

Summer 2019

Inter-professional collaboration between local departments of Social Services and schools for children in foster care: Current practices and needs

Stephanie McGrew

Follow this and additional works at: <https://commons.lib.jmu.edu/edspec201019>



Part of the [School Psychology Commons](#)

Recommended Citation

McGrew, Stephanie, "Inter-professional collaboration between local departments of Social Services and schools for children in foster care: Current practices and needs" (2019). *Educational Specialist*. 148.

<https://commons.lib.jmu.edu/edspec201019/148>

This Thesis is brought to you for free and open access by the The Graduate School at JMU Scholarly Commons. It has been accepted for inclusion in Educational Specialist by an authorized administrator of JMU Scholarly Commons. For more information, please contact dc_admin@jmu.edu.

Inter-Professional Collaboration between Local Departments of Social Services and Schools for
Children in Foster Care: Current Practices and Needs

Stephanie McGrew

A research project submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

Partial Fulfillment of the Requirements

for the degree of

Educational Specialist

Department of Graduate Psychology

August 2019

FACULTY COMMITTEE:

Committee Chair: Tammy Gilligan, Ph.D.

Committee Members/ Readers:

Deborah Kipps-Vaughan, Psy.D.

Debbie Sturm, Ph.D.

Table of Contents

List of Tables	iii
Abstract.....	iv
I. Statement of Problem.....	1
Overview of Children in Foster Care and Risk Factors	1
Treatment Teams	3
Laws and Regulations that Govern Inter-Professional Collaboration	4
Inter-Professional Collaboration as a Protective Factor	5
Challenges of Inter-Professional Collaboration.....	7
Role of the School Psychologist	8
II. Methods.....	11
Participants.....	11
Measures	11
Procedure	13
Data Analysis	13
III. Results.....	15
Current Practices in Inter-Professional Collaboration	17
Difficulties in Collaboration	19
Points of Contact for Children in Foster Care	20
Decision Makers for Children in Foster Care.....	21
Training of Social Workers Regarding Educational Needs.....	22
Interest in Gaining and Providing Additional Training and Knowledge.....	23
Perspectives and Primary Considerations.....	25
IV. Discussion.....	26
Limitations	29
Implications for Future Training, Practice, and Research	30
V. Appendices.....	32
Appendix A.....	32
Appendix B.....	39
Appendix C.....	41
VI. References.....	43

List of Tables

Table 1. Demographic Information of LDSS Social Worker Survey Respondents16

Table 2. Demographic Information of the County of Survey Respondents17

Table 3. LDSS Social Workers’ Involvement with School Professionals.....18

Table 4. LDSS Social Workers’ Frequency of School Contact.....19

Table 5. LDSS Social Workers’ Perception of Difficulty in Collaboration20

Table 6. LDSS Social Workers’ Level of Contact with School Professionals21

Table 7. LDSS Workers’ Understanding of Point of Contact21

Table 8. General Education Decision Makers22

Table 9. Special Education Decision Makers22

Table 10. LDSS Social Workers’ Training on Educational Needs of Children in Foster Care.....23

Table 11. LDSS Social Workers’ Training on Collaborating with School Systems23

Abstract

Children in foster care are an important group of students who have many needs. Due to the numerous risk factors that they face, it is of the utmost importance that we maximize the amount of protective factors in their lives, one of these being inter-professional communication. Without collaboration, school and social services professionals may not be aware of a child's educational strengths and needs, making it likely that no one is advocating for them (Zetlin, Weinberg, & Kimm, 2004). A survey regarding inter-professional collaboration between Local Departments of Social Services (LDSS) and school systems was emailed to a convenience sample of LDSS social workers in Virginia. These individuals were listed as their departments' Education Stability Liaison (ESL) on the Virginia Department of Education website. For departments who did not have an ESL listed, the contact information of the director was looked up online to be emailed. Data from the survey suggests that, although collaboration does occur, there is some level of dissatisfaction on behalf of social workers. Additionally, social workers do not perceive disconnect between the LEA and LDSS; however, previous research indicates that school psychologists did perceive disconnect (Rittenhouse, 2008). Data indicates that more training is needed both by social workers and school professionals in order to maximize effective inter-professional collaboration. Therefore, increasing cross-trainings will benefit both LDSS and school systems. Importantly, school psychologists are equipped with expertise in trauma informed practices as well as educational, social, and emotional needs, and can be an integral part of fostering this communication with schools.

Statement of Problem

Children in foster care have many needs, and the weighing of risk factors versus protective factors in these children's lives can impact the outcome of their future. When entering foster care, risk factors have accumulated to the point that the child has entered into the Child Welfare System (CWS). Even thereafter, further risk factors can continue to increase, such as high mobility and numerous placement changes (Conger & Finkelstein, 2003; Weinberg & Luderer, 2004). For instance, according to the Virginia Department of Social Services (VDSS) and the Virginia Department of Education (VDOE) *Joint Guidance for School Stability of Children and Youth in Foster Care* (2017), about 80 percent of children in foster care are school aged, and about 64 percent of children in foster care reside in two or more placements. These statistics highlight the fact that stability, wherever possible, is of the utmost importance and can be achieved in collaboration with the school environment where the child is known and supported. The addition of protective factors, such as stability, into the child's life can be highly variable. There is no protocol as to how to effectively add the "right" number of protective factors to create the best outcome for children and families. Although there is no concrete answer, professionals can look to the research and to each other to provide appropriate wrap-around services. This collaborative approach will aid in providing protective factors into the lives of children who are in foster care, thereby increasing positive outcomes and futures.

Overview of Children in Foster Care and Risk Factors

According to the Adoption and Foster Care Analysis and Reporting System (AFCARS), from 2012 to 2016, the number of children in foster care in the United States increased from approximately 396,966 to 437,465. Children in foster care are a significant and in-need group of students who often experience emotional, behavior, social, and academic difficulties.

As previously discussed, high mobility is one risk factor that increases the challenges that children in foster care face. Frequent moves to different foster care placements can result in lost instruction time, as well as educational instability due to adjustments to curriculum, expectations, and new friends and teachers (VDSS & VDOE, 2017). One study found that, in addition to experiencing educational disruption due to mobility, teens in foster care dropped out of high school at a higher rate, were significantly less likely to have completed a GED, and reported more discipline problems in school as compared to teens not in foster care (Blome, 1997).

In addition to higher dropout rates, children in foster care tend to have more behavioral problems and need special education services (Zetlin, Weinberg, & Kimm, 2003). Research shows that children in foster care experience impacts on academic and cognitive functioning. Fanshel and Shinn (1978) found that 59 percent of the children in foster care that they studied were performing below grade level, with 11 percent being three to five years behind.

Scherr (2007) found through meta-analysis that, from the 1980s into 2000, the percent of foster children who qualified for special education services increased from approximately 18 percent to about 36 percent. According to the National Center for Education Statistics (2017), in 2014–15, 13 percent of public school students aged 3-21 were receiving special education services. Based on these statistics, children in foster care are extremely overrepresented in special education. While this special education eligibility of children in foster care might be accurate, it also might be the case that children in foster care are over-identified due to frequent absences and school changes due to their circumstances, among other factors. Children who do receive special education services experience more barriers to academic success and less favorable long-term outcomes compared to children in foster care without disabilities (Geenan & Powers, 2007).

