving as a bridge between ECE settings and child welfare systems. IECMHC also helps ECE program staff implement equitable, culturally responsive practices and meet the needs of children in foster care as well as other children who have experienced trauma.

Special Considerations for Infant and Early Childhood Mental Health Consultation Involving Children in Foster Care

IECMH consultants support children in foster care through either programmatic/classroom consultation or child-focused consultation. Children in foster care often cluster in specific ECE programs for reasons such as availability of slots and word of mouth among foster parents. In these cases, the consultant may offer programmatic/classroom consultation and focus on ways to increase the capacity of ECE program staff to offer high-quality, trauma-informed services to foster children as well other children who have experienced trauma. In other cases, the consultant might receive a referral for a child-focused case involving a child in foster care. In both situations, there are special considerations for providing consultation when children in foster care are involved. Because programmatic and child-focused activities often overlap, many of the considerations are relevant

to both types of consultation, although obtaining appropriate consent applies to child-focused cases only. Below we explore some of these special considerations.

- **Obtaining Consent and Releases of Information**—Before child-focused services can begin, the consultant needs to obtain appropriate consent from the legal guardian. When children are in foster care, their legal guardian is the child welfare system, so it is important to find out who within the system can provide consent for a child to receive IECMHC services. In some states consent must come from the caseworker or their supervisor, and in other states foster parents can provide consent. The consultant needs to comply with guidelines for sharing of information related to the child to ensure that necessary permission is in place for appropriate information sharing with all parties. The caseworker can help the consultant understand who needs to be part of the consultant's communication network because of their current or future role in caring for the child (e.g., foster parent, pre-adoptive parent, biological parent, other family members) or their role in providing services to the child (e.g., mental health services or developmental therapies providers).
- **Gathering Additional Case-Related Information**—In some situations, ECE program staff lack needed information about the child's history or the child welfare case. Sometimes this is a result of confusion about confidentiality rules or of simply not knowing who to ask for the information. The consultant may need to partner with staff to gather information about the child, such as how long they have been in state custody and in this home placement, where the case is in the court process, what the case plan is, when the next court date is and what decisions may be made at that court date, what is the child's current involvement with their biological parents and other family, what are the

results of the comprehensive developmental and health assessments that are required for children entering foster care, and whether the child is receiving any other services such as developmental therapies or mental health services.

- **Supporting Teamwork Between ECE Program Staff and Child Welfare Associates**—Given that one of the services that IECMHC consultants provide is building the capacity of ECE program staff to offer high-quality, trauma-informed services, the consultant needs to consider how to partner with ECE program staff in the information-gathering process. A goal of consultation may be to help them feel better equipped to engage with their local child welfare associates (e.g., caseworkers, foster parents, Court Appointed Special Advocates others involved in the child’s case). The consultant may also want to explore how much ECE program leadership or staff wish to be involved in coordinating services with child welfare associates. For example, best practice guidance suggests that ECE services should be addressed in the child’s case plans and that ECE program staff should be included in child welfare case-planning meetings. Often this guidance is not followed, and making these things happen may require advocacy on the part of ECE program staff and/or the consultant. The consultant should be aware that attending child welfare case-planning meetings can be intimidating for ECE program staff who are unfamiliar with the players involved, their roles, and the goals of the meeting, but that staff may be more willing to attend with the consultant’s support.
- **Sharing Information About Childhood Trauma with ECE Program Staff**—Consultants need to keep in mind that ECE program staff may have no background or training in childhood trauma. Therefore, staff may not “connect the dots” between the child’s experience of trauma

and challenging behavior in the classroom. Having more information may help increase staff empathy and willingness to persist through challenging situations. Learning more about trauma will help them understand the need to implement strategies the consultant recommends, such as enhancing a child’s feelings of safety through creating predictable routines and engaging in relationship-building activities.

- **Sharing Information on Implicit Bias as It Relates to Staff-Child Relationships, Discipline, and Expectations**—Implicit bias can affect adult-child interactions and relationships and can substantially influence the experiences of children, especially children of color, in ECE settings. For example, data indicate that black children are more likely to receive harsher forms of punishment, including exclusionary discipline. Research finds that implicit bias plays a role in these disparities. In addition to racial/ethnic biases, there may be stigmatization resulting from the child’s being in foster care. This may make children of color in foster care more vulnerable to biased decision-making, particularly as it relates to discipline and harsh treatment in ECE settings. It is critical to ensure that consultants directly address the presence of these biases in ECE settings, work with teachers and other staff to build awareness and self-reflection capacity, and facilitate behavior and programmatic policy change to ensure equitable treatment of all children.
- **Sharing Information About the Need for High-Quality, Stable ECE with Child Welfare Stakeholders**—Just as ECE program staff may not be trained in childhood trauma, child welfare caseworkers, foster parents, and other stakeholders are often not aware that children in foster care need high-quality ECE or don’t know how to identify high-quality ECE. Similarly, they may not recognize the value of stable ECE. If a change in home placement is on the horizon, the

consultant may need to educate the child welfare team about the benefits of stable ECE with the goal of avoiding another disruption to care. If a change is necessary, the consultant might be able to share information about how to identify high-quality ECE programs most likely to be able to meet the needs of children in foster care.

