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Developing Cross-System Communication to Promote Educational Well-Being in Foster Care Youth: Recommendations for a National Research, Practice, and Policy Agenda

Angelique Day, Cheryl Somers, Joanne Smith-Darden, & Jina Yoon

Abstract This study captures the voices of school-based behavioral specialists who are employed across the state of Michigan to share how well schools and child welfare agencies communicate and collaborate to address the educational well-being of foster care children on their caseloads. This includes knowledge of federal policies and how they support and hinder communication across systems. Participants included a total of 249 K-12 employed school psychologists, counselors, and social workers. Survey methodology was used and both inferential and narrative analyses revealed that these school practitioners were highly unaware of how to identify the foster care children in their schools, and what supports they need. The three groups of school-based professionals were similarly unaware, minimal communication is occurring with outside agencies, and they largely do not take initiative in reaching out to communicate and collaborate with community-based agencies outside the school. Despite that, collectively, the work of child welfare and education professionals could have a substantial impact on retention and the overall student performance of children who are living in out of home care. Implications of this lack communication and awareness are discussed. Recommendations to guide a national research agenda for advocacy and policy efforts are also identified.

Keywords foster care youth, recommendations, cross-system communication

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Introduction

Foster children face major educational challenges. On average, children in out of home care move to new foster care placements three times per year, with each move resulting in a change of school (Julianelle, 2008). Changes in school negatively affect academic progress and disrupt connections to peers and school professionals who might otherwise provide social support (Ersing, Sutphen, & Loeffler, 2009). Many children in foster care fail to recover and lose ground in many measures of educational outcomes (Yu, Day & Williams, 2002). They fall behind due to poor coordination between child welfare and interschool personnel, and difficulties transferring school records (including special education accommodations) and course credits often result in enrollment delays and course and grade level repetition (McNaught, 2009). This partially explains the negative relationship between placement instability and high school completion of foster children (Pecora et al., 2005). Children who experienced one fewer placement change per year were almost twice as likely to graduate from high school (Pecora et al., 2003).

In addition, Macomber (2009) found that nearly half (45%) of foster children between 6th and 8th grade were also classified as eligible for special education compared to 16 percent of students never in foster care. Other studies have reported over one-third of foster children are enrolled in special education classes (Courtney et al., 2004; Shin & Poertner, 2002; Pecora et al., 2005; Smithgall et al., 2004), a rate twice that of non-foster children (Burley & Halpern, 2001). Overrepresentation in special education programs may be due to the fact that many foster youth may be diagnosed to have specific learning disabilities, without the consideration of the effects of interpersonal or complex trauma on language, attention, memory, emotional regulation, and executive function (Zetlin, Weinberg, & Shea, 2010). Foster youth who are misdiagnosed often do not get the supports they need to overcome their challenges, which significantly impact developmental trajectories in this population. In addition, mental health issues including attention deficit/hyperactivity disorder (AD/HD), conduct disorders, anxiety, depression, and mood related disturbances

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can further compromise academic trajectory (Newton et al., 2000; Rubin et al., 2004).

As defined by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2012), trauma “results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being.” Many studies explicate the impact of maltreatment and/or complex trauma on a child’s life (Meloy & Phillips, 2012; Vig et al., 2005; Weiner et al., 2009). A few studies suggested that ruptures in early interpersonal relationships and chronic stress are likely to affect the underlying structure and function of the developing brain (Siegel, 2012; Schore, 2005). Van der Kolk (1998) suggests that the survival mechanism of fight or flight interferes with the ability to reign in emotion and perform executive functions such as working memory and cognitive flexibility, which are critical to academic functioning. Complex trauma is linked to externalizing behaviors in the classroom such as difficulty concentrating, distractibility, and/or the inability to remain seated (Wolpow, 2009).

Although the developmental risks and educational needs among foster care youth are well recognized, our efforts to promote academic success have been disappointing (Smithgall, Gladden, Howard, Goerge, & Courtney, 2004). Although best practice calls for collaboration across public systems (Best et al., 2009), this has been extremely difficult for the public sector (i.e., child welfare and education authorities) to achieve (e.g., Noonan et al., 2012), in large part due to lack of a generally shared view of children’s needs (Giffin & Studzinski, 2010). Furthermore, evidence-based services and trauma informed practice for children in foster care are lacking in the education system (Ko et al., 2008). In this context, each agency (e.g. the school, mental health agency, child welfare agency) views the child from its own perspective and intervenes accordingly, resulting in often disjointed and compartmentalized treatment approaches rather than the provision of continuous care (ACMHI, 2012; Griffin & Studzinski, 2010).

