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Intervention Targets for Youth With Disabilities in Foster Care

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ABSTRACT: This article will focus on students with disabilities in foster care to help school psychologists identify effective school-based interventions for these students. We will report our findings from three independent studies and then apply the findings to suggest targeted interventions for these students that are intended to improve educational and long-term outcomes. Three intervention targets that emerged from our research and extant literature as particularly influential will be discussed: disability, stability, and relationships.

Youth in foster care are one of the most vulnerable groups of students in the school population. National data suggest that approximately 400,000 youth reside in out-of-home placements (National Working Group on Foster Care and Education, 2014). These placements may be licensed foster homes, relative's homes, or in residential care facilities. Typically, youth in foster care have been removed from their biological families because of their exposure to abuse, trauma, or neglect. Research consistently documents poorer educational outcomes for youth in foster care than their peers, including poorer performance on measures of academic performance and higher rates of grade retention, absenteeism, truancy, suspension/expulsion, and school dropout (National Working Group on Foster Care in Education, 2014; Scherr, 2008; Zetlin, MacLeod, & Kimm, 2012). Youth with disabilities experience even poorer educational and long-term outcomes and require specialized services and supports (Geenan & Powers, 2007).

DISABILITY, STABILITY, AND RELATIONSHIPS

This section frames the discussion by highlighting key findings from the extant literature related to disability, stability, and relationships for youth with disabilities and youth in foster care.

Disability

Youth with disabilities are more likely to be placed in foster care as a result of maltreatment than youth who do not have disabilities (National Working Group on Foster Care and Education, 2014). In fact, youth with disabilities account for at least 40–47% of all children in foster care (Powers et al.,

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2012). These youth experience more barriers to academic success and poorer long-term outcomes compared to their peers in foster care without disabilities, including lower rates of employment and high school graduation (Geenan & Powers, 2007). Scant research has been conducted on the educational experiences and needs of youth with disabilities in foster care. However, Geenan and Powers (2006a) revealed alarming disparities in educational experiences of youth with disabilities in foster care, including more frequent school changes and more restrictive environments than those youth receiving special education who were not in foster care. In addition, the Individualized Education Programs (IEPs) were of poorer quality and less likely to include goals for postsecondary education or independent living.

For students in foster care with disabilities, individuals responsible for their educational outcomes often have little understanding of the special education system. For example, Advocates for Children of New York (2000) reported that 90% of biological parents of students in foster care had no involvement in the special education process, 60% of caseworkers were not aware of existing laws when referring students to special education, and 50% of caseworkers did not believe that their clients were receiving appropriate special education services. Students in foster care were also less likely than other students receiving special education to have an advocate present during transition planning meetings (Geenan & Powers, 2006a). Caregivers and social workers report that schools fail to acknowledge the students' needs, address the learning or behavior challenges, or provide the more intensive educational supports (Zetlin, Weinberg, & Shea, 2010).

