Meeting the Extra-Special Needs of Foster, Adoptive and Kinship Families

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Virginia Beach, VA

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Quiz time!

1. How many Virginia children are in foster care at any one time?
2. T/F? The most common reason children are removed from a home is physical abuse.
3. Name one of the common outcomes for foster youth who exit the system without a permanent home connection.
4. T/F? Department of Social Services case workers can serve as educational decisionmakers under the IDEA and sign consent at IEPs.
5. Name at least two types of childhood traumatic stress (not stressors).
6. T/F? When a child in foster care moves residences, she will attend the base school where the new foster family resides.
Whirlwind- our agenda

- Foster/kinship families and outcomes for children/youth in our families
- Impact on development and education
- What’s all this about trauma?
- So now we know… how do families impact change in schools?
- Educational decisionmakers
- Fostering Connections Act
- Sizzling issues for adoptive/formed families
- Effective Communication and Sharing information
WHO are Virginia’s foster and kinship families?

- 12.4% of children are in homes headed by someone other than a birth or stepparent
  - 1.9% of children live in homes with adoptive parents; the rest are kinship (mostly grandparents), foster or other unrelated child (US Census, 2009-13 ACS)

**Foster Care:**

- @ 5180 children/youth in foster care at any one time
- About 69% are age 7 and older
- 65% are in non-relative foster care; another 10% are in institutional care; another 5% in group homes; another 5% in relative foster homes
WHY are children in care?

Most common reasons/conditions for last removals involved

- Neglect (50%);
- Child behavior problem (22%);
- Parent drug abuse (20%);
- Physical Abuse (15%);
- Inadequate housing (15%)
Foster Care Outcomes

- Average more than 3 placements per stay.
- Every year, 30,000 young people nationwide leave the foster care system without lifelong families.
- 74% of foster care alumni complete high school.
- 50% of children in foster care have chronic medical problems; 25% of alumni have PTSD.

Source: AFCARS/Casey Family
Impact of Being in Child Welfare System for Foster Care Children

• 25% will be incarcerated within first 2 years of aging out of the system
• More than 20% will become homeless
• Only 58% will have a High School Diploma
• Less than 3% will have a college education by age of 25
• Many will re-enter the system as parents
• For children under age of 5, increase likelihood of developmental delays 13-62% compared to 4-10%

1) Conradi, L. (2012) Chadwick Trauma Informed System Project p. 54
2) Leslie et. al. (2005). Developmental and Behavioral Pediatrics 26(3), 177-185
Kinship Arrangements

- Informal arrangements: raising children who are not in the custody of the local department of social services (DSS).

- Formal arrangements:
  - Care provider has legal custody of child (court order); legal guardianship is one type of legal custody (parents may retain some rights)
  - Child in legal custody of DSS but care provider serves as foster parent
  - Adoption by relative
  - Birth parent places child with kin; after 3 continuous years, kin care provider can file petition to adopt
  - Standby guardianship (appointed by birth parent via court petition)
  - Power of Attorney for some specific duties
The connection to **Special Education**:

- 30-40% of foster children and youth have IEPs, likely an underestimate of all those with disabilities eligible for services. (Geenen & Powers, 2006)

- Foster youth are 2.5 to 3.5 times as likely than their non-foster peers to receive special education services. (National Working Group on Foster Care and Education, 2014)

- 40% of surveyed kinship households had a child with special needs in residence. One quarter of those households included multiple children with special needs. (Grant, 2000)
Why the disproportionate impact?

- Delayed identification is frequent.
- Children with disabilities removed due to maltreatment are less likely than nondisabled peers to reunify with biological parents and more likely to live in foster care for longer periods of time.
- Frequent transitions/poor records transfer.
- Inadequate levels of educational and related services.
Stigma and limiting expectations

School system procedures

State and local foster care/adoption/kinship policies

Court systems

Mental Health services

Child & Family

- Kinship care
- Adoption
- Foster Care
- ADHD
- Other disabilities
- Traumatic experiences & stress
- Abuse & neglect
The connection to Trauma:

- Early childhood adversity (neglect/abuse) prior to adoption substantially increased the level of psychiatric problems, especially when maltreatment was severe. The impact of early vulnerabilities is stable and persists even if maltreated children are taken out of their problematic environments and are raised in enriched circumstances (van der Vegt et al, 2008).
- In sample of 2250 foster care youth referred for clinical intervention, 70.4% reported at least two of the traumas that constitute complex trauma; 11.7% of the sample reported all 5 types (Greeson et al., 2011).
- 35% of children in foster or kinship care had indications of discrete mental disorders or comorbidity, and another 20% displayed complex attachment- and trauma-related symptomatology (Tarren-Sweeney, 2013).
The connection to Trauma:

- 35% of children in foster or kinship care had indications of discrete mental disorders or comorbidity; another 20% displayed complex attachment- and trauma-related symptomatology (Tarren-Sweeney, 2013).