Treatment Teams

The challenges that children in foster care face are often exacerbated when it is unclear with whom and how much information should be shared regarding entry into foster care, updates as the child moves through the foster care system, and so forth. There are many individuals who come into a child's life at the time of entering care, such as foster parents, relatives, social workers, therapeutic caseworkers, Court Appointed Special Advocates (CASA), Guardians *ad litem* (GALs), therapists, and psychiatrists to name a few. School aged children also work with many professionals in the school building, such as general education teachers, special education teachers, school social workers, school psychologists, counselors, and administration who likely notice changes in performance or behavior, but might not be aware as to why. Sometimes these students end up taking out frustrations and anger at school, because they feel they have no other outlets for expressing their feelings (Altshuler, 2003). Inter-professional collaboration becomes a key component of success for children when taking into account how many different individuals and professionals are involved in the child's treatment and care. Children will benefit and progress most when their large treatment teams utilize inter-professional collaboration to aid in wrap around services.

Due to the large treatment teams, children's lives might begin to disconnect into multiple domains once they enter into the child welfare system. These domains include, but are not limited to, potentially differing expectations and demands from social services, biological parents, foster families, and schools. The communication that does or does not occur between these realms can have grave impacts on the child and their future.

Disconnects between an Local Education Agencies (LEAs) and DSS becomes a potential risk factor for children in foster care (Jackson, 1994) and can contribute to delays in schools

receiving academic records and information. One study showed that less than a quarter of the cumulative records in a random sample of students were available, with substantial barriers impacting the ability to receive important school information (Zetlin, Weinberg, & Luderer, 2004). If school and social services professionals do not know about a child's educational strengths and needs, it is likely that no one is advocating for these children (Zetlin, Weinberg, & Kimm, 2004).

Laws and Regulations that Govern Inter-Professional Collaboration

Historically there has not been a protocol as to how agencies should collaborate with each other. In June of 2016, the U.S. Department of Education (DOE) in conjunction with the U.S. Department of Health and Human Services (DHHS) issued guidance on new provisions of the Every Student Succeeds Act (ESSA), as well as the Fostering Connections Act of 2008, regarding how to best support children in foster care. This document outlined how states and local partners could best implement the new law, including how collaboration between education and child welfare agencies could occur. Although these recommendations were outlined, they are merely guidelines as to how to ensure that one's state is abiding by laws. Actual implementation of the laws can differ from state to state. The document suggests that, in order to ensure collaboration, each state identify a school division foster care liaison in each school division and an education stability liaison within the LDSS. The purpose of the foster care liaison in the school is to serve as a resource in facilitating the Best Interest Determination (BID) process, which looks into what educational placement is most appropriate for the child. The role of the LDSS education stability liaison is to ensure educational stability policies and procedures are followed. The state of Virginia has abided by this guidance, and posted a list of contacts for each of these positions around the state online on the Virginia DOE website.

According to the U.S. DOE and the U.S. DHHS (2016), neither Title I of the Elementary and Secondary Education Act (ESEA) nor the Fostering Connections Act (P.L. 110-351) of 2008 specifies how LEAs should be notified which students are in foster care; however, LEAs must identify these students in order to be in compliance with Title I educational stability provisions. The guidance document suggests that the LEA be notified by LDSS when students enter foster care and/or change placements. It is suggested that formal procedures are put into place to ensure timely notification, including information such as name of the child, type of living arrangement, number of placement changes, and name of the education decision maker; however, this depends on State laws and the reason the information is requested. The complications that sometimes occur in sharing this information are discussed below along with other challenges to collaboration. According to the Legal Center for Foster Care and Education (2008), although education agencies can identify youth on their own, information is more accurate when collected from the child welfare agency in identifying which children should be tracked.

Inter-Professional Collaboration as a Protective Factor

The National Center for Mental Health Promotion and Youth Violence Prevention (2003) noted in a brief that the systems that interact with a child would best serve them by communicating and collaborating as much as possible. Some examples of the collaboration suggested are for schools to develop good relationships with senior child welfare agency staff (due to high turnover of caseworkers), clearly define each agency's role with the child, engage in regular meetings with representatives from each system, and provide cross-training for both individuals and organizations. Effective collaboration with the numerous systems and professionals involved with children can aid in meeting their emotional, physical, and mental health needs (Zetlin, Weinberg, & Shea, 2006).

Lacking communication and collaboration between school and welfare agencies can lead to many issues. Blome (1997) conducted a study comparing children in foster care to a matched group of children who weren't in foster care and found that children in foster care reported more discipline problems in school and experienced more educational disruption due to changing schools. Many staff members of a school might interact with a child they do not know is in foster care, and assume that the child is merely disruptive or defiant. Having some sense of the child's life outside of school can lead to more trauma informed approaches, rather than discipline referrals that do not make lasting changes in the child's emotional or behavioral state. Incorporating trauma-informed perspectives will improve the quality of care for children (Ko et al., 2008). Caregivers and social workers have reported that schools fail to acknowledge the child's needs, address the learning or behavior challenges, or provide the more intensive educational supports that are necessary (Zetlin, Weinberg, & Shea, 2010). Additionally, better communication between parties would aid in transitioning educational records to the new school, lessening in the disruption in education.

When children receive services from either child welfare agencies or school systems, they typically receive inadequate services from both; however, when both systems commit to collaborating together, the stability of school systems can help children deal with difficulties related to being in foster care (Altshuler, 2003). The U.S. DOE and U.S. DHHS (2016) guidance suggests that LEAs and LDSS should collaborate, along with other relevant agencies, to help school staff understand the complex needs of children in foster care and to aid in use of trauma informed care and practices. One way suggested is through cross-training between agencies. In order for schools to aid in normalization for students in foster care, there must be awareness of

the challenges that children and adolescents in foster care face, and of the pertinent resources and regulations (McKellar & Cowan, 2011).

Challenges of Inter-Professional Collaboration

Although the importance of communication between agencies has been recognized in the literature (Altshuler, 2003; Jackson, 1994; Zetlin, Weinberg, & Shea, 2006), there are still many barriers to communication between agencies that have also been noted. Some of these barriers include lack of trust and/or adversarial relationships, role confusion, challenges in sharing information, and lack of understanding of job functions and the laws that govern them (McMahon, 2016). While there have been suggestions as to how to overcome these barriers, they still remain a difficult obstacle that can impede on improved disclosure of information.

Lack of trust and acknowledgement of adversarial relationships has been noted on both ends. On one hand, some educators feel that LDSS has withheld important information about students, while on the other hand some caseworkers feel that educators request that confidential information be shared when it is not needed (Altshuler, 2003). This mutual distrust might stem from a lack of understanding of the roles and responsibilities of LDSS versus school divisions, as well as real or perceived challenges in sharing confidential information.

Confidentiality is a complicated barrier, especially given the magnitude of professionals involved in the child's care. As legal guardians of the youth, social workers offer a large part of determining what will be shared and with who it will be shared. The circumstances surrounding the foster care placement and the plan for the child's long-term guardianship affects the legal restrictions for sharing information about the child. It also affects parental permission for assessment and/or intervention services. When there is a delay in record sharing due to confidentiality and privacy, background information that could be helpful in assessment and

intervention for the child is missed or provided much too late (McKellar, 1997). Legal guardians must be consulted about what restrictions are in place for sharing information with biological parents and other parent permissions (McKellar & Cowan, 2011).

It is important to note that schools and child welfare agencies have not commonly formed partnerships, usually because of differing requirements in regard to confidentiality and information-sharing (Altshuler, 2003); however, when considering the academic and social-emotional needs of children in foster care, the need for this partnership becomes evident in order to attain services that pertain to the child and that take into account their current life circumstances, and also for appropriate approval of these services. When the limitations of confidentiality are poorly understood, communication suffers (McMahon, 2016).