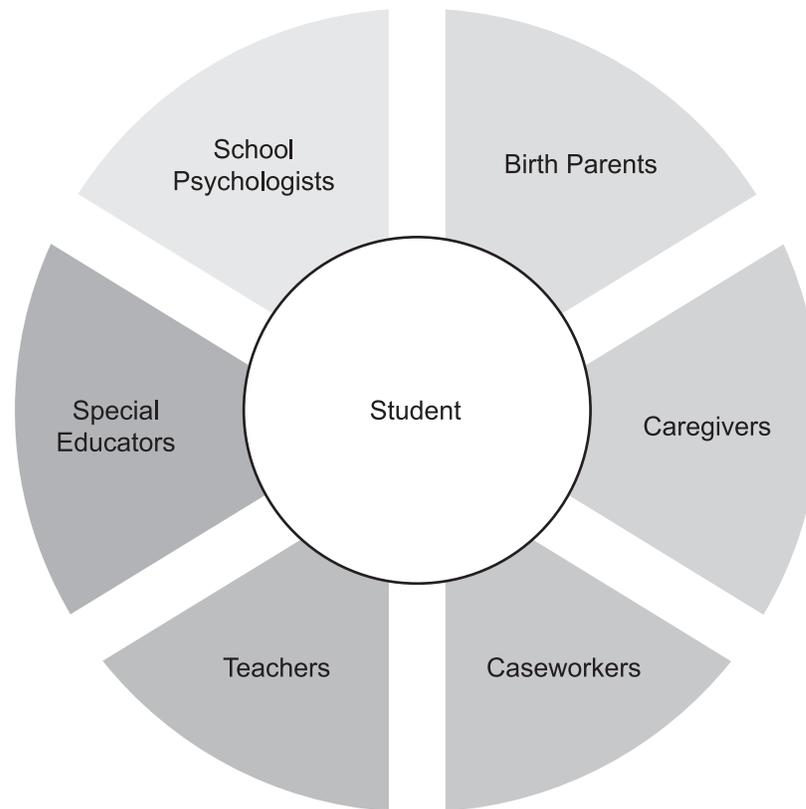
Stability

Youth with disabilities in foster care encounter multiple complex systems, including child welfare, mental health, juvenile justice, and special education services. Effective coordination and accountability across these systems is often lacking (Zetlin et al., 2010) but is essential to adequately address the needs of youth with frequent placement disruptions. Youth with disabilities have an increased likelihood of placement changes (National Council on Disability, 2008). Owing to the high rate of mobility (resulting from placement changes) and subsequent school changes, they often experience challenges navigating the educational system. Educational records are frequently lost or misplaced, resulting in delayed enrollment; and ineffective school–agency relationships, communication, and cooperation create barriers to fulfilling the educational needs of the youth in foster care (Pecora, 2012). The breakdowns during interagency collaboration may result in a loss of knowledge between systems resulting in the youth falling behind his or her peers academically, inappropriate educational placements, and/or IEPs that are not implemented (Geenan & Powers, 2006b). In addition to direct impact on academics, placement instability increases the risk of emotional, mental health, and behavioral issues (Hill, 2012; Pecora, 2010).

Relationships

Many individuals—including birth parents, caregivers, caseworkers, teachers, special educators, and school psychologists—are involved in the lives of youth with disabilities in foster care (Figure 1). The relationships between the team members and/or with the youth may contribute to or hinder progress toward positive long-term outcomes. While youth in foster care often present complex developmental, cognitive, behavioral, and mental health needs; insecure attachments; health problems; and complicated histories, they often lack knowledgeable, consistent adults who can serve as educational advocates (Christian, 2003). In addition, research suggests there are significant demands on caregivers' parenting skills that go beyond those typically needed, including responding to the special needs of the youth, accessing resources, and advocating for necessary services (Berrick & Skivenes, 2012). As a result, caregivers may face heightened levels of stress, anxiety, and frustrations, as well as disturbances in the youth–caregiver relationship (Storer et al., 2014).

Figure 1. Current Relationships



While some youth in foster care describe positive experiences in their foster families, many youth lack a sense of belonging in the foster family and do not view their caregivers as part of their inner support circle (Singer, Berzin, & Hokanson, 2013). Barriers to developing positive youth–caregiver relationships are significant, and may be confounded by cultural disconnects between the youth and the foster family, frequent placement disruptions, and the youth’s resistance to forming bonds in the foster family (Singer et al., 2013).

FINDINGS

Findings of one previously published study (Tyre, 2012) and two unpublished studies will be discussed here. Each study specifically addresses concerns for students with disabilities who are in foster care. All studies were conducted in a large urban area in the Pacific Northwest. In all three studies the following points, appropriate for targeted intervention, were identified as especially influential in the lives of the students under study: disability, stability, and relationships. Although the studies occurred in the same geographic region, the findings are noteworthy since researchers independently conducted the studies at different points in time and with different participants, yet identified similar themes. Additionally, the findings from each study reflect different perspectives and help fill a gap in the research about students with disabilities in foster care. Study A reports outcomes of an academic support program for students in foster care. Study B elicited caregiver perspectives during focus groups to understand the challenges they experience in supporting these students’ education. Study C reports on the experiences of the students, in their own words, with professionals who serve them providing additional data.

Study A: Educational Supports for Students With Disabilities in Foster Care

This section describes a private, nonprofit organization’s partnership with an urban school district to provide school-based educational supports for middle school students in foster care. The Educational

Success Program (ESP) provided mentoring and tutoring in target urban schools with higher than average concentrations of students in care. Owing to the often temporary nature of out-of-home placements, students with an open case with the Washington State Department of Social and Health Services were eligible for the program, regardless of whether they resided in foster care, relative, or birth family homes.

Through the ESP, a certificated teacher and a team of tutors served as stable adult mentors in the lives of students served. A full-time certificated teacher employed by the nonprofit organization was embedded in each of four target middle schools through an interagency agreement. Each teacher trained and supervised a staff of tutors, determined the content and extent of tutoring services, and coordinated the delivery of those services. The teacher also served in an educational advocacy role by facilitating access to school-based and community services. Each tutor made a minimum 1-year commitment to working with the specific students they served, although many continued for 2 or 3 years. Tutoring services were provided during the school day and involved a combination of individualized sessions and classroom-based supports. The nature of supports were individualized for each student based on his or her level of need, but all students received at least one tutoring session per week with their specific tutor, with an average of three sessions per week. Tutoring sessions were typically 30–60 minutes in duration. Readers can access additional information about the ESP in Tyre (2012).

