



EDUCATION ISSUE BRIEF

Improving Special Education For Children with Disabilities in Foster Care

June 2002

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Casey Family Programs

Mission: To support families, youth and children in reaching their full potential.

Since 1966 *Casey Family Programs* has provided an array of services for children and youth, with foster care as its core. Today, Casey has expanded its focus to be a force for change in child welfare nationwide.

Casey helps support stable, enduring families through advocacy work, collaborative efforts with other agencies, and by providing direct services that include adoption, guardianship, kinship care (being cared for by extended family), and family reunification (reuniting children with birth families).

Casey is also committed to helping youth in foster care make a successful transition to adulthood. With over 20,000 youth annually emancipating from care, the urgency of preparing them to live successfully in their communities is evident. Educational success is recognized by *Casey Family Programs* as fundamental to successful transition. Improving educational outcomes for children and youth in foster care requires increased awareness and commitments by educators, child welfare professionals, the judiciary, caregivers and policymakers. Working together to improve systems of care and support is important for realizing quality of life improvements for vulnerable children and youth who find themselves in care.



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Introduction

More than 500,000 U.S. children are in foster care, and from 30% to 40% of these children are also in special education (Advocates for Children of New York, Inc., 2000; George, et al., 1992; Edmund S. Muskie School of Public Service, 1999; Smucker, et al., 1994; White, et al., 1990; Choice, et al., 2001; Courtney, et al., 1995). Both identification and tracking of the special educational needs of children in foster care are seriously inadequate, which suggests that many more children in foster care may be eligible for and in need of special education services. For too long, these children—many of whom have suffered from abuse and neglect within their birth homes—have remained invisible and underserved within the world of education. The experiences of foster parents, social workers, and education consultants working with foster children with disabilities, along with available research data, indicate that the special education system at the federal, state, and local levels does not fully recognize the challenges unique to this group of highly vulnerable children (Advocates for Children of New York, Inc., 2000; Ayasse, 1995; Heybach & Winter, 1999; Joiner, 2001; Smucker, et al., 1996; Timbers, 2001; Weinberg, 1997; Jacobson, 1998).

Congress during 2002 will review and reauthorize sections of the Individuals with Disabilities Education Act (IDEA), which outlines the responsibility of the nation's special education system to serve nearly six million children with disabilities. This issue brief is intended to highlight the special education issues particular to children and youth in foster care and to suggest opportunities for improving their outcomes.

Emotional and Educational Issues of Foster Children in Special Education

CHILDREN IN FOSTER CARE HAVE UNIQUE AND SUBSTANTIAL BARRIERS TO ACHIEVING EDUCATIONAL SUCCESS

A recent Washington State study found that a youth's foster care status alone is associated with a 7-8 percentile-point gap in standardized test scores. Overall, they score 16 – 20 points lower on standardized achievement tests than other students.

Children in foster care suffer a range of assaults on their well-being. These include pre-natal exposure to maternal alcohol and drug abuse; abuse and neglect in their birth homes; separation from their birth families and resultant grief, loss, and attachment disorders; and multiple changes in foster homes and schools (Ayasse, 1995; George, et al., 1992; Heath, et al., 1994; Schwartz, 1999). The literature confirms that, as a result of experiences both prior to and during foster care, these children are at high risk for educational failure (Barth, 1990; Advocates for Children of New York, Inc., 2000; Blome, 1997; Heath, et al., 1994). Studies have shown that foster children have:

- higher rates of grade retention (Smucker, et al., 1996; Brown, 2000; Advocates for Children of New York, Inc., 2000; Sawyer & Dubowitz, 1994)
- lower academic skills as measured by standardized tests (Burley & Halpern, 2001; Heath, et al., 1994)
- higher absentee and tardy rates (Altshuler, 1997; Runyan & Gould, 1985)
- higher drop-out rates (Blome, 1997; Cook, 1991; Cook, 1988; Ayasse, 1995; Barth, 1990; Choice, et al., 2001)

A 2001 study of more than 4,500 foster youth in Washington State public schools found that foster youth scored 16 to 20 percentile points below non-foster youth in statewide standardized tests at grades 3, 6, and 9. Twice as many foster youth as non-foster youth had repeated a grade, and only 59% of foster youth vs. 86% of non-foster youth who were enrolled in the 11th grade completed high school the following school year. Particularly striking in this study was the fact that a youth's foster care status alone is associated with a 7-8 percentile-point gap in standardized test scores (Burley & Halpern, 2001).