Role of the School Psychologist

School psychologists can offer important and significant insight to collaboration. In collaborating with the child's treatment team as well as professionals at the school (such as school social workers, school counselors, teachers, and administration) school psychologists can work with the team to determine what services and/or interventions are in the best interest of the child. School psychologists can, in collaboration with other staff and advocates, aid in determining a plan for the child that is trauma informed and holistic. School psychologists can also serve as foster care liaisons to link educators, social workers, advocates, and caregivers to support child success in school after receiving training about the child welfare systems as well as state and federal laws (Harwick, Tyre, Beisse, & Thomas, 2015).

Rittenhouse (2008) found, in her thesis study surveying school psychologists in Virginia, that regardless of the setting or socioeconomic status of the area they worked in the majority had interest in learning about the needs of children in foster care. About half of the participants

reported that they currently worked with agency social workers regarding children in foster care, and about one quarter reported collaborating with someone Guardians *ad litem*, CASA workers, Family Assessment and Planning Teams (FAPT), among other professionals. Additionally, Rittenhouse (2008) noted that the school psychologists surveyed reported difficulty communicating with agencies outside the school system, with about 30% indicating that they were able receive background, academic, and social information about children in foster care. Results suggested over one third of participants indicated disconnect between school staff and agencies holding custody of children in foster care. Thus, it is clear that, while the literature suggests collaboration occur, it does not always happen for children in foster care.

The purpose of this study is to explore the current practices and needs for collaboration between LDSS and school systems regarding children in foster care from social workers' viewpoints. Additionally, a secondary purpose of the study is to look into the perceived knowledge and training about educational needs of children in foster care, and interests in additional training. The following hypotheses were generated:

1. LDSS social workers are currently engaged in some form of inter-professional collaboration with school systems.
2. LDSS social workers will report some difficulty in inter-professional collaboration with school systems.
3. The contact person within the school system for children in foster care varies within the state of Virginia.
4. The educational decision maker for children in foster care varies within the state of Virginia.

5. LDSS social workers are moderately interested in gaining more knowledge about the educational needs of children in foster care.
6. LDSS social workers will report limited formal training in addressing the educational needs of children in foster care.
7. LDSS social workers will be equally interested in inter-professional collaboration with schools, regardless of environmental area served (rural, urban, suburban).
8. LDSS social workers will be equally interested in inter-professional collaboration with schools, regardless of socioeconomic area served.

Methods

Participants

Participants included a convenience sample of Virginia social workers working at the LDSS with children in foster care. Ninety-eight Education Stability Liaisons, who were listed on the Virginia Department of Education website, were contacted and asked if they and their staff members were willing/able to complete the survey regarding inter-professional collaboration between LDSS and school systems. There is one Education Stability Liaison per county in the state of Virginia; therefore, directors from the remaining twenty-two counties without Education Stability Liaisons were also contacted and asked if they and their staff members were willing/able to complete the survey. Demographic information on the respondents was also gathered.

Measures

Education Stability Liaisons and directors (depending on whether or not the LDSS had identified an Education Stability Liaison) were emailed an online survey (see Appendix A) through Qualtrics and asked to complete it and forward it to their coworkers. The survey collected data on (a) demographic information of themselves and their area served, (b) current practices in communicating with schools, (c) current knowledge and training opportunities regarding educational needs of children in foster care, (d) their interest in gaining more knowledge and training about collaboration and the educational needs of children in foster care, and (e) final comments they have on inter-professional collaboration. This survey, *Social Workers' Practices, Training, and Knowledge on Working with Schools for Children in Foster Care* was adapted from *School Psychologists' Knowledge and Training in Working with Children in Foster Care* (Rittenhouse, 2008) by the primary author for the purposes of this study.

The social workers were asked to provide demographic information including their job position, educational degree, and length of time they have been a practicing social worker. They were also asked questions about the area they serve, including information such as socioeconomic status of the population, type of area (rural, suburban, urban, or a combination), and typical caseload.

Social workers were asked to choose from a list the professionals whom they typically communicate with when collaborating with schools regarding the children they serve, as well as how often this communication takes place. Answers about this communication were obtained using a five-point Likert scale (0=Never, 1=Rarely, 2=Sometimes, 3=Often, 4=Almost Always). They were also asked to estimate the frequency of how often they must sign permission forms and/or attend school meetings for the children they work with. The social workers were asked to select who typically attends meetings, and who makes regular and special educational decisions for children. These answers were obtained in a check all that apply format. Participants were then asked to rate their agreement with statements regarding communication between LDSS and schools, including practices and perceptions. These were obtained using a five-point Likert scale (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree).

Participants were asked to check all that apply to a list of training experiences they have had, as well as what information is available to them regarding educational needs of children in foster care. Fill in the blank options were available, in addition to a list participants could choose from. Additionally, participants' views and opinions regarding their training, available resources, and current collaboration practices were obtained using a five-point Likert scale (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree).

Participants were also asked to rate their level of interest in a number of professional development and collaboration opportunities on a three-point scale (1=no interest, 2=somewhat interested, 3=very interested).

Finally, social workers were asked to comment on their considerations regarding inter-professional collaboration with schools. They were asked to provide any additional comments they had on the topic. There was a final question asking about the role of the Education Stability Liaison, including one question that was for those in the position, and one that was for those not in the position. These final questions occurred in an open-answer format at the end of the online survey.

Procedure

An application packet including a copy of the *Social Workers' Practices, Training, and Knowledge on Working with Schools for Children in Foster Care* survey (see Appendix A) and a copy of the consent form included at the beginning of the online Qualtrics survey (see Appendix B) was submitted to the James Madison University Institutional Review Board (IRB) to gain approval to complete the survey. Upon approval, the primary author contacted the Virginia Educational Stability Liaisons to ask that they and the social workers in their office participate in the online survey. These participants were asked to forward the email including the survey and informed consent to their colleagues and coworkers working with children in foster care. The survey was emailed to the participants through Qualtrics, and a reminder was sent to participants after approximately one month, encouraging those who had not completed the survey to do so.

Data Analysis

From the survey data received, a number of analyses were conducted. Frequency distributions were analyzed to summarize categorical data. Descriptive statistics were collected

to describe the mean responses of the participants. One-Way ANOVA was conducted to evaluate the differences in mean responses between groups of social workers serving varying areas.

Results

Forty-three LDSS social workers submitted surveys regarding inter-professional collaboration between LDSS and school systems, at a response rate of approximately 36%. This response rate does not include the unknown number of individuals that the survey was forwarded to. This resulted in a total of forty-three surveys ($N = 43$) being utilized during data analysis. It is important to note that some respondents skipped some items on the survey.

Descriptive statistics, which provide information on the survey respondents including demographic information on themselves and their county, can be found in Tables 1 and 2. The majority of LDSS workers who responded were female (93%) and approximately half (51.2%) of the respondents had a degree outside of social work (including Psychology, Education, Counseling, etc.). About half of those who responded had either 0-5 years experience (27.5%) or 11-15 years (22.5%). In addition, about half (54.6%) reported they are currently working as a social worker, while about one quarter identified themselves as supervisors (27.3%). About one-tenth of the respondents are currently the Education Stability Liaison of their department (11%).