Disability

Of the 76 middle school students served in the 2009–2010 school year, 28 were also eligible for special education services. Consistent with research supporting that students in foster care experience disability at a rate much higher than the general student population, almost 40% of students served by the ESP were eligible for special education services. In recognition of the unique needs of students with disabilities in foster care, the ESP teachers served as educational liaisons for them. The teachers identified students with disabilities in the school that were affected by the foster care system, an important first step toward ensuring the students' needs are addressed. Each teacher received training to ensure they were knowledgeable about educational disabilities, special education services, and the law. Each teacher served as a liaison between the student, family, school, and community service agencies by establishing lines of open communication and record sharing. The teacher also advocated for appropriate special education services based on his or her knowledge of the student's needs obtained through this communication.

Additionally, the teachers administered quarterly academic screening measures. The progress of the students served by the ESP was monitored with curriculum-based measures in reading administered at regular intervals throughout the school year. Progress from the start to end of the school year revealed statistically and practically significant gains in oral reading fluency and reading comprehension for all participants with disabilities. The rate of improvement for students significantly exceeded expectations based on normative data for the measures utilized, suggesting that students with disabilities in foster care were on track to close the gap between their reading skills and those of their peers across the nation (Tyre, 2012).

Stability

Of the students served by the ESP, 51% lived with their birth families, 22% resided in kinship care, and 20% were in foster care. The ESP was designed to serve all students affected by the foster care system in recognition that the needs of these students continue when they return to live with their birth family or other relatives. In fact, one fifth of the students served by the ESP experienced at least one change in home placement during the school year. Home transitions can be stressful and make it difficult for students to focus on their education. It was the role of the ESP teacher to be aware of transitions by establishing regular communication with home and community service providers.

Also during the school year, 40% of the students had at least one unexcused school absence and 36% experienced at least one school suspension with an average of 5 days missed due to disciplinary actions.

Suspensions and unexcused absences are warning signals of school disengagement (Allensworth & Easton, 2007; Balfanz, Herzog, & Maclver, 2007). As part of the educational advocacy roles, ESP teachers led advocacy efforts for the students when exclusionary discipline procedures were applied by the school administration. Whenever possible, the teachers worked to reduce or eliminate school exclusions and facilitated school reintegration for students following disciplinary actions.

Relationships

It is well established that children in foster care experience great instability and may lack caring and consistent adult role models in their lives. The school setting is one place where they may experience some level of stability, provided that the school placement does not also change. Yet, children in foster care tend to become increasingly disengaged from school as they move through the grades (Sanchez, 2004; White, 2005). The ESP was designed to ensure that an adult in the school (i.e., the teacher) establishes a connection with the student they are serving. Recent research on school-based mentoring models provides strong support for the effectiveness of school-based mentors in improving school outcomes for at-risk students (Maynard, Kjellstrand, & Thompson, 2014; Strand & Lovrich, 2014). Therefore, this strategy was chosen since these students are a group at high risk for negative educational and long-term outcomes.

Study B: Caregiver Involvement in Education of Students in Foster Care

In this section, we report on lessons learned from a partnership between school psychology faculty and a nonprofit agency that provides services to students in foster care including clothing, enrichment activities, tutoring, mentoring, and educational support. Recognizing the importance of caregiver involvement in education for these students, the agency launched an initiative to engage caregivers in its programs to improve educational outcomes for foster students. Goals of the partnership were to inform the agency about how caregivers are involved in the education of these students, to develop agency awareness of the challenges to involvement that caregivers experience, and to suggest ways that the agency can support caregivers' engagement in the education of the students in their care.

A series of focus groups was conducted to gain understanding of foster caregivers' experiences in their educational involvement for the children in their care, including challenges the caregivers experienced and supports the caregivers needed in order to engage more effectively. Twenty-seven caregivers participated in four focus groups. They were recruited from caregiver support groups located in four areas of the county and included licensed foster caregivers, relative caregivers, and caregivers who adopted children they had fostered. All participants had current or recent experience in caring for school-age children.

Disability

Although the focus groups did not specifically recruit caregivers of students with disabilities, important themes emerged about their experiences caring for students with disabilities, the caregivers' relationships with schools, and the special education process. Several caregivers described caring for the children with a variety of special needs because of the children's psychiatric disorders (e.g., attention deficit hyperactivity disorder, bipolar disorder, schizophrenia), chronic health problems, undesirable behaviors (e.g., stealing), and learning disabilities. These caregivers described challenges in obtaining information about the child and his or her disability, managing behavior, and advocating for the child's needs at school and in the community.

Caregivers identified several supports needed to engage more effectively in education for children in their care. Specifically, these caregivers wanted to be better prepared for IEP meetings, to understand their role, and to know how to advocate for services in these meetings. Caregivers also wanted support from advocates who are knowledgeable about the child, the school system, special education laws, and programs. They also wanted the advocates to accompany them to IEP meetings. Additionally, caregivers wanted access to tutoring services for the child in their care. A few caregivers had used the agency-based

tutoring services and wanted more and easier access to those services (e.g., tutoring at school or at home).