Little research has been conducted on cross-system communication patterns of child welfare and education systems despite the broad impact these systems have on academic, learning, and subsequent behavioral outcomes of this population. There is a need for additional research to

evaluate the school, community, institutional and cultural contextual factors that might explain these communication patterns.

The current study utilized a social-ecological framework of human development (Bronfenbrenner, 1979) to examine individual attitudes and actions of a sample of three primary types of school-based behavioral specialists (e.g., school counselors, school psychologists, and school social workers) employed across the state of Michigan who have direct contact with foster care children in schools. Specifically, the study investigated the communication patterns of these professionals with child welfare, court, and mental health practitioners, and foster and biological parents of children by asking the following research questions: How frequently and to what extent do schools and child welfare agencies perceive that they communicate and collaborate to address the educational well-being of foster care children on their caseloads? Other survey questions explored these educational professionals' awareness of federal policies related to the promotion of education well-being of foster children (e.g., McKinney Vento Act, Fostering Connections to Success Act of 2008, Uninterrupted Scholars Act of 2013) and invited them to offer recommendations on how to improve practice.

Method

Participants

A total of 249 school behavioral specialists who were currently employed in K-12 schools representing 30 counties (70.3% urban, 19.7% midsize, and 6.9% rural) across the state of Michigan completed the survey between April 2011 and February 2012, including school counselors (n=29), school psychologists (n=83), and school social workers (n= 137). Of these, 67.6% were employed at the elementary level, 44.4% were in middle schools, and 51.0% were in high schools (percent over 100 due to positions held at multiple sites). Respondents were a mix of full- and part-time school systems employees. Of the 185 respondents that reported serving foster care students in their schools, the average number of foster care children on any given caseload was 6.5 students. A large percentage of foster care students (57.7%) were being served in special education programs.

Measures

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A 16-question, anonymous web-based survey was constructed by National Association of Social Workers--Michigan Chapter, Child Welfare Special Interest Group in partnership with the Michigan Association of School Social Workers and the Children's Law Section of the American Bar Association, Washington D.C. The survey included questions about whether they were aware of the presence of foster care children in their schools and whether they communicated across service systems to address educational well-being. Specifically, participants were asked about the number of known foster care children on their caseload, the number of foster care children served in special education at their school(s), information on who signed the individual education plan (IEP) for identified students, information on whether school personnel ever initiated a request for a release of information to communicate with a child's case worker and/or other adults responsible for the care of the child; how often communication and collaboration occurred, and whether school-based behavioral specialists had knowledge of various policies designed to support the educational well-being of foster children.

Procedures

The survey was distributed to school social workers, and psychologists via their professional associations (Michigan School Social Work Association and the Michigan Association of School Psychologists). The school counselors that participated were members of one of these two professional organizations. Responses represented approximately 20 percent of the state's eligible membership for each of the two participating professional organizations. Human subjects' institutional review board approval was obtained to complete this study.

Results

Both descriptive and inferential statistics were used to analyze the closed-ended, quantitative responses from the survey. Content analysis was used to analyze responses to the open-ended survey questions. Open-ended responses from the surveys were compiled in Microsoft Word 2010 and uploaded into NVIVO 9 research software (QSR International, 2008) and analyzed for themes using an in vivo coding process (Saldana, 2009). This coding method was selected as most appropriate because it ensures analysis is grounded in the direct language of the school-based behavioral specialists who provided their thoughts. To ensure reliability, two

researchers trained in qualitative analysis methods reviewed the compiled Word document independently. Their codings were then compared before jointly developing thematic categories through consensus.

Only 50.3% of the total population reported they were aware of foster care children on their caseloads. Those who knew reported receiving this information at the time of school enrollment from caseworkers (31.6%), foster parents (45.2%), previous schools (38.6%), and homeless student liaisons (14.7%). Others reported they received this information from child self-reports (2%) and colleagues (i.e., teachers, principals, school secretaries) who worked in their school buildings (3%).