The school experiences of children in foster care are defined by high mobility and resultant neglect of their educational needs and the lack of a consistent educational advocate in their lives. Changes in placement often necessitate changes in schools, and the foster child must adjust to new expectations and curricula, new friends and teachers, and new school settings (Ayasse, 1995). School staff are frequently unaware that a child is in foster care or unaware of the educational implications of foster care placement (Choice, et al., 2001; Schwartz,

1999). Foster parents, social workers, and judges who are entrusted with the welfare of the child in care too often lack the training and awareness to provide the educational advocacy that children in care especially need (Advocates for Children of New York, Inc., 2000; Altshuler, 1997; Timbers, 2001). One researcher points out:

“When a child is placed in foster care, his or her care is entrusted to a new family and, often, a new school whose knowledge of that child’s development may be sketchy or nonexistent. Social workers most often assume that the task of attending to the child’s educational needs will be handled by the school or the foster parent. But the school system often assumes that each student is accompanied by a parent or responsible adult who is knowledgeable about the student and who can take an active part in assisting the child with school requirements and advocating for special needs. Combining these false assumptions with the trauma foster children experience before, during and sometimes after they are placed in a new home is a recipe for disaster. It is no surprise that foster children have higher rates of school failure, behavioral problems, and dropping out.” (Ayasse, 1995, p. 214-5)

Children in foster care who are also in special education are an especially vulnerable sub-group of this population. But although federal policy is committed to meeting the needs of underserved and diverse populations, it rarely addresses the issue of students with disabilities who are also in foster care. The problems of mobility, insufficient cross-training within the social service and educational systems, and lack of advocacy that plague most foster children are especially acute for foster children in special education. The special education system is driven by documentation and parental advocacy and is dependent upon home, school, and interagency collaboration for maximum effectiveness. A review of the literature and anecdotal data from the field suggest that the stories of foster children in special education are, all too often, stories of unserved or underserved children, lost records, minimal interagency communication, and confusion over the roles of birth parents, foster parents, and social workers (Timbers, 2001; Advocates for Children of New York, Inc., 2000; Heybach & Winter, 1999; Choice, et al., 2001; Weinberg, 1997). Many of these children, described by one study as needing “greater than average inputs” to overcome the effects of early deprivation and maltreatment, are indeed being left behind (Heath, et.al., 1994, p. 25).

The following issues are considered particularly significant for foster children in special education:

- Lack of coordination among the education, child welfare, health, mental health, and judicial systems
- Inconsistent tracking of foster children in special education and related problems with records transfer and timely implementation of services

- Inadequate ‘*child find*’ implementation, particularly for the infant and toddler population
- Identification of a knowledgeable, consistent advocate for the child and definition of the roles of birth parents, foster parents, social workers, and court-appointed special advocates (CASAs)/guardians ad litem
- Lack of coordinated transition planning
- Insufficient attention to mental health and behavioral needs
- Insufficient involvement of child welfare and foster parents in state program improvement grants
- Insufficient attention to research and innovation to improve services and results for children with disabilities who are also in foster care

It will take the coordinated efforts of all systems—child welfare, health, mental health, judicial and educational—to fully address these educational issues for children in foster care. The special education system is a critical component in meeting the educational needs of this group of children.

Specific Needs and Strategies for Improvement

Systems Coordination

**EDUCATION AND CHILD WELFARE SYSTEMS
ARE POORLY COORDINATED**

In one study, caseworkers in New York identified only 5% of children in care as receiving special education services, while school districts reported 30% of children in care as receiving special education services.