Relationships

Caregivers discussed the importance of relationships and good communication with the team serving the child. Several caregivers reported that they often found themselves advocating alone and identified lack of support from the child's caseworker as the most significant challenge to their involvement in the child's education. Caregivers also reported a desire for more frequent and reliable contacts with the child's caseworker. They perceived caseworkers as unavailable because of caseworkers' heavy caseloads and unconcerned or lacking knowledge of the child's educational needs and/or services available in the schools. One caregiver stated, "It's really hard to find a good social worker who's really there for the children. They are not there for the kids. It's another broken system."

Caregivers stated that communicating with the school via e-mail, phone calls, or meetings with teachers and administrators was the most important way they were involved in education for the child. One caregiver explained, "When you have foster children and you're in the [school district], you're in there almost every week. You're in there constantly." Some caregivers described positive experiences in IEP meetings, for example: "I had a great IEP meeting ... we all got together—the counselor, SPED teacher. The psychologist realized that [foster son] doesn't have any disability. He's just behind. It really felt like a good meeting." However, others described negative experiences and perceptions that their input was not valued: "All these people come from different offices to have this big meeting. They decide what they're going to do."

For some caregivers, school involvement meant advocating on behalf of the child in the IEP process, and advocacy meant having to fight or stand up to the school system to get the special educational services the child deserved. One caregiver said:

Most of us with the foster kids are in the school's face pretty much all the time because our children have problems. If it's not an IEP, it's an amendment The squeaky wheel gets oiled. That's where all my time went, making sure they got their IEPs, making sure their services were going on.

Often caregivers identified communicating with the school as the greatest challenge to their involvement in education. "It is hard for foster care [children] to make it in the school. If we're not there to fight for [the children] and support them, it's hard to communicate with the school, period. I mean it's really hard."

Other caregivers reported working with community-based educational advocates. Caregivers appreciated educational advocates who attended IEP meetings with them, provided information about education services, monitored the child's progress, and helped the caregivers access resources in the school and community. One caregiver said:

If it [weren't] for [the education advocate] and her knowledge, you're doomed, because there are things that you didn't know. This [woman] will take her time and go with you to an IEP meeting. If I've got an advocate with me, it's going to come out different than if I go by myself. [The education advocate] searched out programs for summer on credit recovery. That was helpful. There wasn't a way that I could have accessed that much information in such a short time.

Stability

Caregivers described significant challenges when the child first came into their care. When the caregiver had to communicate with the school district to determine a school assignment and arrange for

transportation, caregivers described delays in the district's response, misplaced records, and delays in the child's enrollment. One caregiver described a situation in which a school district official could not find any record that her foster child had been enrolled at his school. "We drop him off at school every day, he's on an IEP, he gets on a bus to take him home, but he's still not enrolled.... They ended up creating two ID numbers for the child!" Other caregivers described their child having difficulties with more typical transitions (i.e., from middle school to high school). "When it was time for her to transfer to [high school], she felt hopeless and she couldn't focus. She didn't want to go to school anymore."

Study C: Transition to Adulthood for Students With Disabilities in Foster Care

This section describes a grounded theory study examining the process of transition to adulthood for young adults with disabilities who were in foster care. Grounded theory enables the identification of theory through the systematic comparative analysis of data collected during fieldwork (Patton, 2002). Semistructured interviews were conducted with these young adults. In addition, a focus group of professionals who serve this population was conducted (Harwick, 2014).

Seven interview participants were recruited by sharing information about the study with a network of social workers, educational advocates and specialists, and college professionals who were asked to nominate individuals who (a) had received special education or identified as having a disability, (b) graduated from high school or received a GED, (c) were in foster care for more than 6 months during high school, (d) had been employed or in postsecondary education consistently for at least 1 year, and (e) were between the ages of 18 and 24. Five focus group participants were recruited directly by the researcher, based on her knowledge of programs serving this target population.

Disability

The interaction between special education law and receipt of services was perceived as a barrier for some interview participants. Three of the participants received inappropriate special education or mental health diagnoses, and professionals in the focus group also reported inappropriate diagnosis as a concern.

Owing to school changes, one of the participant's schools was unaware that she had an IEP. The participant reported that she had an IEP in elementary and middle school but by the time she returned to high school (after running away),

... there was all that commotion happening so it just went off the radar. Nothing happened about it. Then when I went into my foster care or foster home with [my foster parent] they were like, "Okay, we need to get you on IEP." They tried getting me on it and they were like, "Oh wait! There's one right here. You've had one all the time. Let's get this going."

For another participant, her IEP in elementary school contained the wrong diagnosis:

Somebody put me down as ... borderline retarded [laughs] and I'm not, and the school ran with it and I was like where did this come from? In the meantime when I went to do something ...and they were like we think you're borderline retarded. And I was like, "Where did you get that from?" And they were like, "It's in your file," and I was like, "Oh [laughs] that's great to know," because I was ... in sixth grade. They have special and that, they had different levels so they were putting me in ... the lower end of special ed.

