Improving Education Outcomes for Children in Child Welfare

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EXECUTIVE SUMMARY

Despite decades of research and intervention, poor education outcomes remain a persistent problem in the United States, as one in four students fail to graduate from high school on time.[1] Poor education outcomes often stem from educational instability—characterized by frequent changes in schools, delays in enrollment, and chronic absenteeism—that begins early in a child's education.[2,3] Children involved with child welfare systems face educational instability at disproportionately high rates.[4] These children, who have experienced abuse or neglect and enter the child welfare system to receive either in-home preventive services or foster care, often live with a high degree of transition and uncertainty. Because children in child welfare are at high risk for educational instability, and because they are served intensively by multiple public systems, their educational experiences are particularly instructive as we seek strategies for improving education outcomes for all high-risk students.

The **Children's Stability and Well-being (CSAW)** study from PolicyLab at The Children's Hospital of Philadelphia sought to understand the educational experiences of children in child welfare. Over a two-year period, researchers followed a cohort of children ages 5-8 years who entered a foster care placement in Philadelphia between 2006 and 2008. Researchers also conducted focus groups with professionals in both the education and child welfare systems.

This PolicyLab *Evidence to Action* brief details key findings from the study and highlights three opportunities for action as system leaders work to improve education outcomes for children affected by educational instability.

KEY FINDINGS

From the CSAW quantitative longitudinal study[4]

EDUCATIONAL INSTABILITY IS HIGH, BOTH IN PLACEMENT AND WHEN CHILDREN ARE IN-HOME.

- **Attendance:** Absent 25 days (5 weeks) per year on average; absenteeism is higher prior to initial placement in foster care
- **School Changes:** Attended 2.7 different schools in 2 years on average; children with greater placement instability had greater school instability
- **Reunification:** Children who reunify with their families have the highest absence rates *both during and after* foster care placement

From the CSAW qualitative focus groups[5]

SYSTEM BARRIERS IMPEDE CHILDREN'S ACHIEVEMENT OF POSITIVE EDUCATION OUTCOMES.

Professionals in the education and child welfare systems cited concerns about:
- **Ineffective cross-system communication**
- **Confusion about policies**
- **Difficulty obtaining behavioral health services**

OPPORTUNITIES FOR ACTION

The research team shared the data with education and child welfare professionals. Their feedback suggests three key opportunities for action.

1 Promote real-time data sharing and communication across systems to support collaborative, child-level case management.

2 Systematically track and respond to school absences, suspensions, and behavioral health issues.

3 Integrate the delivery of educational, child welfare, and behavioral health services.

OVERVIEW

Despite decades of research and intervention, poor education outcomes remain a persistent problem in the United States, indicated by the fact that that one in four students fail to graduate from high school on time.[1] The patterns that lead to poor outcomes often begin early in a child's education and last for years. Known collectively as *educational instability,* these patterns include frequent changes in schools, delays in school enrollment, and chronic absenteeism.

The consequences of educational instability are even greater for children who are vulnerable because of their involvement in child welfare. In 2011, over 680,000 children in the United States were identified as abused or neglected.[6] Children experiencing abuse or neglect enter the child welfare system to receive both prevention and intervention services (e.g. foster care, in-home preventive services). These children face educational instability at disproportionately high rates.[4] To better align policies and practices to support all children's educational success, it is important to understand educational instability among children in child welfare.

The 2008 *Fostering Connections to Success and Increasing Adoptions Act* (P.L. 110-351) sought to improve educational success for children in child welfare by requiring local education and child welfare agencies in each state to work together to ensure educational stability and remove barriers to successful education.[7] Many jurisdictions responded by creating new policies and collaborations between education and child welfare agencies. However, barriers to full collaboration persist in many localities.[5]

As states grapple with the question of how to support educational stability for children in child welfare, new research helps us understand both challenges and promising solutions involved in helping vulnerable children succeed in school and at home. This brief synthesizes findings and policy implications from two recent studies conducted as part of the **Children's Stability and Well-Being (CSAW)** study by PolicyLab at The Children's Hospital of Philadelphia: a quantitative analysis of educational instability among children in foster care and a qualitative analysis of focus groups with education and child welfare professionals (Fig. 1).

FIGURE 1:

The Children's Stability and Well-Being (CSAW) Study

The CSAW study seeks to understand (a) the impact of child welfare system characteristics on the stability and well-being of children placed in foster care and (b) the educational experiences of those children through the collection of quantitative and qualitative data.

The **longitudinal study** followed 407 children between ages 3-8 years recruited from the Philadelphia child welfare system upon a new placement into foster care between 2006 and 2008. Over a two-year follow-up period, researchers examined demographic information, case histories, placement stability, and behavioral health outcomes, using case records from the Department of Human Services and by conducting nearly 3,400 interviews with caregivers, caseworkers, and teachers.