LDSS workers also completed information regarding the demographics of the county they serve. About two-fifths of those who responded to the survey defined their counties as rural (41.9%) and slightly more as suburban (44.2%). The area reported as most served was defined as having a socioeconomic status of low income (33.3%), followed by middle income (23.8%). Approximately two-fifths of LDSS social workers reported typically serving a caseload of between one and five children (40.5%), while about one-third reported serving six to ten children (28.6%). Approximately one-sixth serves eleven to fifteen children (16.7%) with slightly less than that serving more than twenty children (12%). Of their caseloads, the percentage of

educational placements for the children they serve indicated that the highest mean percentage served was high school (13.9%) followed by elementary school (10.8%).

Table 1. *Demographic Information of LDSS Social Worker Survey Respondents*

	Respondents (%)
Gender	
Male	7
Female	93
Other	0
Prefer not to answer	0
Degree	
B.S.W.	14
M.S.W.	25.6
L.S.W.	0
L.C.S.W.	9.3
D.S.W.	0
Other	51.2
Years of Experience	
0-5	27.5
6-10	17.5
11-15	22.5
16-20	17.5
21-25	7.5
26 +	7.5
Current Role	
Social worker	54.6
Education Stability Liaison	11
Supervisor	27.3
Temporarily on leave	0
Student	0
Retired	0
Other	7.3

Table 2. *Demographic Information of the County of Survey Respondents*

	Respondents' Counties (%)
Demographics	
Rural	41.9
Urban	2.3
Suburban	44.2
Rural and Suburban	6.9
Rural, Suburban, & Urban	4.7
Socioeconomic Status	
Poverty	4.8
Low Income	33.3
Middle Income	23.8
High Income	0
Poverty and Low	16.7
Low and Middle	2.4
Low and High	7.1
Poverty, Low, & Middle	7.1
Poverty, Low, Middle, & High	4.8
School Placements (<i>mean percentage</i>)	
Early Childhood/Preschool	7.8
Elementary School	10.8
Middle School	6.3
High School	13.9
Residential Placement	2.4
Other setting	1.6
Approximate Caseload	
0-5	40.5
6-10	28.6
11-15	16.7
16-20	2.4
20+	12

Current Practices in Inter-Professional Collaboration

Questions were asked to examine LDSS social workers' current practices in inter-professional collaboration with school systems, as well as their current formal training in addressing educational needs of children in foster care. A complete listing of the statistics for these questions can be found in Tables 3 and 4. Results indicate that the majority of LDSS social workers agreed or strongly agreed (73%) that they regularly communicate with someone at the

school that their client(s) attend. About the same percentage agreed or strongly agreed that they are informed when evaluations or interventions, in the special or general education setting, are put into place at school for the children they serve (75%). Slightly under half of the participants agree or strongly agree that they are satisfied with the current collaboration that occurs (44.4%), with a little under half feeling neutral (41.7%).

In terms of frequency of school contact, participants were asked how often they must sign permission for some sort of school services and how often they attend school meetings. About one third of LDSS social workers reported that they ‘often’ have to sign permission forms. On the other hand, fifty percent reported that they often attend school meetings.

In terms of who attends meetings from outside of the school system, there is also some variation. The individuals who are most likely to attend school meetings (other than school personnel) are foster parents (100%) and the LDSS social worker (97.3%).

Table 3. *LDSS Social Workers’ Involvement with School Professionals*

Statements	Strongly Disagreed (%)	Disagreed (%)	Neutral (%)	Agreed (%)	Strongly Agreed (%)
I communicate regularly with someone at the school that my client(s) in foster care attend.	0	5.4	21.6	54.1	18.9
I am informed when evaluations and interventions are put into place at school for the children in foster care I work with.	2.8	5.6	16.7	61.1	13.9
I am satisfied with current collaboration between LDSS and schools.	2.8	11.1	41.7	36.1	8.3

Table 4. *LDSS Social Workers' Frequency of School Contact*

Statements	Never (%)	Rarely (%)	Sometimes (%)	Often (%)	Almost Always (%)
How often have you had to sign a permission form for some sort of school services?	16.2	24.3	27	32.4	0
How often do you attend meetings at school for the children on your caseload?	0	5.6	25	50	19.4

Difficulties in Collaboration

Participants were asked multiple questions regarding the difficulties they may face in inter-professional collaboration with school systems. Details of the questions asked can be found in Table 5. The majority feels as though they are able to communicate and receive information needed from schools (69.5%) and even more feel that schools are able to receive information needed from LDSS (83.3%). Only about one-fifth of those who completed the questionnaire reported that they find collaborating with school personnel challenging (19.5%); however, about two-fifths were neutral on the topic (41.7%). Slightly under half feel that there is not a disconnect between LDSS and school personnel (47.2%), with about one-third feeling neutral (30.6%). About an eighth (13.9%) do perceive a disconnect between LDSS and school personnel.

Table 5. *LDSS Social Workers' Perception of Difficulty in Collaboration*

Statements	Strongly Disagreed (%)	Disagreed (%)	Neutral (%)	Agreed (%)	Strongly Agreed (%)
I am able to communicate and gain the necessary information from professionals in the schools who are working with children in foster care.	0	8.3	22.2	52.8	16.7
School personnel are able to communicate and gain the necessary information from LDSS professionals who are working with children in foster care.	0	0	16.7	63.9	19.4
There is disconnect between LDSS and school personnel regarding children in foster care.	0	47.2	30.6	13.9	0
I find collaboration with school personnel challenging.	2.8	36.1	41.7	13.9	5.6

Points of Contact for Children in Foster Care

LDSS social workers were asked about who the point of contact is in the school system and in outside agencies. Information regarding these questions asked can be found in Tables 6 and 7.

Level of contact with school personnel was variable. The most frequent ('Almost Always') interactions occur with the counselor (10.8%), school social worker (5.6%), and special education teacher (5.7%). The least frequent ('Never') interactions occur with an administrator (21.4%), school psychologist (16.7%), and social worker (13.9%). Many responses indicated that LDSS social workers "sometimes" have contact with each different school personnel.

Additionally, the majority of participants agreed or strongly agreed that they have a clear understanding of who the school contact person is for the children they serve (86.1%). When

asked about the point of contact for personnel from outside agencies, over half of LDSS social workers reported that it is clear (58.3%).

Table 6. *LDSS Social Workers' Level of Contact with School Professionals*

School Professional	Never (%)	Rarely (%)	Sometimes (%)	Often (%)	Almost Always (%)
Counselor	2.7	13.5	37.8	35.1	10.8
Social Worker	13.9	25	30.6	25	5.6
Psychologist	16.7	66.7	13.9	2.8	0
Gen. Ed. Teacher	2.7	35.1	40.5	18.9	2.7
Sp. Ed. Teacher	5.4	24.3	46	18.9	5.4
Principal	2.7	56.7	27	10.8	2.7
Administrator	21.4	28.6	35.7	14.3	0
Other	71.4	14.3	14.3	0	0

Table 7. *LDSS Workers' Understanding of Point of Contact*

Statements	Strongly Disagreed (%)	Disagreed (%)	Neutral (%)	Agreed (%)	Strongly Agreed (%)
I have a clear understanding of who the school contact person is for children in foster care.	2.8	5.6	5.6	58.3	27.8
It is clear who the main contact person <i>outside of school</i> is for educational needs.	2.8	13.9	25	36.1	22.2

Decision Makers for Children in Foster Care

Participants were asked questions on who makes general and special education decisions for children in foster care. Full results can be seen in Tables 8 and 9. Results indicate that, for general education, the LDSS social worker is most frequently identified as making decisions (28.7%), while biological parents are most identified as making special education decision (28.2%). Although they are the most identified, there is variation in who is identified as the child's decision maker.