The participant reports that it was not until many years later that she was removed from the self-contained classroom and received the diagnosis of specific learning disability. It was not until the ninth grade that she was diagnosed with dyslexia. She believes this delay in diagnosis was mainly due to her

frequent moves. She said she would get set up for testing but by the time it was supposed to happen she would have moved. She also reports the school would send her for tutoring,

... but it wasn't working because I was just moving around so much every time I moved they had to find new resources and by the time I got linked up with the resources I was ... moving again, so yeah.

Professionals also reported concern about special education and/or mental health diagnosis. One professional from the focus group reported that they frequently discuss with the student "over-medication and inappropriate institutionalization." He said students shared that they may have "nine diagnoses and [they] don't think any of them are right." Participants also reported little awareness of what their diagnosis meant and how it would have an impact on them later in life. One participant said she felt like her psychiatrist "just kept giving [her] more and more medications ... to make [her] too tired to actually be able to be angry or something." Several participants said that no one ever talked to them about their disability and mental health labels, in particular about how these labels would have an impact on their future careers. Several participants talked about the desire to hide their disabilities while in high school. They shared that they used to try to hide being in special education classes because if people found out they would think they were "special or something."

In response to discussions with participants about the meaning behind their disability label, they shared that these conversations with regard to what the label actually meant and how it may have an impact on their transition to adulthood were limited. Most professionals reported that they did not feel it was part of their scope of work. One of the professionals suggested that

... maybe it is a kind of intimidating conversation to have with a kid. I think a lot of times it is assumed that those conversations are being had at some level, whether it is with a social worker who is legally the guardian or a mental health provider.

A social worker said, "I was always really careful as a social worker to stay in my lane or stay in the moment of what we were focusing on with the kids." She believed it was important for the student to decide what he or she wanted to discuss and "didn't want their diagnosis or disabilities to define them." Another professional said she believes the students she works with are very "aware" of their labels and often share too much of their personal information. She attributes this to the systems they have been in where they have had to "say it so many times." Only the community college professional mentioned teaching explicitly about disability and identity. He said that some of his students are "acting out what they were told they were" and "living up to the expectations" of the label they were given and it becomes necessary to teach the students about their possibilities.

Stability

Systems affected by state and federal laws, such as the children's administration, interact with social workers and birth and foster parents in complex ways during decision making about the appropriate placement of a child in the foster care system. As a result, many of the participants in this study experienced multiple placements and different living situations including living with a relative, foster homes, group homes, psychiatric hospitals, and specialized homes for teen parents. During the focus group, placement changes were reported by the professionals as one of the biggest barriers to the successful transition to adulthood for the child he or she serves. Participants discussed the negative impact of moving a child from one placement to another. The social worker reported every time the child was moved "it was like reinventing the wheel" and that for children with disabilities the child may be moved from a placement that understands how to meet the child's needs to one that does not. She acknowledged that a lot of times during those placement changes "things don't get transferred over.... That is probably the number one issue that they have." The community college professional reported that many of his students who were identified with learning or other disabilities before college shared

that they moved around a lot and because of the different expectations at the schools they went to they were “frustrated” and “fed up with the whole educational system.” This led many of the students to drop out before graduation and then later when they were ready to go to college they had to get their GED before they could begin at the community college.

The focus group data also described an inadequate service delivery model for foster care. Participants described how many caregivers are isolated and unsupported and need ongoing training and respite in order to reduce placement instability for the child: “We have very few highly trained caregivers” and the ones who do exist “are often overtapped and overused.” The professional participants also expressed concern that the system is not designed to address cultural needs of immigrants and/or refugees and that cultural competence training is needed so that caregivers know how to relate to a child of another ethnicity and what to do if the child “doesn’t know how to relate to them.”