The issue

Lack of coordination between the child welfare and education systems undermines effective child find and assessment, timely and adequate implementation of individualized education plans (IEPs), advocacy for children’s needs, appropriate transition planning, and attention to physical and mental health issues (Smucker, 1996; Weinberg, 1997; Choice, et al., 2001). Clearly, with 30% or more of the school-age foster care caseload in special education, and a high probability that others would be if properly identified and assessed, it is crucial that staff members from each system work together to serve children properly.

Two factors contributing to this poor coordination are insufficient knowledge and training in both arenas and the absence of mechanisms that provide for systematic, continuing communication between the two systems. Educators, including special educators, receive little if any training at either the pre-service or in-service level on the foster care system and the educational needs of foster

children. . Social workers, other child welfare staff, and foster parents, on the other hand, have little formal training in the educational needs of foster youth or in conducting advocacy within the special education system.

Communication between the two systems is hindered by confidentiality laws, by the overriding need of the child welfare system to focus on child protection, and by the limitations of time and manpower (George, et al., 1992; Timbers; Weinberg, 1997; Jacobson, 1998; Altshuler, 1997; Choice, et al., 2001). One study brought to light the fact that case workers identified only 5% of children in care as receiving special education services while school districts reported 30% receiving services—a discrepancy that indicates a significant breakdown in systems communication (George, et al., 1992). A study of foster care in New York City found that 60% of case workers were unaware of existing laws when referring children to special education (Advocates for Children of New York, Inc., 2000). Additionally, there is no *specific* provision in federal law for child welfare professionals to contribute their expertise about this particular group of children with disabilities or to provide advocacy for individual children.

Opportunities for improvement

The systems coordination issue involves general and special education, the child welfare system, and the judiciary. The special education system is well-situated to initiate closer collaboration with the child welfare system. Federal policies call for interagency collaboration in a variety of contexts, but it does not specifically identify the inclusion of child welfare professionals working on behalf of foster children. Identifying child welfare professionals specifically in the following contexts would improve communication and knowledge-sharing between the two systems:

- *Include child welfare representatives and foster parents on state special education advisory panels.*
- *Include child welfare representatives and foster parents on the federal and state interagency coordinating councils for services to infants and toddlers with disabilities, whose activities include advising appropriate agencies in each state about integrating services.*
- *Explicitly link state special education and child welfare agencies through coordinated service systems activities that include case management, development and implementation of financing strategies, and interagency personnel development.*
- *Focus specific attention on the personnel training and support needs of teachers who will serve children with disabilities who are in foster care.*

These changes would support the following outcomes:

- *Increased understanding of the needs of foster children in special education by educators and child welfare professionals and implementation of strategies at the state and local levels to meet these needs*

- *Coordinated delivery and cost sharing between education and child welfare for infant and toddler foster children receiving early intervention services*
- *Improved transition planning and coordinated services for foster youth with disabilities*
- *Availability of a larger and better-trained pool of special education teachers, which will benefit all children with special educational needs, particularly those in foster care*
- *Increased knowledge about the special education system and the rights and resources of foster parents*

Tracking Children and Transferring Records

**EDUCATION RECORDS FOR CHILDREN IN FOSTER CARE
ARE OFTEN INADEQUATE, LOST, OR DELAYED IN TRANSFER**

The mobility of children in foster care contributes to the significant problem of delayed assessments, absenteeism, redundant assessments and services, and lost or delayed records transfer.

The issue

Foster children are a highly mobile population (Advocates for Children of New York, Inc., 2000). The National Resource Center for Information Technology in Child Welfare (2001) reports that foster children are not reaching the standard of placement stability set by their Child and Family Services Review process. In a Maine survey of 134 youth, 28% reported 6 or more placements, with the number of placements ranging from 1 to 49 with a median of 4 (Edmund S. Muskie School of Public Service, 1999).