Table 8. *General Education Decision Makers*

	Frequency (%)
Myself (Social Worker)	28.7
Child (Client)	15.7
Biological Parent(s)	25.2
Foster Parent(s)	22.6
CASA Worker	0
Guardian <i>ad litem</i>	1.7
TFC Caseworker	4.4
Other	1.7

Table 9. *Special Education Decision Makers*

	Frequency (%)
Myself (Social Worker)	26.4
Child (Client)	13.6
Biological Parent(s)	28.2
Foster Parent(s)	21.8
CASA Worker	0
Guardian <i>ad litem</i>	0.9
TFC Caseworker	3.6
Other	5.5

Training of Social Workers Regarding Educational Needs

LDSS social workers were also asked questions regarding their training in addressing educational needs of children. Specific questions and results can be viewed in Tables 10 and 11.

All LDSS social workers surveyed agreed that having knowledge on the need of children in schools is important for collaboration (100%). Nearly all agreed that they are aware of the specific needs of children in foster care (97.1%), while about four-fifths felt that they have received adequate training on this topic (79.4%).

Participants were asked about the formal training they have received concerning working and collaborating with school systems. Specific trainings are listed in Table 11. The majority of

LDSS social workers reported receiving some form of training on inter-professional collaboration with school systems (90.6%).

Table 10. *LDSS Social Workers' Training on Educational Needs of Children in Foster Care*

Statements	Strongly Disagreed (%)	Disagreed (%)	Neutral (%)	Agreed (%)	Strongly Agreed (%)
I am aware of the specific educational, social, emotional, and behavioral needs of children in foster care.	0	0	2.9	50	47.1
I have received adequate training on the educational, behavioral, social, and emotional needs of children in foster care.	2.9	0	17.7	44.1	35.3

Table 11. *LDSS Social Workers' Training on Collaborating with School Systems*

Training	Frequency (%)
No Training	9.5
Workshop Provided by School System	16.2
Workshop provided by DSS Supervision	29.7
Graduate Level Coursework	25.7
Other	9.5

Interest in Gaining and Providing Additional Training and Knowledge

The responses to the survey reflected a high level of interest (91.2% indicating they agreed or strongly agreed) in participating in professional development opportunities regarding inter-professional collaboration for children in foster care. When asked about specific opportunities for additional training and knowledge, all respondents (100%) reported at least some interest in a workshop offered through the school system or a workshop offered through LDSS. In addition, more than 75% of social workers who responded showed at least some interest in participating in all of the following opportunities: computer based learning module

(79.2%), targeted readings (76.5%), journal article (76.5%), and workshop offered through state association (94.1%). Graduate coursework (44.1%) generated the lowest level of interest of the options provided.

In addition, LDSS social workers were asked to address their interest in providing training on the needs of children in foster care to other school personnel. Nearly all respondents (97.1%) agreed that it would be valuable to conduct training sessions to provide school personnel with more information on the needs of children in foster care. In contrast, approximately two thirds (67.7%) agreed that they would be interested in conducting those training sessions.

A One-Way ANOVA was conducted to evaluate the differences in mean responses regarding levels of interest in learning about inter-professional collaboration with schools depending on environmental area served (rural, urban, suburban, or a combination). Results indicated significantly different levels of interest between LDSS workers area served and interest in collaboration ($F_{(3, 29)} = .006, p < .05$). Post hoc analysis initially was not conducted, as 'Urban' area had only one response for interest. When removing this response, there continues to be a significant difference. A Games-Howell Post Hoc analysis indicates significant differences between interest in participants who serve solely rural areas, as opposed to those who serve both rural and suburban areas. Specifically, those who served populations in only rural areas were more interested. This; however, should be interpreted with caution.

A One-Way ANOVA was conducted to evaluate the differences in mean responses regarding levels of interest in learning about inter-professional collaboration with schools depending on socioeconomic status of area served. Results indicated significantly different levels of interest between LDSS workers serving poverty, low, middle, and high income (or a combination of these) settings ($F_{(5, 25)} = .040, p < .05$). Post Hoc tests were not performed, as two

of the subgroups had fewer than two responses. The data for these two subgroups would have to be deleted in order for Post Hoc tests to be completed; therefore, it was determined that running the Post Hoc test may not present valid information.

Perspectives and Primary Considerations

LDSS social workers were also asked to comment on their perspectives and primary considerations in working with children in foster care. Specific statements made by participants can be found in Appendix C. One of the most frequently cited topics within these comments indicated that social workers would like for school personnel to understand the specific needs of children in foster care. Additionally, comments indicated that children are served best when everyone works as a team, and when specific contact person(s) are identified, as “having a central point of contact is key.” Other salient points indicated that social workers have concerns regarding confidentiality for children in foster care. Comments appeared to mirror the research and literature on collaboration, as well as on difficulties that can arise in collaboration.

Discussion

Children in foster care face many risk factors leading up to, and upon entering, the child welfare system. This culmination of risk factors creates a necessity for protective factors to be put into place. One factor that has been shown to increase positive outcomes for children is effective inter-professional collaboration between systems, the importance of which has been recognized as imperative in the literature (Altshuler, 2003; Jackson, 1994; Zetlin, Weinberg, & Shea, 2006). It is important to note that, when systems commit to cooperative collaboration, their support systems are optimized (Altshuler, 2003). Although current data reflect that collaboration does occur, there is some level of dissatisfaction in this communication. Additionally, data indicates that more training is needed both by social workers and school professionals in order to maximize effective inter-professional collaboration.

Regarding current practices, the majority of LDSS social workers surveyed regularly communicate with someone at the school that their clients attend, and feel that they are informed when evaluations or interventions are put into place at school for the children they serve. They report attending meetings more often than they sign permission forms; although there is variation in whether they, or someone else, attend meetings (typically the foster parent or social worker). It is important to note; however, that less than half surveyed indicated satisfaction with the collaboration that occurs. Regardless, the majority feels as though they are able to communicate and receive information needed from schools, and feel even more so that schools are able to receive information from LDSS. Very few LDSS social workers reported that they find collaborating with school personnel challenging. Additionally, although there was a level of dissatisfaction, most either do not perceive a disconnect or feel neutral on the topic. This is significant, as research has shown that disconnects between schools and social services

contributes as a potential risk factor for children in foster care (Jackson, 1994), indicating that social workers in Virginia may be working to combat this successfully. It is also important to note; however, that research by Rittenhouse (2008) suggested that over one third of school psychologists surveyed in Virginia indicated disconnect between school staff and agencies holding custody of children in foster care. This may indicate that improvements have been made since this time, or that different team members hold dissimilar perceptions on whether or not there is a disconnect. In terms of improvements, it may be the case that implementation of the Fostering Connections Act of 2008, as well as the U.S. DOE and U.S. DHHS guidance document, have impacted positive changes in communication in this time. It also may be the case that, although school psychologists held dissimilar perceptions, they worked with only a small number of students in foster care; thereby having fewer experiences to judge their collaboration on.