Relationships

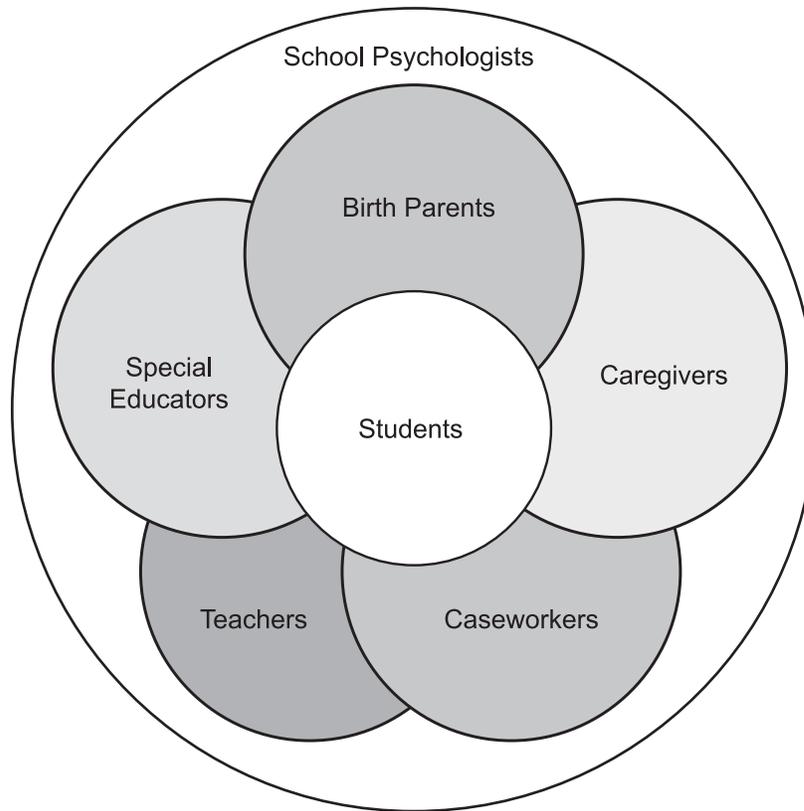
Many student participants experienced strained or tenuous relationships with adults in their lives. Several reported having little to no contact with their social workers, resulting in their missing out on typical childhood experiences (e.g., school field trips, overnights) because of difficulty getting permission slips signed. They also reported conflicts with teachers. The two who reported the most teacher conflict left high school before graduation. Tension with caregivers was also common. Additionally, some participants had little or no contact with birth families, and even those who did often had poor relationships. One participant shared that she was “angry at [her] mom for not being [her] mom.” Others discussed lost contact with siblings. The frequent moves and school changes often contributed to social isolation and lack of relatedness with peer groups. Several had negative experiences resulting in their reporting the foster parents to the authorities including feeling bullied by the caregiver, being left outside, and inappropriate use of funds.

The professional participants discussed the importance of stable relationships in the lives of children in foster care, but said it was difficult because of the high rates of turnover with special educators, caseworkers, and foster parents. The need for experienced and highly trained foster parents was discussed. Several of the professional participants discussed that children in care do not have the opportunity to engage in “developmentally appropriate” thrill seeking behavior without the consequence of “I love you and I care about you, but this placement isn’t working out, so you are going to have to move.” They discussed how the level of unconditional love, “I’m here for you no matter what,” is not there for many children in foster care.

IMPLICATIONS FOR INTERVENTION

Many adults, such as birth parents, child welfare caseworkers, special educators, and other school-based professionals, may be involved in the education of children with disabilities. In spite of the number of adults involved in the lives of these children, their educational needs are often unmet. Therefore, it is imperative to ensure that the supportive adults are involved in advocating for the child’s success in school. A designated staff person responsible for inviting the adults with the highest level of investment in supporting the child’s educational success is critical to building the support team. School psychologists are uniquely qualified to serve in this role because of their knowledge of the special education system, disabilities and the educational impacts of those disabilities, the effects of adverse childhood experiences, and engagement of caregivers from diverse backgrounds. The school psychologist can serve as a liaison between the school, child welfare system, and caregivers to ensure the needs of these children are met across these settings (Figure 2). With additional training about the child welfare system and relevant state and federal laws, school psychologists serving as foster care liaisons can link educators, social workers, advocates, and caregivers to support the child’s success at school.

Figure 2. Recommended Relationships: School Psychologists Form the Backdrop for the Student's Support System



Disability

It is essential that schools identify which students have experienced the foster care system. School staff must be knowledgeable of state laws regarding who retains rights to consent to school services including special education. Additionally, it is imperative that school psychologists (a) ensure accuracy of special education diagnosis and appropriateness of the IEP, (b) educate the caregiver and the team members about the student's disability and how it has an impact on the student individually, and (c) help the student understand his or her disability and advocate for his or her educational needs. Study C found that most team members thought it was someone else's role to discuss the disability with the child. Therefore, the child did not receive proper education and training about his or her disability inhibiting his or her long-term successes because the child did not understand what resources and/or supports he or she would need as adults to be successful.

As the school-based liaison (or advocate) for children in foster care, the school psychologist should partner with child welfare caseworkers to offer training for educators and caregivers so they understand how to support the educational needs of these children. Child welfare caseworkers can provide training for educators to increase their understanding of these children (e.g., effects or trauma on learning and mental health) and to dispel common misconceptions that create low expectations for student achievement and caregiver involvement. Similarly, school psychologists should provide training for caregivers to increase the caregivers' knowledge about educational disabilities, the special education system, and legal rights and protections for these children.