- **Reducing and Supporting Transitions**—It is best for children in foster care to stay in the same ECE program when they change home placement. An ECE teacher who has provided structure, nurturing, and a sense of safety can be a comfort for a child who is adjusting to a new home situation. However, sometimes that is not possible. When a child in foster care must leave an ECE program, the consultant can collaborate with ECE program staff and the child welfare team to create a transition plan to ease the transition. Sometimes transitions happen unexpectedly. If there is no advance notice, the caseworker may be able to assist the consultant in supporting transition activities even after the fact. Elements of a transition plan could include steps such as:
 - Ensuring the child has mementos of their time in the ECE program to remind them they are loved and will be missed. These could include a photo of the child with their teachers and peers or a large card with artwork from peers.
 - Having a goodbye party to make the child feel special.
 - Ensuring that the child’s special comfort objects (e.g., special toy or blanket) travel with them.
 - Informing new foster parents and ECE program staff about the child’s routines, likes/dislikes, comfort objects, or other things that will help the child settle in.

Beyond transitions between programs, the consultant may also want to explore options for reducing transitions (changing teachers, changing classrooms) within an ECE program. The

consultant may share with staff information about the benefits of continuity of care for all children, especially for those whose other caregiving relationships have been disrupted. If a child must transition to a new classroom, the consultant may be able to think with staff about how to ease that transition, for example, by having the child visit the new classroom in advance of the transition and by finding ways for the child to stay connected to the previous teacher.

- **Supporting the Well-Being of ECE Program Staff**—A key role of IECMC consultants is to support the well-being of ECE program staff, and it may be helpful to keep in mind that some staff find working with children in foster care emotionally taxing. Some may struggle to maintain empathy in the face of challenging behavior. Others may have difficulty understanding the mission of the child welfare system to reunite families when safely possible, might find themselves taking sides in the case, or may struggle with feelings of anger toward a parent with a history of abuse or maltreatment. They may worry about a child who must transition to a new home or out of their program. While the difficult experiences of children in foster care may upset the consultant as well, he or she should be mindful of the extra emotional load ECE program staff are carrying in these cases and should provide support accordingly.

Remembering the Basics

While there are unique considerations for providing IECMHC to children in foster care, the basics of programmatic/classroom and child-focused consultation still apply. Especially when working with a foster child with behavioral challenges, it can be easy to “zoom in” on the child’s experiences of trauma as the source of concerns. While it is certainly important to consider trauma in case conceptualization, the consultant should also

“zoom out” to consider the full range of issues to consider when gathering information about a case. These include issues such as the classroom physical environment, developmentally appropriate practices, bias in relationships (<https://www.iecmhc.org/resources/coe-equity-toolkit/>), discipline, family engagement, expectations, schedules and routines, the nature of the interactions between ECE

program staff and children, and the way in which social and emotional skills are supported. As always, the consultant should consider whether to partner with the child’s teacher in making changes that will support all children in the classroom before taking a child-focused approach.

Resources

Training for Consultants on Childhood Trauma

This tutorial may be helpful for consultants who want to learn more about childhood trauma and how to support children who have experienced trauma.

<https://www.iecmhc.org/tutorials/trauma/>

Resources Consultants Can Share with ECE and Child Welfare Staff

This brief is designed to help child welfare stakeholders understand the benefit of high-quality, stable ECE for children in foster care.

<https://medicine.uams.edu/familymedicine/wp-content/uploads/sites/7/2017/11/Children-in-Foster-Care-Policy-Brief-Fall-2011-version-1.1-11-1-11.pdf>

This brief is designed to help ECE program staff begin to think about how they can understand and support children in foster care.

<https://medicine.uams.edu/familymedicine/wp-content/uploads/sites/7/2019/07/Meeting-the-special-needs-of-foster-children.pdf>

This brief is designed to help child welfare professionals and other stakeholders understand racial bias and its effects on the child welfare system, children, and families.

https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/january---december-2019/race-and-poverty-bias-in-the-child-welfare-system---strategies-f/

This website of the Administration for Children Youth and Families includes resources for child welfare professionals and other stakeholders on addressing systemic racism and bias in the child welfare system.

<https://www.childwelfare.gov/topics/systemwide/cultural/disproportionality/causes/>