Most LDSS social workers who participated in the survey agreed that children in foster care face challenges that are very different from other children in the schools; however, almost half of the participants felt that school personnel do not understand the legal issues surrounding children in foster care. All LDSS social workers surveyed agreed that having knowledge on the needs of children in foster care is important for collaboration. The literature notes that some barriers to communication include lack of trust and/or adversarial relationships, role confusion, challenges in sharing information, and lack of understanding of job functions and the laws that govern them (McMahon, 2016). This perception that school personnel do not understand pertinent issues that children in foster care face may have some impact on reciprocal communication.

Although LDSS social workers reported a high rate of communication with schools, the identified point of contact in the school varied. Similar to overall communication, variation was seen in who serves as the general and special education decision maker. Also significant to note, the majority of participants reported that it is clear who the point of contact is at the school. This indicates that, while there is significant variation across participants, there may also be consistency or clear guidelines for communication within individual counties. In the past, there has been no protocol regarding communication between agencies until the guidance document on new provisions of the Every Student Succeeds Act (ESSA), as well as the Fostering Connections Act of 2008, regarding how to best support children in foster care (U.S. DOE and U.S. DHHS, 2016). Although this may be followed differently in various counties, a formal means of communication would be beneficial, as effective collaboration with systems can aid in meeting children's emotional, physical, and mental health needs (Zetlin, Weinberg, & Shea, 2006).

The majority of respondents reported having already received some form of training on inter-professional collaboration with school systems; however, they also indicated a high level of interest in participating in future professional development opportunities on this topic. This level of interest significantly differed depending on what type of area social workers served in (i.e., rural, suburban, etc.) and depending on the socioeconomic status of the population served. Of significance, participants were equally interested in workshops offered through the school system or through LDSS. This openness to training from either agency is well supported by the U.S. DOE and U.S. DHHS (2016) guidance, which suggests not only that LEA and LDSS should collaborate, but also that one of the preferred ways is through cross-training between agencies. In terms of social worker interest in provide this training to school personnel, most agreed that this would be valuable; however, significantly fewer were interested in conducting the trainings.

In regard to this disinterest, one option may be having specific school personnel attend LDSS trainings and bringing the information back to their staff. School psychologists can be an integral player to improving and fostering effective communication between schools and LDSS and could serve in this role. Additionally, they can serve as foster care liaisons to link educators, social workers, advocates, and caregivers to support child success in school once they have received training about the child welfare systems as well as state and federal laws (Harwick, Tyre, Beisse, & Thomas, 2015). Additionally, previous research indicates that, regardless of the setting or socioeconomic status of the area school psychologists worked in, the majority expressed interest in learning about the needs of children in foster care (Rittenhouse, 2008). In taking on this learning experience, school psychologists may be better equipped to foster communication.

Limitations

This study presented with several limitations. Firstly, response-bias may have impacted the results of this survey, in that those who responded may have done so because of a particular interest in the topic of collaboration. Therefore the respondents' reported interest, training, and knowledge of inter-professional collaboration for children in foster care may be an over or underestimate of the experiences of all LDSS social workers. In addition, as it was limited to mostly available emails for Education Stability Liaisons, it is possible that the results do not accurately represent the practices or experiences of most LDSS social workers in Virginia who did not receive the survey, or LDSS social workers in other geographic areas. In addition, the results may not appropriately reflect the amount of collaboration between other states' LDSS and school systems. Finally, this is a survey based on perceptions of need, training, and knowledge, which is more subjective than are standardized measures of data collection. Due to this, it is

difficult to ensure the accuracy of participants' reports, which may have been influenced by their self-perception or their desire to present in a specific way.

Several of the forty-three respondents did not fully complete their survey, as they skipped some questions. This left some questions at N=32 or N=33. Additionally, there was not an even spread of LDSS social workers serving differing areas (i.e., rural, suburban, urban) or differing socioeconomic statuses. This uneven spread with a relatively small sample size made post hoc analyses difficult, and may not be an accurate representation of the whole population. Future studies may take this into consideration when planning analysis based on specific demographics.

This study explored the training of LDSS social workers in collaborating with school systems. In doing so, the study looked into training and perceived knowledge on educational needs for children in foster care. Items on the survey that looked into this question simultaneously asked about perceived knowledge on social, emotional, and behavioral needs; therefore, this may not be an accurate representation of knowledge on solely educational needs. This is an important distinction, as schools may perceive having an understanding of educational needs as essential to collaboration.

Implications for Future Training, Practice, and Research

The results of this survey indicate interest in additional training for inter-professional collaboration between schools and LDSS for children in foster care. Current social workers are interested and could benefit from professional development both at LEA and at LDSS locations, indicating receptiveness to reciprocal communication. Social workers agree that it could be valuable to provide more training to school professionals, and that school professionals could benefit from more training. In relation to reciprocal communication, it should be noted that the perception that school personnel do not understand pertinent issues for children in foster care

might have some impact on that communication. This perception, and the effect of it on professional relationships, may benefit from further research. Additionally, further research regarding school team members' roles, dependent on county, could inform more structured practices in communication. Future research may also address whether formal notification and communication procedures have been put into place by the LEA and LDSS, and whether that procedure was jointly identified or created on behalf of one agency.

Results of multiple questions on the survey contained 'Neutral' responses. It may be beneficial to conduct future research that either looks into what the neutral feelings mean, or omit neutral as an option from responses. This may result in more clarity and information in the research.

Results of this study also indicate that there is some dissatisfaction in communication on behalf of LDSS social workers in Virginia; however, there is no perceived disconnect between LDSS and school systems. This is important, as previous research by Rittenhouse (2008) indicated a perceived disconnect in communication by school psychologists surveyed. Future research may look into what exactly drives the dissatisfaction in communication on behalf of the LDSS social workers, and what creates feeling of disconnect in one agency and not in another. Working on identifying what is done well in communication in addition to what needs improvement will aid in optimizing an important protective factor, hopefully aiding in better outcomes for children in foster care.

Appendix A

Survey: Social Workers' Practices, Training, and Knowledge on Working with Schools for Children in Foster Care

(adapted from *School Psychologists' Knowledge and Training in Working with Children in Foster Care* (Rittenhouse, 2008))**PART I: DEMOGRAPHIC INFORMATION**

Directions: Please answer the following questions regarding your professional background, training in working with schools for children in foster care, and amount of experience working with children in foster care, by circling the most accurate response.

1. Please select your current role(s) below.

- Social worker
 Education Stability Liaison
 Supervisor
 Temporarily on leave
 Student
 Retired
 Other _____

2. Approximately how many years have you been a practicing social worker? _____

3. What is your highest educational degree?

- B.S.W. M.S.W. L.S.W. L.C.S.W. D.S.W. Other: _____

4. What is your gender?

- Male Female

5. Approximately how many children does your department serve? _____

6. How many children are currently on your caseload? _____

7. How would you describe the area that your department serves? (Please choose all that apply)

- Rural Urban Suburban

8. How would you describe the typical socioeconomic status of families in the area you serve?

- Poverty Low Income Middle Income High Income

9. What percentage of your caseloads are in the following educational placements?

- a. _____ % Elementary school
 b. _____ % Middle school
 c. _____ % High school
 d. _____ % Residential
 e. _____ % Other: _____

PART II: SCHOOL COLLABORATION AND COMMUNICATION

10. Please rate your level of contact with the following professionals regarding <i>educational and social/emotional/behavioral</i> issues of children in foster care:	0 Never	1 Rarely	2 Sometimes	3 Often	4 Almost Always
School Counselor					
School Social Worker					
School Psychologist					
General Education Teacher					
Special Education Teacher					
Foster Parent					
Biological Parent					
Agency Social Worker					
Principal					
Administrator (Please Specify): _____					
Other (Please Specify): _____					

Please indicate the frequency of the following questions:	0 Never	1 Rarely	2 Sometimes	3 Often	4 Almost Always
11. How often have you had to sign a permission form for some sort of school services?					
12. How often do you attend meetings at school for the children on your caseload?					