To determine the extent to which they *initiate* communication with child welfare (CW) professionals, the school-based behavioral specialists were asked, "How often do you complete a request for information to communicate with the CW worker?" In response to the question, 21.6% reported they always do, 26.3% sometimes do, and 6.6% never, and 45% provided no response to the question. One school social worker reported "confusion around who should sign releases, confidential information, understanding how we can complement one another's roles and support services." Others wrote, "It is difficult to get information on the students as they report that due to confidentiality they can't release records and the foster parent doesn't have the authority to consent to the release of records DHS may have that may be helpful.", "Child welfare agencies are hesitant to provide details to the school, despite having a release of information form signed and filed.", and "Students are here today and gone the next without any notice or preparation of them leaving."

Respondents were asked about cross-system communication (frequency and with whom) at various points in a foster child's transition to their new school. Out of 185 respondents who reported having foster care children on their caseload, 5.1% of school behavioral specialists reported weekly or monthly communication with the child's caseworker within two months of school placement. When asked what the barriers are in working with the child welfare agency, several school social workers reported that "Caseworkers don't contact us", "foster care workers are hard to reach; they change jobs often so there is a lack of continuity", "there is a lack of follow up from the child welfare agency, little communication.", and "I do not receive return phone calls from the agencies I contact." One school social worker remarked that "Students coming to schools from placement are often dropped on the schools door

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step without information, social history, or transition plans.” Another respondent wrote that “There is difficulty with placement agencies who routinely move students between home situations with little or no notice to schools. Sometimes this occurs when we are in the process of assessment or just as the student has started to make gains through intervention.”

Respondents reported that there was minimal communication with caregivers including foster care parents (13.9%), biological parents (4.2 %) or other relatives (8.1%), either weekly or monthly. Only 8.1% reported weekly or monthly communication with a child’s therapist. Less than 1% reported communication at a weekly or monthly level with a court appointed special advocate (CASA), the child’s attorney or the presiding judge.

Next, an Analysis of Variance (ANOVA) was run in order to assess whether the three sets of professionals or geographic location of schools (urban, midsize, or rural) differed in how much they knew the foster care status of students in their schools. Results were not significant by type of service professionals ($F=.73$, $df= 2, 74$, $p=.49$) nor by type of work environment (rural vs. midsize or urban setting) ($F=.64$, $df= 2, 150$, $p= .53$).

When asked who signed the IEPs or evaluation requests for foster care children referred to or served by special education programs, school-based behavioral specialists reported foster parents signed the IEP on behalf of the students always (13.1%), sometimes (28.2%), never (3.1%); biological parents signed the IEP always (.4%), sometimes (22.4%), never (15.1%); and foster care case workers signed the IEP always (4.2%), sometimes (26.3%), never (10%). One school social worker remarked, “Foster care workers are unclear and argumentative with regards to who can sign the IEP and who can ask for the initial testing for students.” Another respondent stated, “It would be great if foster care workers could attend school meetings, but I am aware that caseloads and distances are too great.”

Other respondents remarked that child welfare and court professionals do not have an understanding of special education services, rules and regulations, and do not know how to appropriately use special education services:

“When there is a court order issued by a judge or referee to have the student evaluated for special education services, and the

agency's caseworker makes a school visit with the request, it becomes a challenge. Most school systems have protocols in place to identify students who may be in need of additional support, and this particular request is often misconstrued. The court is actually looking for IQ scores associated with personality traits and trends as opposed to identifying the present level of academic functioning."

Many school-based behavioral specialists were not aware of federal and state policies designed to assist them in supporting foster children on their caseloads. Only 26.3% were aware of the McKinney Vento Act, and 39.8% reported that they knew who their homeless liaison was. A respondent remarked, "I don't know how to contact the McKinney Vento Liaison, and what is important to share." Additionally, only 4.2% reported familiarity with the education provisions of the Fostering Connections to Success Act of 2008.

The school-based behavioral specialists offered several suggestions to improve cross-system communication. Several (41%) expressed a desire to increase communication with the child welfare agency; 29% indicated a desire for increased training on how to better address issues of foster children; 26% indicated a desire for access to materials to assist them in guiding decision-making to address issues with this population; and 25% expressed a desire for the development of local inter-agency workgroups to collectively identify barriers and discuss solutions. These desires were also highlighted in the following comments: "Foster care workers, therapists, and school staff should meet somewhat regularly to discuss the children's progress and plan for improvement," and "There is a need for more collaborative team meetings with respect to a multidisciplinary framework both inside and outside of the school setting."