A smaller subgroup of 209 school-aged children, ages 5-8 years, were linked to attendance and enrollment records over the same time period from the public school district to measure educational instability.

Ten focus groups with a total of 90 teachers, child welfare caseworkers, foster parents, and school counselors focused on the challenges of collaborating across systems to improve children's education outcomes. See http://bit.ly/VaxDgC.

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CSAW Quantitative Longitudinal Study

Data from the CSAW longitudinal study shed light on factors that influence educational instability.[a]

- **Rates of chronic early school age absenteeism and school changes are alarmingly high:**

  - On average, children in the CSAW study missed 25 days of school (5 weeks) per year—twice the number for children overall in the same school district (12 days). A quarter of the children missed at least 33 days, or 6.5 weeks of school per year.

  - The average number of schools attended by children during the 24-month period was 2.7, and 20% of children attended 4 or more schools. Only 1 in 5 children attended just one school.

- **Absenteeism is higher prior to placement into foster care:[b]**

  - During the two months prior to placement into foster care, the average daily absence rate was 31% for all students. (Fig. 2).

  - After a spike in absences in the days immediately following placement into foster care, the proportion of children absent dropped to less than 24% on average (Fig. 2).

- **Children with early placement stability have less absenteeism** than other children in foster care:[b]

  - The CSAW study recognized four categories to describe a child's placement pattern in foster care: early stable, late stable, unstable,[8] and reunified with a birth parent (Fig. 3).

  - The study found that unstable placement in foster care increased children's absences from school by 38% compared to early stable children (Fig. 4).

FIGURE 2:

School Absence by Days to Foster Care Placement
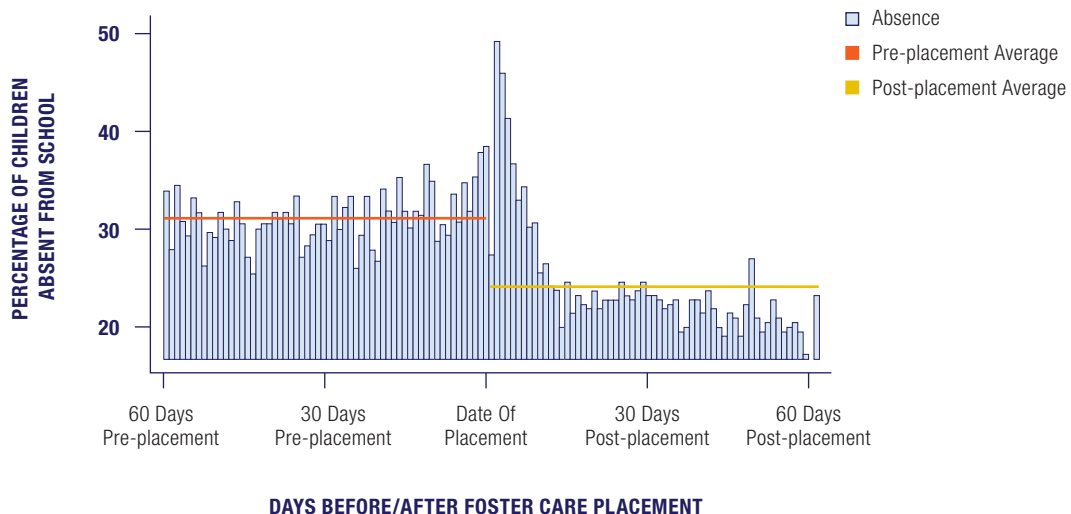

DAYS BEFORE/AFTER FOSTER CARE PLACEMENT

FIGURE 3:

Key Terms

Placement stability: children's ability to avoid frequent moves and achieve a lasting out-of-home placement

The study defined three categories of placement stability: [8]

- **Early stable:** children who achieved lasting placement within 45 days of entering out-of-home care

- **Late stable:** children who achieved lasting placement 45 days to 9 months after entering out-of-home care

- **Unstable:** children who continued to move between placements after 9 months of being in out-of-home care

Reunified: children who returned from out-of-home care to their families of origin during the study period

Educational stability: the achievement of a stable, appropriate educational placement and avoidance of the frequent changes in schools, delays in school enrollment, and chronic absenteeism that undermine positive education outcomes

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Children who reunified home have higher overall rates of absenteeism both during and after foster care placement. Absenteeism was not significantly worse after reunification. On average, reunified children have:

- 28 days of absence, or nearly 6 weeks of missed school per year (Fig. 4).

- 70% more absences than children with early stability (28 days absent for children who reunify home versus 16 days for children who are early stable).

- 27% more absences than children with unstable placements.

Unstable placement in foster care increases the number of school changes, [b] an important factor in educational instability (Fig. 5):

- The highest rate of school changes occurred among children with unstable placement histories, who averaged 3.6 schools over 24 months.

