



Educational Experiences of Youth with Disabilities in Foster Care:

Part Two in the Policy Brief
Series on Disability

Continuing the analysis of experiences
of older youth with disabilities in
Minnesota's foster care system through
a focus on their educational experiences.

Center for Advanced Studies
in **Child Welfare**

UNIVERSITY OF MINNESOTA

What is the Field of Child Welfare?

The child welfare field includes human services in the areas of child protection, foster care, and adoption. This work is carried out in a state supervised, county administered system by government as well as non-profit agencies, and is supported by research and evaluation from government, academic institutions, and non-profit organizations. The collective goal of child welfare is to promote the safety, permanency, and well-being of children, youth, and families.

Child Welfare and Youth With Disabilities

This brief continues the discussion of the experiences of older youth with disabilities in foster care in Minnesota, with a focus on their educational experiences. The following findings and recommendations are based on the dissertation research⁶ of Katharine Hill, PhD, Assistant Professor at the University of St. Thomas School of Social Work and Consulting Researcher with the Center for Advanced Studies in Child Welfare (CASCW).

To learn about the overall prevalence and child welfare experiences of this population, please read CASCW's first policy brief in this series, found online at <http://z.umn.edu/cwpolicy>.

Disabilities, Foster Care, and Education: An Overview

Youth with disabilities are overrepresented in the population of youth in the child welfare system^{2,9,13}. Thus, it is likely that there is a high prevalence of youth with disabilities among the 29,000 young people who age out of the foster care system every year¹⁴.

It is well documented that young people in foster care are at a disadvantage in their educational experiences, due both to their past experiences with physical and emotional trauma, as well as to challenges in both the child welfare and educational systems^{3, 4, 12}.

In general, foster children

- repeat grades more often;
- have higher rates of absenteeism, tardiness, truancy, and dropping out; and
- have lower scores on standardized tests¹.

Placement changes lead to high rates of academic mobility, which leads to disruption in the school routine and relationships with teachers, other students, and school personnel. It can also lead to lost credits, delayed academic progress, and lost records^{12, 16, 18}.

Goerge et al. (1992) found that foster children who receive special education services are, in general, older than the typical special-education population, and are disproportionately identified as having emotional disturbance as their primary disability; this last outcome is also reflective of the study conducted by Dr. Hill (2010), who found that 55 percent of older youth with disabilities in Minnesota's foster care system had an emotional behavioral disorder, compared to just 7.9 percent of the general U.S. population of older youth with disabilities. See Table 1 for more information.

Table 1.
Comparing Disability Diagnoses for Older Youth with Disabilities in Foster Care in Minnesota with General U.S. Population

	Sample of MN Older Youth with Disabilities in Foster Care ^a	General Population of Older Youth with Disabilities in U.S. ^b
	%	%
Emotional Behavioral Disorder	55.0	7.9
Learning Disability	13.6	46.4
Other Health Impairment	12.8	8.4
Intellectual Disabilities	10.4	9.3
Autism	5.0	*
Multiple Disabilities	2.0	*
Other	2.0	9.2 <i>[all others combined]</i>

a. Source: Minn-LInK data, Hill, 2010

b. Source: Office of Special Education Programs data, U.S. Department of Education, 2010

Individual Education Programs (IEPs)

Geenen & Powers' (2006) evaluation of the IEPs of transition-aged youth who were placed in both special education and foster care found that, compared to the IEP transition plans of their peers in the general special education population, the IEPs of the youth in care had low-quality transition plans, with vague goals and fewer goals listed around independent living skills and postsecondary education. Additionally, slightly less than a third of the foster youth in special education were not present at their IEP meeting, and an advocate (such as a family member, foster parent, or other educational surrogate) was absent from the meetings more than half the time (57.8%).

Furthermore, none of the IEP transition plans acknowledged the transition planning that occurs through child welfare. Similarly, Van Wingerden et al. (2002) noted "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" (p. 3). Clearly, there is an ongoing problem with communication and information sharing between the two systems, which must impact the transition outcomes for those youth who are participating in both of them.

Isolation in Special Education Settings for Youth with Disabilities in Foster Care

Policy Issue: Youth with disabilities who are also in out-of-home placement appear to experience more isolation in their special education settings than their peers who are not in foster care.