Discussion

The results indicate that there is a lack of communication among school based behavioral specialists, other professionals in the community, and families (e.g., biological/foster/adoptive parents or other relative caretakers) regardless of a child's enrollment in a special education program. These findings highlight the need for school social workers and other school-based behavioral specialists to conduct self-assessments to determine readiness and ability to serve children in foster care (Morrissey, 2000), participate in cross-system training to address knowledge gaps in

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how to serve foster children, participate in community engagement (initiating regular communication and dialogue with child welfare service professionals and other adults who play a prominent role in the child's life), and make educational decisions that are informed across service settings (Noonan et al., 2012).

Efficacious interventions for this vulnerable population require a perspective that is grounded in the understanding of interpersonal and complex trauma and its effects (Wolpow et al., 2009) and access to comprehensive information about the medical, social, developmental, mental health, and educational status of the child upon initial school enrollment (New Mexico Court Improvement Project, 2005). Cross-systems professionals need to understand trauma's impact on behavior and learning and would be well served to adopt a trauma-informed, school-wide approach that is integral to the school day and where tools are utilized to assess the need for additional ancillary service and support (Hodas, 2006).

As this has not been a prioritized area for post-secondary or continuing education training programs designed to service school-based behavioral specialists or the child welfare workforce, these professionals may have insufficient experience and skills to respond effectively to foster children enrolled in their institutions (Annie E Casey Foundation, 2003). Many child welfare professionals may have little or no knowledge about policy and procedures surrounding timely school enrollment and the types of interventions available through school systems that could support the educational stability and academic achievement of children in their care (Casey Family Programs, 2009).

Findings from this study support the need for the development of policies to clarify how and what types of information can be shared across the child welfare and education systems. There is also a need to implement cross-training to educate child welfare and education professionals about how each system works, the formalities they are governed by, as well as the unique challenges foster children face that may impede learning and positive youth development. For example, foster care youth may be required to engage in a variety of activities related to their status as court wards, including attendance at court hearings every 90 days, meetings with court appointed attorneys and foster care workers, visits with their biological parents (supervised or unsupervised) or siblings, and counseling/therapy to deal with trauma,

grief, and loss. These engagements may conflict with school or homework time and compromise participation in out-of-school activities. Youth engaged in extracurricular activities, for example, may be forced to sit out for missing practice (Klitsch, 2010). School authorities who are unaware of these competing demands on a youth's time may blame the youth for incomplete work or problems with attendance, causing the youth to incur negative consequences (Wisconsin Department of Children and Families & Wisconsin Department of Public Instruction, 2010). When schools are apprised of these activities by the child welfare agencies and the courts, arrangements can be made ahead of time to ensure that youth have appropriate accommodations to participate fully in after-hours school-organized activities.

Relevant Policies Available to Support Cross-system Communication

School-based behavioral specialists are better positioned to serve foster care youth when they are aware of child welfare and education policies that have been instituted to foster communication across public service systems and support them in their own work (National Conference on State Legislators, 2008). The results indicated that many school-based behavioral specialists are not aware of the policies and regulations. This reflects an alarming reality that the policies and regulations that have been established to promote the welfare of foster care youth are not fully used to guide the practice in the schools and other agencies.

There are several federal regulations that are directly related to care of foster care youth. The Child Abuse Prevention and Treatment Act (CAPTA) of 1974, as amended by the Keeping Children and Families Safe Act of 2003 and the CAPTA Reauthorization Act of 2010, requires states to support and enhance collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services, including links with education systems. The Act also requires states to create policies in statute about data-sharing and confidentiality between programs and agencies (CAPTA, 2010). Most recently, the Uninterrupted Scholars Act (USA, 2013) amended provisions of the Family Educational Rights and Privacy Act of 1974 that prohibit the Department of Education from funding educational authorities that release student educational records (or personally identifiable information other than certain directory

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information) to any individual, agency, or organization without written parental consent. It exempted a child welfare agency caseworker or other representative of a state or local child welfare authority from the prohibitions so that they could access a student's case plan when such agencies are legally responsible for the care and protection of the student, thereby permitting public schools to release records or identifiable information without parental consent (USA, 2013).

The Fostering Connections to Success and Increasing Adoptions Act of 2008 (FCSA) requires that states ensure youth in foster care attend school, and remain in their school of origin where appropriate while placed in foster care. If a move is necessary, the Act requires that child welfare agencies promptly transfer these students to a new school (2008). It also provides increased federal support to assist with school-related transportation costs (FCSA, 2008). It is important to identify ways to inform school professionals of these regulations and policies such as professional development.