For all highly mobile children, the impact on educational achievement and emotional development can be profound, in some instances involving losses of four to six months in emotional and academic growth (Advocates for Children of New York, Inc., 2000). The plight of foster children is similar to that of migrant children, but it involves not only changes in schools but also changes in home placements. Following are some of the significant problems in bringing special education services to children in foster care:

- *Failure to identify children in foster care who need special services.* Children in foster care often make frequent unplanned moves from school due to placement interruptions. Because of this instability and lack of a consistent education advocate in their lives, they may be under-identified as children in need of special services. Foster parents and social workers do not always know that a child has been referred, assessed, or placed in special education previously, and educational records are often delayed or lost in the transfer from one school to another (Ayasse, 1995).

- *Failure to implement IEPs.* One study found that children who had multiple placements and who needed special education were less likely to receive those services than children in more stable placements. In that study, 39% percent of foster children had IEPs, but only 16% received special education services (Ayasse, 1995; Weinberg, 1997).
- *Incomplete or redundant assessments.* Assessments may be started in one district and may not be completed in the next school or district. Conversely, some children are re-assessed needlessly when assessments are not forwarded from one school to the next (Ayasse, 1995; Weinberg, 1997).
- *Delay or failure to transfer records and IEPs.* Often, records and IEPs are not transferred in a timely manner, and children receive no services while waiting for the records transfer to occur (Advocates for Children of New York, Inc., 2000; Burley & Halpern, 2001, Choice, et al., 2001). One study found that missing information from prior schools increased the odds of enrollment delays by 6.5 times (Choice, et al., 2001). An educational coordinator for the Children’s Home Society of Washington in Seattle reports that delays in receiving records held up school enrollment by up to six weeks for some children (personal communication).

Opportunities for improvement

Two efforts—promoting greater placement and school stability and ensuring that case workers and foster parents have complete educational histories of children in their care—are important to ameliorating this problem. Although they are beyond the current scope of special education, these goals would be served by specifically assigning local education agencies and ultimately state education agencies responsibility for ensuring timeliness and continuity in assessment and provision of services. For example, each public agency is required to conduct a meeting to develop an IEP for a child within 30 days of determining that the child needs special education and related services. Providing a specific timeline for implementing the IEP would facilitate implementation of service for all children with disabilities and particularly for foster children and other highly mobile children with disabilities who lose valuable service time through frequent school moves. Following are suggested changes:

- *Specify in regulations the number of days in which an IEP must be implemented after developing the IEP. For example, instead of “as soon as possible,” change to, “as soon as possible but in no case later than five days.”*
- *Incorporate in the body of regulations the timeline and procedures for developing a new IEP if the child’s current IEP is not available after a child has moved to a new school.*
- *Provide for state interagency agreements for statewide electronic data bases that cross systems (education, social services, child welfare, health care, mental health, juvenile justice) with unique common identifiers for children and limited access to protect confidentiality. This could be addressed under*

National Activities to Improve Education of Children with Disabilities, which provides for grants to states and contains provisions for optional partners. One of the priorities for these grants is to address the needs of underserved populations.

Outcomes for these changes would be:

- *Timely implementation of IEPs for foster children with disabilities and other highly mobile children with disabilities who transfer schools frequently*
- *Immediate access for schools to relevant education data on foster children with disabilities*
- *Increased ability of states to view their own progress in improving educational outcomes for children in foster care*

Child Find

**EARLY INTERVENTION SERVICES ARE CRITICAL
TO HELPING CHILDREN IN FOSTER CARE SUCCEED EDUCATIONALLY**

Early intervention services are vastly underused for children in foster care. A New York City study revealed that 89% of biological parents were unaware of early intervention services that were available for their children.