13. Who typically attends school meetings (discipline, check-ins, special education eligibility, IEP meetings, etc.) for the children you work with (not including school staff)? (Please click all that apply)

- Myself (social worker)
- Child (client)
- Biological Parent(s)
- Foster Parent(s)
- Court Appointed Special Advocate (CASA) Worker
- Guardian *ad litem* (GAL)
- Therapeutic Foster Care (TFC) Caseworker
- Other(s) _____

14. Who makes general education decisions for the children in foster care who you work with? (Please click all that apply)

- Myself (social worker)
- Child (client)
- Biological Parent(s)
- Foster Parent(s)
- Court Appointed Special Advocate (CASA) Worker
- Guardian *ad litem* (GAL)
- Therapeutic Foster Care (TFC) Caseworker
- Other(s) _____

15. Who makes special education decisions for the children in foster care who you work with? (Please click all that apply)

- Myself (social worker)
- Child (client)
- Biological Parent(s)
- Foster Parent(s)
- Court Appointed Special Advocate (CASA) Worker
- Guardian *ad litem* (GAL)
- Therapeutic Foster Care (TFC) Caseworker
- Other(s) _____

Please indicate your level of agreement with the following statements:	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
16. I communicate regularly with someone at the school that my client(s) in foster care attend.					
17. I have a clear understanding of who the school contact person is for children in foster care.					
18. I have an understanding of the different roles of school professionals.					
19. It is clear who the main contact person <i>outside of school</i> is for educational needs.					
20. I am able to communicate and gain the necessary information from professionals in the schools who are working with children in foster care.					
21. School personnel are able to communicate and gain the necessary information from LDSS professionals who are working with children in foster care.					
22. I am informed when evaluations and interventions are put into place at school for the children in foster care I work with.					
23. There is disconnect between LDSS and school personnel regarding children in foster care.					
24. School personnel understand the legal issues surrounding children in foster care.					
25. I find collaboration with school personnel challenging.					
26. I am satisfied with current collaboration between LDSS and schools.					

PART III: KNOWLEDGE AND TRAINING TO ADDRESS EDUCATIONAL NEEDS

27. Please check **all** the box(s) next to the statement that best describes any specific training that you have received on working/collaborating with school systems.

- No training
- Workshop provided by school system (please indicate approximate # of workshops: _____)
- Workshop provided by DSS (please indicate approximate # of workshops: _____)
- Supervision
- Graduate level coursework
- Other (please describe in the space below)

Please indicate your level of agreement with the following statements:	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
28. I am aware of the specific educational, social, emotional, and behavioral needs of children in foster care.					
29. I have received adequate training on the educational, behavioral, social, and emotional needs of children in foster care.					
30. Knowledge of the needs of children in schools is important for collaboration.					
31. I feel children in foster care face challenges that are very different from other children in the schools.					
32. I would attend professional development that focuses on collaborating with schools for children in foster care.					
33. It would be valuable to conduct training sessions to provide school personnel with more information on the needs of children in foster care.					

34. I would be interested in conducting training sessions to provide school personnel with more information on the needs of children in foster care.					
--	--	--	--	--	--

PART IV: INTEREST IN ADDITIONAL TRAINING ABOUT COLLABORATION AND EDUCATIONAL NEEDS

Please rate your level of interest in participating in the following professional development opportunities regarding communication between schools and LDSS for children in foster care, and educational needs:	1 Not Interested	2 Somewhat Interested	3 Very Interested
35. Computer based learning module			
36. Targeted readings			
37. Journal article			
38. Workshop offered through the school system			
39. Workshop offered through state association			
40. Workshop offered through LDSS			
41. Graduate coursework			

PART V: FINAL COMMENTS

42. My primary considerations with regard to collaborating with schools for children in foster care are:

43. Additional comments:

44. If you **ARE** the Education Stability Liaison at your office, please describe your role as the Education Stability Liaison.

45. If you **ARE NOT** the Education Stability Liaison at your office, please describe your understanding of the role of the Education Stability Liaison.

Thank you for taking the time to complete this survey. Your participation is greatly appreciated!

Appendix B

Consent to Participate in Research

Identification of Investigators & Purpose of Study

You are being asked to participate in a research study conducted by Stephanie McGrew from James Madison University. The purpose of this study is to gain information on inter-professional collaboration between Local Department of Social Services (LDSS) and school systems for children in foster care. This study will contribute to the student's completion of her Educational Specialist thesis.

Research Procedures

This study consists of an online survey that will be administered to individual participants through Qualtrics (an online survey tool). You will be asked to provide answers to a series of questions related to information on inter-professional collaboration between Local Department of Social Services (LDSS) and school systems for children in foster care. Should you decide to participate in this confidential research you may access the anonymous survey by following the web link located under the "Giving of Consent" section.

Time Required

Participation in this study will require approximately 15-20 minutes of your time.

Risks

The investigator does not perceive more than minimal risks from your involvement in this study (that is, no risks beyond the risks associated with everyday life).

Benefits

Potential benefits from participation in this study include helping a JMU student learn more about current practices and needs of LDSS and school system collaboration for children in foster care in an effort to gain information on what could be done to improve collaboration, as it serves as a protective factor for children.

Confidentiality

The results of this research will be presented at a James Madison University professional symposium. While individual responses are anonymously obtained and recorded online through Qualtrics (a secure online survey tool), data is kept in the strictest confidence. The researchers will know if a participant has submitted a survey, but will not be able to identify individual responses, therefore maintaining anonymity for the survey. The results of this project will be coded in such a way that the respondent's identity will not be attached to the final form of this study. Aggregate data will be presented representing averages or generalizations about the responses as a whole. All data will be stored in a secure location accessible only to the researcher. Upon one year of completion of the study, all information will be destroyed. Final aggregate results will be made available to participants upon request.

Participation & Withdrawal

Your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you can withdraw at any time without consequences of any kind. However,

once your responses have been submitted and anonymously recorded you will not be able to withdraw from the study.

Questions about the Study

If you have questions or concerns during the time of your participation in this study, or after its completion or you would like to receive a copy of the final aggregate results of this study, please contact:

Stephanie McGrew, M.A.
Graduate Psychology
James Madison University
mcgrewsl@dukes.jmu.edu

Tammy Gilligan, Ph.D.
Graduate Psychology
James Madison University
Telephone: (540) 568-6564
gilligtd@jmu.edu

Questions about Your Rights as a Research Subject

Dr. Taimi Castle
Chair, Institutional Review Board
James Madison University
(540) 568-5929
castletl@jmu.edu

Giving of Consent

I have been given the opportunity to ask questions about this study. I have read this consent form and I understand what is being requested of me as a participant in this study. I freely consent to participate. I certify that I am at least 18 years of age. By clicking on the link below, and completing and submitting this anonymous online survey, I am consenting to participate in this research.

http://jmu.co1.qualtrics.com/jfe/form/SV_6ShCa03G0bIVRyt

Stephanie McGrew _____

Name of Researcher (Printed)

Date

This study has been approved by the IRB, protocol # 19-0286.

Appendix C

Participants' Primary Considerations Regarding Working with Children in Foster Care

The following list includes quotes from participants regarding their perspectives and primary considerations in working with children in foster care.