Training and Practice Recommendations

If schools and colleges of social work, psychology, counseling, and education were provided federal workforce development grants, they could offer cross-disciplinary trainings and certifications to address knowledge gaps with both pre-service and in-service professionals who will encounter foster care children in school settings (Walker & Smithgall, 2009; Smithgall, Jarpe-Ratner, & Walker, 2010). Considering that training does not always directly translate to new practice, special considerations are warranted. Specifically, the focus should be on helping professionals to understand the unique needs and strengths of children in foster care, and learn effective strategies to address their behavioral and emotional difficulties in ways that increase their school motivation and engagement. It is important to also include cultural sensitivity, knowledge about the foster care system, communication skills, as well as effective strategies to facilitate and promote engagement by foster and biological parents, as their involvement is critical to academic adjustment (Andersson, 2005). A critical addition is training and professional development that facilitates collaboration and effective linkages across school and community-based settings to ensure that professionals respond appropriately to trauma-related learning and associated behavioral challenges (NTSN, 2008).

Another promising model of practice is the development of school-site teams that involve community stakeholders in addition to school personnel (e.g., child welfare workers, the child's CASA and/or attorney, the child's therapist, and the foster/adoptive and/or biological parents) (Adelman, & Taylor, 1996). Traditionally, school assistance teams are comprised exclusively of education personnel such as administrators, counselors, social workers, and psychologists who collaborate with teachers in addressing student needs. Utilizing the expertise of these community-based helping professionals in assisting teachers, school social workers and other school personnel to understand why foster youth may be acting out or otherwise struggling can go a long way to help engage these youth, keep them in the classroom, and maintain a positive learning environment. One specific example of the benefits of this collaboration is carefully coordinating and regularly updating an intervention plan that includes, for example, home, school, and mental health provider and holds all accountable for the same goals.

Although incorporating cross-system collaboration and evidence-based practices are promising approaches; they require a significant shift in how services are delivered and progress is monitored (Congressional Coalition on Adoption Institute, 2013). Given that child welfare workers already deal with large caseloads, innovative ways to communicate and coordinate should be identified (such as the development of a shared data information database). Attending key meetings at school is critical, and administrators in each domain (e.g., school, mental health, child welfare) will help this communicative process by restructuring time and workloads so that this is possible (for example, assigning worker caseload by school district of student would help to streamline participation in school meetings). Changing documentation formats, including the use of common forms, also seems necessary (Eva & Maria, 2011). The use of telecommunications (i.e., Skype) and other modern technologies will help maximize efficiency and support the maintenance of regular information-sharing, decision-making, and progress reports toward outcomes. To measure the impact of cross-system communication and collaborations, carefully designed longitudinal studies are needed. These studies should follow cohorts of foster care students from elementary grades into high school, along with matched control schools of similar demographic composition that do not employ cross-system communication processes. Additional implications for future research include the need to survey child welfare caseworkers to assess their views on cross-system

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collaborations with school personnel.

Limitations of the Study

There are several limitations in the current study that warrant noting. First, the survey response was only 20%. Responses received may not reflect the experiences of school-based behavioral specialists as a whole. The researchers also did not query the respondents on the number of years they have practiced in the schools. This may have contributed to their inadequate knowledge about current policies that have been designed to increase the educational well-being of foster children. Additional confounders not collected include information on setting characteristics that impact collaboration (e.g. workload and supervisor support for collaboration). This study also does not include the perceptions of child welfare workers, a critical voice in fostering cross-system collaboration between child welfare and education systems.

Conclusions

School social workers and other behavioral specialists that responded to this survey demonstrated a consistent gap in communication between the education and child welfare systems in making decisions that impact the educational well-being of foster children. Effective collaboration between these systems means working together to maintain school placement stability, sharing a child's pertinent information and records, and ensuring a child's timely enrollment in school. In most states, the educational needs of foster children are not consistently tracked by caseworkers or the courts, increasing the likelihood that a child's educational problems will not be addressed by either the school or the child welfare agency. Strategies need to be developed that foster collegiality among key stakeholders so the responsibility of educating foster care youth is shared equitably. This includes the need for comprehensive training and preparation of school social workers and other behavioral specialists, child welfare workers and court personnel to foster community engagement and trauma informed decision-making across child welfare and education settings.

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