The issue

Anecdotal evidence and data on increasing numbers of very young, high-needs children entering the foster care system indicate a need for aggressive child find efforts focused on the infant and toddler foster child population. As of September 30, 1999, 23,396 infants younger than a year old were in foster care, as were 143,268 between the ages of 1 and 4 (The Administration for Children and Families, 2001). The likelihood of prenatal exposure to crack cocaine in these children and the implication that they have been subject to severely dysfunctional parenting and may be expected to have damage from abuse and neglect suggest that this is a high priority population for early intervention services (George, et al., 1992; Levine, 1999; Smucker, et al., 1996).

Documentation of the numbers of infants and toddlers in foster care served by special education early intervention services is not available. But a study of foster children in New York City found that 89% of the biological parents who responded to a survey were not informed about early intervention services. Fifty per cent of the foster parents in the study were unaware of early intervention programs (Advocates for Children of New York, 2000).

Federal policy recognizes the significance of early intervention for young children with developmental delays and refers to increasing “the capacity of state

and local agencies and service providers to identify, evaluate, and meet the needs of historically underrepresented populations.” But it does not specifically identify infants and toddlers in foster care.

Opportunities for improvement

Use of early intervention services could be encouraged through the following changes:

- *Designate child welfare staff and judges involved in child welfare cases as primary referral sources for child find.*
- *Designate representatives of the state child welfare systems as members of the mandated state interagency coordinating councils.*
- *List foster children as an example of “highly mobile children” in the child find regulations.*
- *Include foster parents and child welfare social workers on multi-disciplinary teams.*

The following favorable outcomes could result:

- *Increased identification of infants and toddlers in foster care for early intervention services and a decrease in their need for services when they reach elementary school.*
- *Expanded child find efforts for foster children of all ages.*
- *Improved early intervention services for infants and young children with special education needs.*

Parental Role and Child Advocacy

**EDUCATION ADVOCATES AND SURROGATE PARENTS PLAY A CRITICAL
ROLE IN HELPING CHILDREN WHO ARE IN FOSTER CARE
ACCESS SPECIAL EDUCATION SERVICES**

Surrogate parents are often not as aware as foster parents about the specific needs of a child, but foster parents are often excluded from the educational decision-making process.

The issue

Children in foster care have many adult caretakers involved in their lives—birth parents, foster parents, surrogate parents, social workers, judges, and sometimes guardians ad litem or CASAs. But foster children often lack a knowledgeable, consistent educational advocate (Ansell, et al., 2000; Ayasse, 1995; George, et al., 1992; Smucker, et al., 1994; Timbers, 2001). Nowhere is this a more crucial need than in special education. Special education is an advocacy-based system in which the children whose parents advocate most knowledgeably and effectively for their needs are the ones most likely to receive adequate and appropriate services. One educational consultant with extensive experience in working with foster children in special education stated:

“For many children, parents serve as the ‘squeaky wheel’ to which a school administrator eventually responds. But who plays that role for foster children? New foster parents, child advocates, and even attorneys have told me that dealing with school-related issues can be intimidating and confusing. . . . Yet, whoever holds the educational rights of a child has many legal rights and responsibilities. For many foster children, no one seems fully prepared to exercise those rights on the child’s behalf.” (Timbers, p. 2)

A 1996 study of 12 foster children with disabilities documented 8 instances of IEP violations and 17 instances of inappropriate programming. Its author noted the importance of knowledgeable advocates who can negotiate the special education maze: “It is clear that there needs to be someone available to advocate for each foster child who is knowledgeable not only about the child’s disability and how it affects his or her education but also about special education procedures and programs.” (Weinberg, 1997, p. 10)

Another concern is confusion over the roles of birth parents, foster parents, surrogate parents, and social workers in the special education process. In situations where a biological parent is not available, local education agencies may appoint a trained surrogate parent for the child. This surrogate may be a foster parent if state law allows. Social workers are prevented from serving as

surrogate parents because they are responsible for the child as a paid employee of the state and could have a conflict of interest. In practice, several concerns arise:

- Some school districts are unclear about the procedure for identifying and training surrogates (Weinberg, 1997).
- When appointed, these surrogates are less aware of the child's needs than are foster parents and social workers (Weinberg, 1997; Timbers, 2001).
- Anecdotal reports indicate that school districts have been known to bar foster parents from the IEP team or discount their input, despite the fact that they are often very knowledgeable about the children and can be instrumental in promoting a child's school progress.
- In some cases, schools allow foster parents to sign IEPs, even though the foster parents have not been trained as surrogate parents. A California study found that 81% of caregivers (foster parents and group home staff) of children with IEPs "report having signed the IEP as parents of the children." (Choice, et al., 2001, p. 72)
- Social workers frequently remain uninvolved in the IEP process, despite their access to relevant historical information on the child. The New York City study, for example, found that 35% of social workers and case workers are not routinely involved in the special education process (Advocates for Children of New York, Inc., 2000).

Opportunities for improvement

The following language clarifies the roles of surrogate and foster parents in special education advocacy:

- *Identify foster parents as persons "acting in the place of a parent" in the regulations, including the caveat, "unless foster parents are prohibited by state law from serving as the parent."*
- *Designate social workers, often the only individuals with access to the child's developmental and social history, as a specific member of the IEP team for children in foster care. It is important to include social workers and other people with the most significant knowledge about the child.*
- *Ensure that parent training and information centers in all 50 states develop specific outreach strategies to reach foster parents and provide training and information related to the unique educational needs of children in foster care.*

Among the desired outcomes of these changes would be:

- *Increased knowledge and effective advocacy for foster children within the special referral and placement process*
- *Improved opportunity for foster parents of infants, toddlers, school-age children, and young adults with disabilities to learn how to work effectively with professionals in meeting the education and transition needs of their children and youth with disabilities.*

Transition

**EFFECTIVE AND COORDINATED TRANSITION SERVICES
ARE VITAL TO SUCCESSFUL LONG-TERM OUTCOMES
FOR YOUNG PEOPLE IN FOSTER CARE**

While both the child welfare and education systems provide transition services, these services are rarely coordinated, and child advocates are concerned about the long-term outcomes for former foster youth who “age out” of care.

The issue

Youth in foster care emancipate from care at the age of 18, at which time they are expected to be self-sufficient. But a University of Oklahoma review of available data estimated that every year, 20,000 to 25,000 youth “age out” of U.S. foster care systems ill-prepared for the transition to adulthood (Ansell, et al.,

2000). Data on emancipation outcomes of foster youth indicate the magnitude of the challenges these youth face:

- Available research indicates that only 45% of youth in foster care had a high school diploma at the time of emancipation (Cook, 1988; Cook, 1991).
- A study of emancipated youth in Maine documented 51% unemployment and 66% on some form of public assistance (Edmund S. Muskie School of Public Service, 1999).
- Still other data confirm high rates of homelessness (Brown, 2000; Roman & Wolfe, 1995).

To support foster youth in the transition to adulthood, Congress passed the Foster Care Independence Act of 1999. The law created the John H. Chafee Foster Care Independence Program, which provides funds for educational training and related services necessary for employment and postsecondary education, personal support for emancipated youth, and a range of services and supports to former foster youth ages 18-21. Similarly, foster youth's IEPs are required to include a statement of transition service needs starting at age 14, and starting at age 16 (or younger, if appropriate), a statement of needed transition services "including, if appropriate, a statement of the interagency responsibilities or any needed linkages" [Subpart II, Sec. 1414 (d)(vii) (I) & (II)]. The intent of both laws is similar: *to plan and prepare for the transition to adulthood for youth who will face special challenges in making this transition.*

There is, however, little evidence that the child welfare and special education systems collaborate on transition planning and service provision for foster youth in special education. Given the extraordinary transition needs of foster youth in special education, it is important to ensure that the educational planning done at the school level is coordinated with the related transition planning done by social services in accordance with the Chafee Foster Care Independence Program.

