



PRACTICE HIGHLIGHTS

Children with Disabilities in Foster Care: The Role of the School Social Worker in the Context of Special Education

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Lisa is a seven-year-old girl who just entered her third foster care placement this school year, with each placement resulting in her attending a different school. When her new foster care parents arrived to enroll her in school the day after receiving her into their home, they had very little information regarding her educational needs, but indicated to the school social worker, Ms. Greene, that Lisa takes medication for her attention disorder and used to get extra help in her old school. In an effort to promote academic success for Lisa, Ms. Greene initiated a team meeting to develop a service plan for her. Ms. Greene, in consultation with the foster care parents, invited Lisa's general education teacher, the first-grade special education teacher, foster care parents, a mental health provider, and foster care caseworker from the Department of Social Services.

UNDERSTANDING THE ACADEMIC RISKS

Not only have most children in foster care been traumatized by physical abuse or neglect, historically they have often encountered a wide variety of unhealthy social and familial conditions (Lewit, 1993). In addition, approximately 30 percent to 45 percent of children residing in foster care have disabilities and qualify for special education, creating unique barriers that can be attributed to lower grade point averages than those for youths in general education and special education only, fewer credits earned toward graduation than students in general education, and lower scores on state tests (Geenen & Powers, 2006).

The unique circumstances of children with disabilities who are in foster care often impede their access to special education services. Because chil-

dren in foster care with disabilities experience more foster home placements than do children in care without disabilities (Geenen & Powers, 2006), high mobility often reduces the opportunity for educators to identify and evaluate students for disabilities. In addition, frequent changes in schools might also result in fragmented or delayed access to educational services, even once a student is found to be eligible (Altshuler, 1997; Weinberg, 1997; Zetlin, Weinberg, & Lauderer, 2004).

Confidentiality and legal issues unique to students who reside in foster care might cause further delays in identification and placement in the special education process. Unaware of what information can and cannot be shared, many child welfare workers do not inform schools which students are in foster care or who has the legal authority to make educational decisions for these students (Zetlin, 2006). Confusion often exists regarding who can sign special education forms and attend meetings, as a court may or may not limit the rights of biological parents to make educational decisions, and school staff may not be aware of who has legal rights (Zetlin, Weinberg, & Shea, 2006). Foster parents themselves may be unsure of their rights, responsibilities, and limitations when it comes to making educational decisions for the children placed in their care.

At times, difficulty locating and accessing educational and community resources may prevent students from getting the services they need to be successful. Many foster parents may not have experience in recognizing the signs of a disability, knowing what services are available, or navigating the educational system to find the assistance needed (Brown & Rodger, 2009; Weinberg, 1997). And, while lack of adequate resources

cannot be a basis for denying special education assessment, instruction, or related services, some school districts and foster parents, especially those in rural areas, may find that the multiple, specialized resources that students with disabilities in foster care often need are limited or unavailable (Brown & Rodger, 2009; Weinberg, 1997).

Finally, child welfare social workers may not be knowledgeable of special education needs and services, as their primary role is to ensure the safety of children in care (George, Voorhis, Grant, Casey, & Robinson, 1992). Studies have found relatively low levels of knowledge and high levels of frustration regarding educational resources, procedures, and regulations among child welfare supervisors and caseworkers (Rittner & Sacks, 1995; Zetlin, Weinberg, & Kimm, 2003). In addition, child welfare caseworkers may not be fully aware of the specific educational needs of the children on their caseloads (Advocates for Children of New York, 2000; George et al., 1992), indicating gaps in communication between the two systems.

The Individuals with Disabilities Education Improvement Act of 2004 (P.L. 108-446) emphasizes special education identification and assessment for children who are in foster care. As one of the most vulnerable populations any system can serve, their significant risk for poor educational outcomes necessitates that the education system must ensure their academic needs are met. The special education system relies on home, school, and community collaboration for maximum effectiveness, but teacher preparation programs often provide little training on the foster care system, and child welfare workers and foster parents have little formal training with regard to the educational needs of children in foster care or on special education in general (van Wingerden, Emerson, & Ichikawa, 2002). School social workers are in a unique position in that they understand the language of caseworkers and have knowledge of the language used within the educational system (Altshuler, 2003). Trained to work with individuals, groups, and families at the micro level and organizations and communities at the macro level, school social workers are in a position to work with individual students, foster families, special education departments, and child welfare agencies to increase student success while maximizing interagency collaboration.

ONE CHILD, ONE TEAM, ONE PLAN


Ms. Greene initially scheduled a school-based child and family support team meeting to address Lisa's educational needs. The school-based child and family support team model, initially established in 2005 by the North Carolina General Assembly, funds school social workers and school nurses in that state to provide case management services to students considered at risk for academic failure or out-of-home placement by implementing a team approach (Gifford et al., 2010). During the meeting with Lisa's foster family, team members signed consent and confidentiality forms to allow for communication between agencies. In addition, one plan, inclusive of each of the agencies providing care to her, was developed around the strengths and goals of Lisa and her foster care parents. The team designated Ms. Greene, as the school social worker, to coordinate or provide the following services to Lisa and her foster family:

- Individual or group counseling to facilitate the development of peer relationships and a sense of support for Lisa at school (Altshuler, 1997; Rosenfeld & Richman, 2003);
- home visits and phone calls to educate Lisa's foster family about her needs and rights as a student with a disability and empower them to take an active role in the education of their children (Altshuler, 1997);
- case management and advocacy services to help Lisa's family navigate the community services identified in the plan (such as mental health appointments), expedite the receipt of school records, and ensure that Lisa continues receiving special education services that were on her previous individualized education plan until her needs are reassessed (Altshuler, 1997);
- consultation with school staff to increase teachers' awareness of Lisa's individualized needs as a student with a disability in foster care; and
- collaboration between the school, family, child welfare agency, and mental health provider, a practice found to increase positive outcomes for this population (Ayasse, 1995; Martin & Jackson, 2002; Zetlin, Weinberg, & Kimm, 2005).

At the end of the first meeting, Ms. Greene scheduled a follow-up meeting for four weeks, a

period agreed on by the members of the team, to review and make needed changes to the plan.

CONCLUSION

The unique needs for children with disabilities in foster care have received scant attention in research and practice. In this era in which no child is to be left behind, the risk is great that these children face that fate. The school social worker is in a unique position to address the needs of this population by not only providing direct support to the student and foster family, but also advocating for the student and family within the school system and community, consulting with teachers, and facilitating the development of one coordinated plan for all members involved with the student through implementation of the school-based child and family support team model. 

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