- Children diagnosed with ADHD experienced markedly higher levels of poverty, divorce, violence, and family substance abuse. Those who endured four or more adverse childhood events were three times more likely to use ADHD medication (Brown, 2014).
Trauma Impacts Learning and Academic Outcomes

- Decreased IQ and reading ability (Delaney-Black et al., 2003)
- Lower grade-point average (Hurt et al., 2001)
- More days of school absence (Hurt et al., 2001)
- Decreased rates of high school graduation (Grogger, 1997)
- Increased expulsions and suspensions (LAUSD Survey)
Types of Trauma

**Acute trauma** is a single traumatic event that is limited in time.

- During an acute event, children go through a variety of feelings, thoughts, and physical reactions that are frightening.

**Chronic trauma** refers to the experience of multiple and varied traumatic events. For example:

- the child’s being exposed to domestic violence, involved in a serious car accident, and then becoming a victim of community violence, or ongoing trauma such as physical abuse, neglect, or war.
- The effects of chronic trauma are often cumulative.

**Complex trauma** describes both exposure to chronic trauma—usually caused by adults entrusted with the child’s care—and the impact of such exposure on the child.

- Children who have experienced complex trauma have endured multiple interpersonal traumatic events from a very young age.
- Complex trauma has profound effects on nearly every aspect of a child’s development and functioning.

Also, historical trauma and child traumatic grief. Neglect (failure to provide for basic needs of child) can interfere with ability to recover from trauma.

Source: NCTSN
Adverse Childhood Events

- Short- and long-term outcomes of these childhood exposures include a multitude of health and social problems.
- The ACE Study uses the ACE Score, which is a total count of the number of ACEs reported by respondents. The ACE Score is used to assess the total amount of stress during childhood and has demonstrated that as the number of ACE increase, the risk for the health problems such as alcoholism, liver disease, depression, STDs, suicide attempts, adolescent pregnancy increases in a strong and graded fashion.

https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime
ACE scores

Prior to your 18th birthday:

• Did a parent or other adult in the household often or very often… Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?  No____If Yes, enter 1 __

• Did a parent or other adult in the household often or very often… Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?  No____If Yes, enter 1 __

• Did an adult or person at least 5 years older than you ever… Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?  No____If Yes, enter 1 __

• Did you often or very often feel that … No one in your family loved you or thought you were important or special? or Your family didn’t look out for each other, feel close to each other, or support each other?  No____If Yes, enter 1 __

• Did you often or very often feel that … You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?  No____If Yes, enter 1 __

• Was a biological parent ever lost to you through divorce, abandonment, or other reason? No____If Yes, enter 1 __

• Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?  No____If Yes, enter 1 __

• Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs? No____If Yes, enter 1 __

• Was a household member depressed or mentally ill, or did a household member attempt suicide? No____If Yes, enter 1 __

• Did a household member go to prison?  No____If Yes, enter 1 __

• Now add up your “Yes” answers: ______ This is your ACE Score
Mechanisms by which ACEs influence health and well-being throughout the life span.
What makes a difference?

- Placement stability
- Connections to kin
- Resources for housing, physical & mental health care
- Supports and services for older, transitioning youth
- Informed and supported caregivers who advocate for children in their care

Sources: Grimm & Darwall, 2005; Helton, 2011; Linares, 2011; Zetlin et al., 2012
What guides education of children with special needs in formed families?

- Special Education law and regulations, namely IDEA and Section 504 of Rehabilitation Act
- Child welfare law and regulations (federal, state, local) including Fostering Connections Act
- Privacy and confidentiality (ex., FERPA)
Legal status of caregivers

Definition of parent in Virginia regulations:

a. A biological or adoptive parent of a child;

b. A foster parent, even if the biological or adoptive parent’s rights have not been terminated (school has to provide written notice to biological parent that foster parent is acting as parent; school is “entitled” to rely upon actions of foster parent until biological parent attempts to act as parent);

c. A guardian generally authorized to act as the child's parent, or authorized to make educational decisions for the child;
d. An individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child's welfare;

e. If none of above can serve, a surrogate parent appointed by school; or

f. An emancipated minor.

**NOTE:** A judicial decree or order identifying a specific person(s) to act as “parent” or make educational decisions on behalf of the child, trumps the above order of priorities.
Other references to foster parents

- Schools do not need consent for initial evaluation for eligibility for wards of the state who are not residing with their parent, if school has made reasonable efforts but cannot discover the whereabouts of the parent; the rights of the parents have been terminated in accordance with State law; OR rights of parents to make educational decisions have been altered by a judge and consent for initial evaluation has been given to someone appointed by a judge.

34 CFR 300.300(a)(2)
Other references to foster parents

- A foster child who has a foster parent is not considered a “ward of the state”. Schools do not need consent for initial evaluation for eligibility for wards of the state.