To support the educational success of these children, caregivers need information about the challenges that the children in their care experience. Children with disabilities often present complex academic,

behavioral, and emotional challenges. It is unrealistic to expect caregivers—even those who are well trained and experienced—to be knowledgeable about all types of disabilities. When a child is first placed in foster care, the caregiver may lack information about the child’s disability, how the disability affects the child, what issues or challenges to expect, and how to respond to the child’s special needs. The school psychologist may be the most knowledgeable member of the special education team about educational disabilities and psychiatric disorders of children and adolescents, and the impact of abuse and trauma on the students’ well-being. As such, the school psychologist is uniquely qualified to be a source of information and guidance for the foster caregiver about the child’s disability and mental health needs.

To engage effectively in the special education process, caregivers need information about special education laws and procedures. School psychologists are knowledgeable about federal and state regulations pertaining to students with disabilities and can interpret those laws to foster caregivers. School psychologists should also be knowledgeable about laws that pertain specifically to children in foster care and should be able to explain those laws to caregivers. The IEP meeting is a critical process for engaging the caregiver in the child’s education and for creating a partnership between the social worker, caregiver, teachers, specialists, and other team members. When deciding who is on the team and at the table, it is important that the school psychologist understand who has legal rights to make educational decisions for the child, who can attend IEP meetings, and who can sign special education forms. Even when caregivers are not legally responsible for the child’s education, the caregiver should be encouraged to participate in IEP meetings, since the caregiver has daily contact with the child in his or her care and may be the most knowledgeable about the child’s immediate needs.

All meetings should begin with explicit acknowledgment of the importance of the caregiver’s participation in the team, clarification of roles and responsibilities of each team member, and a clear statement of purpose. The IEP meeting is a critical process for learning about the child, the child’s disability, and the child’s special needs. The initial meeting, in particular, should include a thorough review of the child’s educational records and placement history; an explanation of the child’s disability, including educational, health, and mental health needs; and an opportunity for the child to discuss his or her goals. All meetings should include opportunities for the caregiver and child to ask questions, share information, and give input into the child’s IEP, with encouragement to voice concerns and dissenting opinions. In addition, the caregiver should be provided an opportunity to seek guidance in how to best support the child’s educational success or other special needs related to the child’s disability. The child should be empowered to lead his or her own IEP meetings to increase his or her engagement and ability to self-advocate.

Stability

Children with disabilities in foster care are more likely to experience more placement changes and school mobility than children in foster care without disabilities. When children are initially placed in foster care, or when they experience a placement change, it is critically important that caregivers and school staff receive timely and accurate information about the educational needs of the child. While the child welfare caseworker is responsible for providing caregivers with historical information about the children in their care, the school psychologist is typically responsible for obtaining and reviewing educational records for these children and communicating the information to the IEP team. In this process, the school psychologist should reach out to caregivers and the child to share information from the educational record and encourage both the caregiver’s and the child’s involvement. This is an opportunity to learn which accommodations and/or modifications worked well at the child’s previous school or any additional supports needed.

In order to expedite enrollment or access to appropriate services, school psychologists need to have systems in place to identify children in foster care and those who are in a new placement, procedures to ensure timely receipt of educational records, and procedures to authorize release of information to caregivers. It is important to understand how state and local policies within both child welfare and

education regulate what information about children in foster care can be communicated or shared across systems (see www.childwelfare.gov). For example, the Uninterrupted Scholar's Act allows schools to disclose education records of students, without consent of the parent or eligible student, to an agency caseworker or other representative of a state or local child welfare agency or tribal organization authorized to access a student's case plan when such agency or organization is legally responsible, in accordance with state or tribal law, for the care and protection of the student. Additionally, for children awaiting foster care, the McKinney-Vento Act may have implications such as the requirement for transportation to and from the school or origin and immediate school enrollment.

Placement stability is often influenced by the quality of the caregiver-child relationship. Caregivers need support in order to form and sustain positive relationships with children in their care. Support for caregivers is a responsibility of the child's caseworker. However, school psychologists should be aware of the importance of the caregiver-child relationship, and can monitor the quality of the caregiver-child relationship and offer support, as needed. Efforts to engage the caregiver in the child's education should take into account the quality of the caregiver-child relationship. For example, if the child and caregiver have a conflictual relationship, it may be inappropriate and/or counterproductive to involve the caregiver in delivering consequences for behavior at school.

Finally, children with disabilities in foster care may experience gaps in basic academic skills due to frequent school moves. While these children receive individualized supports through special education, they may also benefit from additional academic supports to ensure they attain basic academic skills and remain on track as they move from school to school. Academic screening is helpful in identifying skill deficits, which may be remediated with academic tutoring provided by tutors, such as community volunteers.