Opportunities for improvement

The transition needs of youth in out-of-home care would be better served through creating linkages to the child welfare system and transition services providers, such as follows:

- *Require that transition planning and service delivery be coordinated with the child welfare system for all students in foster care.*
- *Ensure that representatives from the child welfare agency or transition services providers are invited to participate in the student's IEP meeting.*

These activities would support the following outcomes:

- *Coordinated, effective transition planning for foster youth in special education*

- *Improvement in transition and independent living for foster youth who have been in special education*

Mental Health and Behavior Issues

**FAILURE TO PROVIDE CHILDREN IN FOSTER CARE
WITH SUFFICIENT MENTAL HEALTH SERVICES
FREQUENTLY CONTRIBUTES TO EDUCATIONAL DISRUPTIONS**

One study finds that as many as two-thirds of children in foster care are in critical need of mental health services, and close to a fourth have difficulties in social competence that are related to school.

The issue

Children in foster care, as victims of abuse, neglect, and separation from birth families, have a high incidence of emotional and behavioral disturbance. An estimated 40% to 65% of children in the foster care system are in severe to critical need of mental health services, compared to 14% to 20% of the general population. Another 23% have difficulties in social competence that are highly related to school performance (Clark, et al., 2001). A variety of other studies are available to support these estimates. For example:

- A 1990 study of former foster youth found that 100% of the youth had high depression scores, reported problems with depression, or had been in a mental hospital (Barth, 1990).
- A 2001 study of 243 foster children ages 4-17 in Washington State found that more than half of the children had at least a mild impairment in behavioral functioning, and nearly half had moderate or severe impairment (Berliner & Fine, 2001).
- An Illinois study found that foster children in special education suffer disproportionately from behavioral and emotional disturbance as a primary handicapping condition, with more than half receiving services under this category compared with 10% for the non-foster care special education population (George, et al., 1992).

The high incidence of emotional and behavioral disturbance among foster youth in special education has two implications for the special education system:

- First, these children need to have ready access to mental health services as a related service, with close coordination with all agencies responsible for the child's mental health needs. A 1996 study found that foster children "were frequently denied educational services because of a lack of coordination between the child welfare agency and the school districts and mental health departments." (Weinberg, 1997, p.6)

- Secondly, school disciplinary measures that are used in place of positive behavior supports remain a concern. Given the history of school changes, missed schooling, and depressed educational outcomes for youth in foster care, it is imperative that the opportunity to learn is not further denied to these children through suspensions, expulsions, and abbreviated schedules.

Opportunities for improvement

Children in foster care with emotional and behavioral disturbances would benefit from the following changes in special education policy:

- *Coordinate and identify interagency financial responsibilities for mental health services delivery with child welfare agencies.*
- *Ensure that all children with disabilities who are suspended continue to receive educational services.*
- *Require that all children on an IEP for behavioral or emotional disabilities have a functional behavioral assessment and a behavioral intervention plan.*

The desired outcomes of these changes follow:

- *Easier access to needed mental health services for foster children in special education*
- *Uninterrupted services for children with disabilities who are suspended, including foster children with disabilities*
- *More effective and proactive behavior intervention for children with disabilities, including foster children with disabilities*

Participation in State Planning Efforts

FOSTER PARENTS AND OTHER REPRESENTATIVES FROM THE CHILD WELFARE COMMUNITY ARE NOT INCLUDED IN STATE PLANS TO IMPROVE EDUCATIONAL RESULTS FOR FOSTER CHILDREN WITH DISABILITIES

With as many as 45% of children in foster care eligible for special education services, state planning efforts must directly involve those most closely responsible for supporting these youth.

The issue

The federal government supports State Program Improvement Grants through IDEA for Children with Disabilities to reform and improve systems that provide educational, early intervention, and transitional services, including professional development, technical assistance, and dissemination of knowledge about best practices. But even as states strive to improve educational and transitional services and outcomes for children with disabilities, they seldom recognize the unique needs of children in foster care.