While the majority of youth with disabilities in this sample participated in special education, almost 10% did not. The most common setting for special education was in a separate classroom or resource room (39.7% of the sample), followed by services integrated in the general education classroom (28.4%), and special education in a separate public or private day school (15.7%). The youth in the sample appear to be slightly less likely to receive special education services than the general

population of youth with disabilities (89.6 vs. 94.7%). Additionally, the settings for special education services for the youth are markedly different, with the most common special education setting for the general population of youth with disabilities being a general education classroom (52.1%) and just 4.0% receiving special education services in a separate school.

Policy Solution: Inclusive education is federally mandated by the Individuals with Disabilities Education Act of 2004 and has been demonstrated to have a positive impact on young people's transition outcomes⁸. Thus, it is important to gain more understanding of why these youth are not being included in their school communities and how their levels of inclusion can be increased.

Education Mobility & Attendance

Policy Issue: Another barrier to successful school completion is education mobility, and, indeed, almost 17% of the youth were educationally mobile, meaning that they had both residential moves and status end codes indicating school changes in the education data for a given year. However, it is interesting to note that although youth face challenges to schooling they do have relatively high attendance rates, averaging 90% of the time. This may be attributed to a number of factors, but does also underscore the importance of school as a vehicle for building connections and stability.

Policy Solution: Knowing that schools can be partners in building connections and stability for youth, some questions arise in thinking about policy solutions; namely, how can child welfare programs and system capitalize on this? If youth are attending school, how can we take the best advantage of this? Which services can be co-located? What types of training can be provided so that youth receive the greatest access to

opportunities? Answering these questions can greatly assist in developing effective policies for older youth with disabilities aging out of foster care in Minnesota.

Graduation and Drop-Out Rates

Policy Issue: Only 25.5% of the youth with disabilities in the sample had graduated from high school by age 19, while 12.4% of the youth had dropped out. The remaining 62.2% were still enrolled as of age 19. Compared with the OSEP data, the graduation rate for this sample is much lower (25.5% versus 70%), as is the dropout rate (12.4% versus 29%). It is important to note, however, that the OSEP data extends to age 21, meaning that the youth have an additional two years to complete high school requirements and graduate successfully. Additionally, logistic regression analysis indicated that youth with disabilities in foster care were 1.3 times more likely to drop out than their peers without disabilities.

Policy Solution: There is a need for increased collaboration and sharing of resources and information between the special education and child welfare systems^{3, 5, 17, 18}. Also, because special education services are designed around the assumption that there is a consistent, caring advocate in the child's life (generally a parent), youth involved in the child welfare system, who often do not have someone to fulfill this role, may benefit from having a specific transition-advocate housed in either the school or child welfare systems¹⁸. Without an advocate, the odds of their services being coordinated, gaps being identified, and goals being achieved are slimmer. Other examples of youth support can be found by identifying and examining programs with higher graduation rates for this population. Ensuring placement stability is also a key component of future educational success for foster youth with disabilities^{7, 10, 11}.

Data-Sharing Practices

Although federal legislation (for example, the Foster Connections to Success Act of 2008) has begun to recognize the challenges facing youth in foster care in achieving long-term connections, there is a need for state and local policymakers to examine the data-sharing practices specific to this state, in order to ensure the necessary data can be shared among all of the stakeholders in a youth's transition to adulthood.

During Minnesota's 87th legislative session (2011-2012), House File 1203 and its companion, Senate File 2338, were introducedⁱ; these bills would have required the commissioners of health, human services, education, and corrections to submit a joint report on a plan to improve child well-being in Minnesota. One of the requirements of the report was to include recommendations for improving data sharing among the commissioners' agencies, so as to assist with case planning at the individual child's level as well as provide a method for examination and accountability for overall child well-being at state, county, and tribal levels using aggregate State data.

Currently, CASCW's Minnesota Linking Information for Kids (Minn-LInK) projectⁱⁱ, which was utilized in this study, provides a way for data from three State agencies (the Departments of Health, Human Services, and Education) to be collected and used for research and evaluation purposes. The data is not intended for case-level decision-making; rather, the information obtained from Minn-LInK can provide a solid foundation for decision making at multiple levels of government.

The state could build on such successful initiatives as Minn-LInK to expand the availability of data for systems accountability, and as a model for how such a system could be constructed at the individual or case level.

ⁱ See <http://z.umn.edu/hf120311> for bill text.

ⁱⁱ The Minn-LInK project houses over 12 years of longitudinal data from the Minnesota Department of Education and Department of Human Services, and integrates additional data (such as Health data) via request in order to answer questions about the well-being of vulnerable children and families. For more information, visit the Minn-LInK website at <http://z.umn.edu/minnlink>.