- Schools must send written notice to biological parents of a child who is living with a foster parent and whose parental rights have not been terminated, of IEP or eligibility meetings.
Fostering Connections Act
Fostering Connections to Success and Increasing Adoptions Act of 2008, PL 110-351 *

Many provisions; amended Title IV of the SS Act to connect and support relative caregivers, improve outcomes for children in foster care, provide for tribal foster care and adoption access, improve incentives for adoption and for other purposes.

http://www.childwelfare.gov/fosteringconnections
http://www.nrcpfc.org/fostering_connections/index.html
Educational Implications *

- Requires that case plan include a plan for ensuring the educational stability of the child in foster care.
- Child welfare agencies and school systems must coordinate efforts in 4 areas:
  1. school enrollment;
  2. school stability;
  3. school transportation; and
  4. development of a transition plan.

http://www.nrcpfc.org/fostering_connections/education.html
Child Welfare Agency Responsibilities

- Assure that placement of child in foster care considers “the appropriateness of the current educational setting and the proximity to” his/her current school AND

- Assure that child remains in current school; or if remaining in current school is not in the best interests of the child, assure that social services and education agencies “provide immediate and appropriate enrollment in a new school, with all of the educational records of the child provided to the school.”

(PL 110-351, Section 204 (a)(1))
Virginia’s Implementation


- DSS must consider school stability in planning and placements for every child in foster care. DSS and the school must collaborate in determining the school placement that is in every child’s best interest when residence changes.
Virginia’s Implementation, continued

Process involves 3 major steps:

- Residence determination (by local DSS)
- School placement determination (jointly by DSS and school division)
- Subsequent actions (DSS or school division provides transport to current or immediately enroll in new school of residence)

And two forms (in use since December 2010, but revised in October 2012):
Best Interest Determination for Foster Care School Placement Form

Determination Page

Child’s Name: ____________________________________________

School/Division of Current Attendance: ________________________

Grade Placement: __________________________________________

Date of Best Interest Determination Meeting: ____________________

Determination:

☐ The student shall remain in the school in which the child was enrolled at the time of placement. Name of School/Division: ________________________

☐ Based on the best interest determination, a change in school placement is needed.

  The student will be enrolled in the school of current residence.

  Name of School/Division: ________________________

Note: If a change in educational placement is needed, enrollment should take place immediately at the new school with all educational records provided to the new school.
Immediate Enrollment of Child in Foster Care Form

Student Information

Date of Joint LDSS/School Best Interest Determination for School Placement:

Date Student Presented for Enrollment:

Receiving School/School Division:

**Student Name:

**Age: DOB: Sex:

Foster Parent/Placement Name: Phone:

**Foster Parent/Placement Address:

DSS/Child-Placing Agency Name:

Date Placed with Agency:
Sizzling school issues that impact formed families…

• Presentation of adoption and foster status in school assignments
• Concerns about sharing information, confidentiality, information/lack of information on birth family
• Behavior
• Social-emotional issues (adjustment/attachment)
• Transitions
5 ways to create a positive adoption environment in school

(SAFE at School, M. Schoettle, CASE publication)

• Acceptance (normalize through demonstrating personal and social acceptance)

• Accuracy (educate all students by providing accurate information at appropriate time in appropriate way)
• Assignments (construct curricula to ensure inclusion of students in adoptive families)

• Assistance (identify appropriate boundaries and language)

• Advocacy (clarify your school will take action to support students if comments or questions become invasive or critical)
Communication between caregivers at home and at school

Help families consider **how** to inform school:

- Letter, meetings, documentation
  - How much to share; what is the need to know?
  - Who shares?
  - Practice the 1-minute elevator speech- what is essential for staff to know about the child.

Does the child/youth have a speech too?
Language about Families and Needs

- Heather has dyslexia and is joined to our family through adoption. While these characteristics don’t define her, she is open to disclosing information about both.

- Jevon is placed with our family as a foster child through Loudoun County DFS, a fact he wishes that school staff NOT share with other students. We have learned he does best in classrooms with high structure. We look forward to working with you to support his behavioral needs this year.
Back to School: Why “All About Me”? 

- Helps quickly and visually orient teachers and other staff with whom your child will be working.
- Clarifies important family and other background information.
- Clearly states what information is/is not to be shared.
- Succinctly states strengths/challenges.
- Leaves no room for lack of contact!
Helping families communicate re: their extra special needs

Form in Word & format guide at http://formedfamiliesforward.org/resources/
Services that can help

Post-placement services are significant in predicting successful adoptions:

• Crisis intervention
• Outpatient drug and alcohol treatment, if necessary
• Maintenance subsidy
• Physical therapy
• Special medical equipment
• Family counseling

Who we are...

Formed Families Forward's mission is to improve developmental, educational, social, emotional and post-secondary outcomes for children and youth with disabilities and other special needs through provision of information, training and support to adoptive and foster parents, and kinship caregivers. We provide:

- In-person trainings (we sponsor and we come to you!)
- Webinars
- Fact sheets and other resources
- Youth/YA peer support group; parent/caregiver support group
- Direct support- calls and meetings
- Connecting families to resources

www.formedfamiliesforward.org