States are required to involve local educational agencies, parents, individuals with disabilities and their families, teachers and other service providers, and other interested individuals and organizations in comprehensive strategies to improve educational results for children with disabilities. Without the direct involvement of child welfare system representatives, foster parents, and the judiciary in state plans, the needs of these at-risk children and young adults will continue to go unmet. State plans must reflect partnerships with local child welfare agencies, foster parent associations, and dependency and family court judges who are in the best position to design ways to meet the special educational and transition needs of children in out-of-home care.

State plans should target service integration and coordination of state and local education, social, health, mental health, and other services to address the full range of student needs, particularly the needs of children with disabilities who require significant levels of support to participate fully in their schools and communities. Too often, these are children coming from the foster care system.

States also need child welfare and foster parent participation to promote comprehensive professional development for persons responsible for the education or transition of foster care children with disabilities. Federal policy addresses teacher training to ensure that personnel involved in special education have the skills and knowledge needed to serve children with disabilities. The authority of “projects of national significance” provides an excellent opportunity to focus specific attention on the personnel training and support needs of teachers who will serve children in foster care through the special education system.

Federal policy also calls for involvement of individuals with disabilities and parents of children with disabilities in planning, implementing, and evaluating system change and educational reforms. Again, by including foster parents and individuals with disabilities from the child welfare or foster care systems in all state plans, change and reform will truly address the needs of all students with disabilities.

Opportunities for improvement

Child welfare and foster parent representation in state plans can be effectively accomplished by the following strategies:

- *Establish contractual partnerships with the state child welfare agency for all state assistance grants.*
- *List foster care organizations—both professional and parent, public and private—as “other partners to be considered.” This should include foster parents, foster youths, community-based groups, lead state child welfare agencies, and higher education schools of social work.*

- *Include “individuals with special knowledge of the education and transition needs of children in foster care” as optional partners.*
- *Include representatives from the family and dependency judicial system as optional partners.*
- *Include training on education issues facing children in foster care for all federally supported teacher-training grants.*

Following are anticipated outcomes from these activities:

- *Collaborative planning and resource-sharing among programs targeting children in foster care with disabilities*
- *More direct involvement by individuals and organizations most closely associated with foster children in shaping state and local systems that address the special needs of these students*
- *State reforms and local strategies that target improved outcomes for children in foster care*
- *Improved facility by dependency and family court judges in working with educational systems to create a unified systems approach to achieving improved child welfare and educational outcomes*
- *Greater preparation for special education teachers to meet the unique education and transition needs of children in foster care*

Conclusion

The promise of quality, outcome-driven services and supports that are individually determined to meet the unique education and transition needs of children with disabilities has been largely unfulfilled for a segment of our nation’s most vulnerable students—youth in foster care. While special education services have significantly improved the educational opportunities for children with disabilities, students who find themselves in foster care continue to fail educationally in alarming numbers. Both the education and child welfare systems largely ignore the educational needs of foster care children with disabilities. Meeting these needs must become a national, state, and local priority.

Strengthening the policies, practices, and procedural safeguards of special education must start with improved service coordination between educators and child welfare professionals at all levels. System coordination is critical to the timely delivery of quality support services. Educational and transition information must be readily tracked and shared between systems. This will promote programs and support continuity as these students move from program to program and from school to school. Early identification of foster children with disabilities through expanded child find efforts is also essential for these children and youth to achieve success in school. Foster parents must be equipped with the knowledge and skills to advocate effectively and support their children at state and local levels—parent support is directly related to educational success. These

children must also be able to depend on delivery of coordinated interagency mental health services, because mental health issues too often prevent children in foster care from succeeding in school. Finally, states can significantly improve special education services by seeking participation of foster parents and representatives of the child welfare system, the judiciary, and social work higher education in their state plans.

Together, these strategies can result in bringing about important improvements in the delivery of special education and transition services to children and youth in foster care. The foster care experience is a traumatic one for thousands of our nation's children. Disability increases the need to provide quality service coordination and program support. Special education can play an important role in preparing these students for successful integration into adult community roles and responsibilities.

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