MINN^oLINK
Minnesota-Linking Information for Kids

For more in-depth information on this topic

- ¹ Christian, S. (n.d.) *Educating children in foster care: An emerging policy issue*. Washington, DC: National Conference of State Legislatures. Retrieved November 28, 2009 from <http://www.ncsl.org/Default.aspx?TabId=4245>
- ² Crosse, S., Kaye, E., & Ratnofsky, A. (1992). *A report on the maltreatment of children with disabilities*. Washington, DC: Westat, Inc.
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- ⁴ Goerge, R., VanVoorhis, J., Grant, S., Casey, K., & Robinson, M. (1992). Special education experiences of foster children: An empirical study. *Child Welfare, 71*, 419–437.
- ⁵ Hill, K. (2009). IDEA 2004 and the John H. Chafee Foster Care Independence Act of 1999: What are the policy implications for youth with disabilities transitioning from foster care? *Child Welfare, 88*(2), 5–23.
- ⁶ Hill, K. (2010). The transition of youth with disabilities from the child welfare system: An analysis of state administrative data. (Doctoral dissertation). Retrieved from <http://conservancy.umn.edu>.
- ⁷ Hines, A., Merdinger, J., & Wyatt, P. (2005). Former foster youth attending college: Resilience and the transition to young adulthood. *American Journal of Orthopsychiatry, 75*(3), 381–394.
- ⁸ Lee, S., Wehmeyer, M., Palmer, S., Soukup, J., & Little, T. (2008). Self-determination and access to the general education curriculum. *The Journal of Special Education, 42*(2), 91–107.
- ⁹ Lightfoot, E., Hill, K., & LaLiberte, T. (2011). Prevalence of children with disabilities in the child welfare system. *Children and Youth Services Review, 33*(11), 2069–2075.
- ¹⁰ Martin, P., & Jackson, S. (2002). Educational success for children in public care: Advice from a group of high achievers. *Child and Family Social Work, 7*(2), 121–130.
- ¹¹ Pecora, P., Williams, J., Kessler, R. Hirip, E., O'Brien, K., Emerson, J., . . . Torres, D. (2006). Assessing the educational achievements of adults who were formerly placed in family foster care. *Child and Family Social Work, 11*(3), 220–231.
- ¹² Stone, S. (2007). Child maltreatment, out-of-home placement and academic vulnerability: A fifteen-year review of evidence and future directions. *Children and Youth Services Review, 29*(2), 139–161.
- ¹³ Sullivan, P., & Knutson, J. (2000). Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse and Neglect, 24*(10), 1257–1273.
- ¹⁴ U.S. Department of Health and Human Services, Administration for Children and Families. (2010). *The AFCARS report: Preliminary FY2009 estimates as of July 2010*. Retrieved December 29, 2010 from http://www.acf.hhs.gov/programs/cb/stats_research/afcars.
- ¹⁵ U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs. (2010). *29th annual report to Congress on the implementation of the Individuals with Disabilities Education Act, 2007*, vol. 2. Washington, DC: Author.
- ¹⁶ Vacca, J. (2008). Foster children need more help after they reach the age of eighteen. *Children and Youth Services Review, 30*, 485–492.
- ¹⁷ Van Wingerden, C., Emerson, J., & Ichikawa, D. (2002). *Improving special education for children with disabilities in foster care* (Education Issue Brief). Seattle, WA: Casey Family Programs.
- ¹⁸ Zetlin, A. (2006). The experiences of foster children and youth in special education. *Journal of Intellectual and Developmental Disabilities, 31*(3), 161–165.

Resources for further information and continued education

For papers and reports generated by CASCW-supported affiliates, follow this link: <http://z.umn.edu/cwpubs>

To keep current on topics important to the field, visit the Child Welfare Information Gateway at: <http://www.childwelfare.gov>

Looking for information on the newest child welfare publications or current news and resources from the field? Subscribe to <http://www.childwelfare.gov/admin/subscribe/>

To access instructions to download CW360° to e-readers/ipads, see <http://z.umn.edu/ereader>

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The Center for Advanced Studies in Child Welfare (CASCW) is a nonpartisan research and training center at the University of Minnesota's School of Social Work. CASCW's mission is to improve the well-being of children and families who are involved in the child welfare system by: educating human service professionals, fostering collaboration across systems and disciplines, informing policymakers and the public, and expanding the child welfare knowledge base. CASCW does not take partisan positions nor do we advocate for or against specific bills. Instead, CASCW offers background data, theory, and evidence-based practices that may be helpful to you as you consider these issues. <http://z.umn.edu/cascw>

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