“We work with school districts across the state and some are doing well and others are not. The website by VDOE must be updated frequently with the contact person for BIDs and FC Liaisons. Paperwork sitting on the wrong desk or inbox delays children starting school upon removal from their home and placement changes. This negatively impacts the children and reflects poorly on the LDSS and often it is beyond the control of the LDSS. It is also concerning the lack of confidentiality some school districts provide to foster children by labeling them loudly and obviously as foster children.”

“The lines of communication with the LDSS worker and the school contact are established immediately upon a child's entry into foster care. The understanding that the "team" will have several more players who all need information and having a central point of contact is key.”

“Ensuring that all educational needs of the foster children are being met while also ensuring that their confidential information is only shared to meet the educational needs. Ensuring that both the biological parents and foster parents are equally involved and included with anything related to the children's education”

“School personnel need more support in learning about the specific needs of youth in foster care. While education is an exceptionally important factor for all youth, school personnel need to understand how a child's home life/experience impacts their ability as well as desire to learn. Social/emotional issues must be addressed before a child can be in a learning state of mind. Some folks really "get it" but I have worked with far too many school personnel who are not in touch with the needs of children who experience abuse/neglect and displacement from their homes/families and how that impacts a child's behaviors, ability to learn and function in all domains.”

“I would like the schools to better understand foster care, the process, and how to not discriminate against the child.”

“Ensuring the child's behavioral and emotional needs are attended to within the school setting. Additionally, our children have specific transportation needs (e.g. for older youth, we use local taxi service). It is VERY helpful when school personnel are collaborating with us to ensure the transportation needs of our clients are met.”

“Collaborating with schools for children in foster care in my area has been very simple and easy. Recently, dealing with a larger school system in which I did not have any contacts has been very difficult.”

“The needs of the child are best met when everyone works together as a team.”

“To ensure that the children are receiving the services they need to excel in school and to ensure that all involved with the children are aware of strategies put in place by the school, and that the school is aware of services the child is receiving outside of school.”

“I would like schools to understand role of DFS in the care of children in foster care and the responsibilities of communication and collaboration.”

“Schools need more education on valuing the family unit regardless of family culture and parent choices. Respecting that not all families have the same values, especially with regard to education.”

“The biggest gap in communication occurs when a school/school district does not have much experience or student populations of students that are in foster care. On the LDSS side: each worker understands the importance of education and advocating for the children in regards to school and school placement.”

“I feel that the children in foster care are often labeled as such and targeted because they are in care.”

“In my 2.5 years of working in child welfare, I have always had very communicative and collaborative relationships with school personnel.”

References

- Altshuler, S. (2003). From barriers to successful collaboration: Public schools and child welfare working together. *Social Work*, 48(1), 1-14.
- Blome, W.W. (1997) What happens to foster kids: Educational experiences of a random sample of foster care youth and a matched group of non-foster care youth. *Child and Adolescent Social Work Journal*, 14(1), 41-53. <https://doi.org/10.1023/A:1024592813809>
- Conger, D., & Finkelstein, M. J. (2003). Foster care and school mobility. *Journal of Negro Education*, 97-103.
- Fanshel, D., & Shinn, E. B. (1978). *Children in foster care: A longitudinal investigation* (No. 316.6 (73)). Columbia University Press.
- Geenen, S., & Powers, L. E. (2007). “Tomorrow is another problem”: The experiences of youth in foster care during their transition into adulthood. *Children and Youth Services Review*, 29(8), 1085-1101.
- Harwick, R., Tyre, A., Beisse, K., & Thomas, C. (2015, March). Intervention targets for youth with disabilities in foster care. In *School Psychology Forum* (Vol. 9, No. 1).
- Jackson, S. (1994). Educating children in residential and foster care: An overview. *Oxford Review of Education*, 20, 267-280.
- Ko, S. J., Ford, J. D., Kassam-Adams, N., Berkowitz, S. J., Wilson, C., Wong, M., ... & Layne, C. M. (2008). Creating trauma-informed systems: child welfare, education, first responders, health care, juvenile justice. *Professional Psychology: Research and Practice*, 39(4), 396.
- National Center for Mental Health Promotion and Youth Violence Prevention (2010, March). *The Role of Schools in Supporting Children in Foster Care*. [Electronic version].

Retrieved March 28, 2018 from <http://www.promoteprevent.org/content/role-schools-supporting-children-foster-care>.

Legal Center for Foster Care and Education (2008). Solving the Data Puzzle: A How-To Guide on Collecting and Sharing Information to Improve Educational Outcomes for Children in Out-of-Home Care

McKellar, N. (2007). Foster care for children: Information for teachers. *NASP Communiqué*, 36(4), 1-4.

McKellar, N., & Cowan, K. (2011). Supporting students in foster care. *Principal Leadership*, 12(1), 12-16.

McMahon, J. (Ed.). (2016, January). DSS and Schools: Working Together to Improve Outcomes. *Children's Services Practice Notes*, 21. Retrieved March 13, 2018, from <http://www.practicenotes.org/v21n1/together.htm>

National Center for Education Statistics (2017). Children and youth with disabilities. Retrieved March 18, 2018, from https://nces.ed.gov/programs/coe/indicator_cgg.asp.

Rittenhouse, M. (2008). A state survey of school psychologists knowledge and training in working with children in foster care (Unpublished master's thesis). James Madison University.

Scherr, T. G. (2007). Educational experiences of children in foster care: Meta-analyses of special education, retention and discipline rates. *School Psychology International*, 28(4), 419-436.

U.S. Department of Education and U.S. Department of Health and Human Services (2016, June). *Non-Regulatory Guidance: Ensuring Educational Stability for Children in Foster Care*

- [Electronic version]. Retrieved March 28, 2018, from <https://www.acf.hhs.gov/cb/resource/ed-hhs-foster-care-non-regulatory-guidance>
- US Department of Health and Human Services. (2016). The AFCARS report: Preliminary FY 2015 estimates as of June 2016 (23).
- Virginia Department of Social Services and Virginia Department of Education (2017, October). Fostering Connections and the Every Student Succeeds Act: Joint Guidance for School Stability of Children and Youth in Foster Care [Electronic version]. Retrieved March 28, 2018, from http://www.doe.virginia.gov/support/student_family/foster_care_students/index.shtml
- Weinberg, L., & Luderer, J. W. (2004). Problems and solutions to improving education services for children in foster care. *Preventing School Failure: Alternative Education for Children and Youth*, 48(2), 31-36.
- Zetlin, A., Weinberg, L., & Kimm, C. (2003). Are the educational needs of children in foster care being addressed? *Children and Schools*, 25(2), 105-119.
- Zetlin, A., Weinberg, L., & Kimm, C. (2004). Improving education outcomes for children in foster care: Intervention by an education liaison. *Journal of Education for Students Placed at Risk*, 9(4), 421-429.
- Zetlin, A., Weinberg, L., & Luderer, J. W. (2004). Problems and solutions to improving education services for children in foster care. *Preventing School Failure*, 48(2), 31-36.
- Zetlin, A. G., Weinberg, L. A., & Shea, N. M. (2006). Seeing the whole picture: Views from diverse participants on barriers to educating foster youths. *Children & Schools*, 28(3), 165-173.

Zetlin, A., Weinberg, L., & Shea, N. M. (2010). Caregivers, school liaisons, and agency advocates speak out about the educational needs of children and youths in foster care. *Social work*, 55(3), 245-254.