Relationships

The quality of the caregiver-school relationship influences the ways in which caregivers are involved in the child's education. Caregivers' perceptions of the school can vary widely. For these children with disabilities, the caregiver's experiences within the special education process are critical to child's overall perceptions of the school. As a member of the special education team, the school psychologist can serve as a liaison between the team and the caregiver. As the liaison, the school psychologist can solicit the caregiver's input and feedback about team meetings and/or IEP services; assess whether the caregiver perceives the team to be welcoming, attentive, and responsive to the child's needs; address the caregiver's concerns; and help the caregiver advocate for services, as needed.

School psychologists can support caregiver involvement in the child's education by challenging misperceptions that create barriers to the caregiver's involvement. For example, it is incorrect for educators to assume that because caregivers may not have biological ties or long-term relationships with the child in their care, the caregiver is unconcerned about the child's education. It is also incorrect to assume that caregivers who do not attend school events or volunteer in classrooms are uninvolved in the child's education at home. School psychologists should reach out to these caregivers to discover and acknowledge the various ways the caregiver is involved in supporting the child in his or her care.

CONCLUSION

Children with disabilities in foster care are at high risk for a number of negative school and postschool outcomes. School psychologists are well qualified to serve these children as school-based foster care liaisons. Working with the many systems that children in foster care experience can be frustrating, and may feel overwhelming. Therefore, we conclude this article with a table that summarizes critical needs of children with disabilities in foster care and their caregivers, recommends specific interventions that school psychologists can employ to address those needs, and offers selected resources to support those interventions (see Table 1).

Table 1. Needs, Recommendations, and Resources for Addressing the Disability, Stability, and Relationship Needs of Youth With Disabilities in Foster Care

Identified Need	Recommendation	Resources
Disability		
Inaccuracies in educational classifications and/or mental health diagnoses	Conduct reevaluations and/or consult with mental health professionals; utilize Student Centered Planning to understand complete student history; empower students to lead their own IEP meetings to increase their engagement and ability to self advocate	PACER Center (National Parent Center on Transition and Employment; http://www.pacer.org/tatra/planning/personal.asp); Center for Change in Transition Services (http://www.seattleu.edu/uploadedFiles/CCTS/Resources/Student-led%20IEP%20Template.ppt)
Gaps in academic skills due to school moves	Conduct academic screenings to identify skill deficits as needed; make referrals to school-based or community-based afterschool tutoring programs	Research Institute on Progress Monitoring (www.progressmonitoring.org)
Caregiver’s lack of information about the child’s challenges and special education processes	Educate caregiver about child’s mental health disorder(s) and educational disability; inform caregivers about special education processes	American Psychiatric Association (www.psychiatry.org); PACER Center (Parent Training and Information; http://www.pacer.org/parent/top10-parent-concerns.asp); Center for Parent Information and Resources: Disabilities (http://www.parentcenterhub.org)
Stability		
Lack of access to data to identify which students are in foster care	Create enrollment procedures that identify students in foster care; create agreements between school and child welfare system that facilitate data sharing	Law Center for Foster Care and Education (www.fostercareandeducation.org)
Loss of educational history with school moves	Track down school records; interview student, caseworker, and/or caregivers	The Uninterrupted Scholars Act (https://www2.ed.gov/policy/gen/guid/fpco/ferpa/uninterrupted-scholars-act-guidance.pdf)

Continued

Table 1. Continued

Identified Need	Recommendation	Resources
Delayed or inappropriate special education services due to school moves	Communicate with caseworker and previous school(s) to obtain records; schedule timely IEP meeting and reevaluation, as needed, to determine appropriate services; ensure student's attendance in school pending receipt of records and IEP meeting	Federal letter (http://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/12-0392dclhighlymobile.pdf)
Unstable foster home placements due to caregiver burnout, lack of knowledge, and support	Offer caregiver consultation and support; refer caregivers to foster parent training and support programs	Oregon's Social Learning Center's Keeping Foster Parents Trained and Supported (KEEP) (www.oslccp.org); <i>Staying Connected With Your Teen</i> (adapted for foster caregivers; see Barkan et al., 2014)
Relationships		
Student's social isolation and lack of relatedness	Student-centered planning, sociogram	
Student's exclusion from school activities due to policy barriers (e.g. permission slips)	Become familiar with district and state policies; advocate for changes as needed	National Conference of State Legislatures (Reasonable and Prudent Parenting Standard) (http://www.ncsl.org/research/human-services/foster-care-bill-of-rights.aspx#Reasonable%20and%20Prudent)
Lack of caregiver engagement in the student's education	Make explicit invitations to caregivers to engage; offer caregivers multiple ways to become involved; create systems of two-way communication between foster home and school	<i>The Power of Family-School Partnering (FSP)</i> (Lines et al., 2011); Framework for Six Types of Family Involvement (Epstein et al., 2009)

We call on school psychologists to recognize their power to influence policy and practice and to work more effectively with caregivers, caseworkers, and other educators to improve outcomes for these children with disabilities in foster care. After all, it is the responsibility of the educational system to own the child's educational needs and ultimate success.

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