- In contrast, children with early stable placements averaged 1.7 schools, and children who reunified home averaged 2.9 school changes.

- The CSAW findings are consistent with findings from a national study of foster care alumni, in which 68% of students attended three or more elementary schools and 33% attended five or more schools during their time in out-of-home care. [9]

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[a] Unless otherwise cited, all quantitative data in this section is from Zorc et al., 2013, reference #4.

[b] Adjusted for placement type (kinship or general foster care), prior placement history, behavior (score on the Child Behavior Checklist), age, gender, and sexual abuse history.

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Days Absent from School by Placement Experience

ESTIMATED DAYS ABSENT PER YEAR

16	22	22	28
Early Stable	Late Stable	Unstable	Reunified

PLACEMENT EXPERIENCE
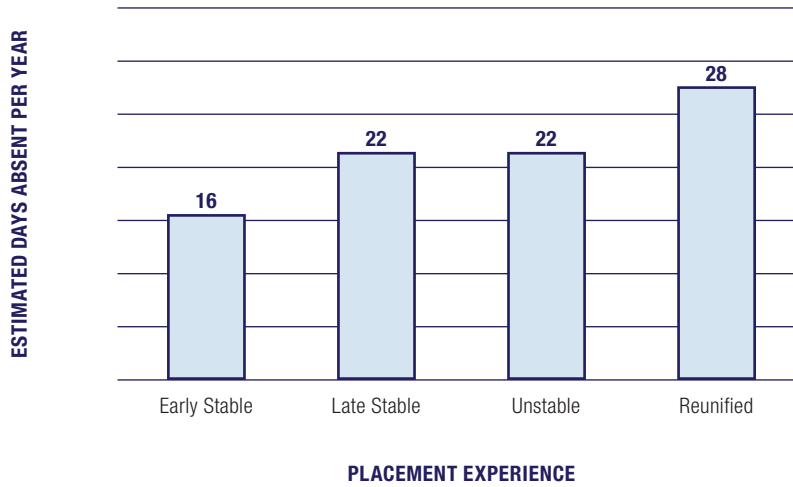
School Changes by Category of Placement Stability

ESTIMATED SCHOOLS ATTENDED IN 24 MONTHS

1.7	2.7	3.6	2.9
Early Stable	Late Stable	Unstable	Reunified

PLACEMENT EXPERIENCE

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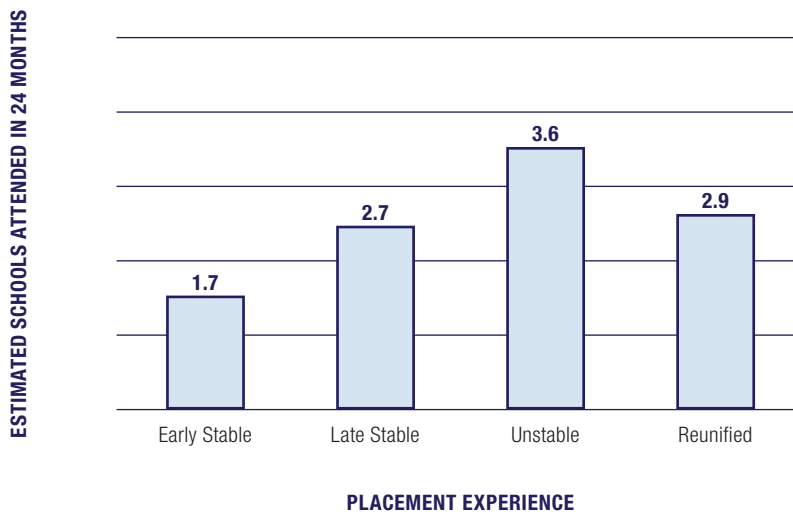
Data collected during the CSAW focus groups reinforced the findings from the longitudinal study and identified several barriers to improving educational stability for children in child welfare, including:[c]

- **Limited communication across the education and child welfare systems.** Communication issues include: discordant positions on the need for confidentiality, with school staff often wanting more information about a student's foster care status and caseworkers and foster parents wanting to protect the students' privacy; and uncertainty about a school's duty to share information and a caseworker's right to receive it. The poor quality of communication is a source of recurrent frustration for all stakeholders.

- **Inconsistent levels of knowledge and implementation of policies and procedures** among staff in both the education and child welfare systems. This gap was especially apparent regarding disclosure of information about behavioral health-related services, understanding of which agency or person was responsible for ensuring the education of children in foster care, and protocols for providing school transportation when a child's foster care placement changed.

- **Challenges involved in caring for children who have behavioral problems.** Problems here include: a real or perceived relationship between a child's status as a foster care recipient and his or her behavioral problems in school, and the difficulty of initiating and maintaining behavioral health services when a child's foster care placement changes.

These cross-system problems may be exacerbated by the fact that federal and state laws sometimes advance conflicting goals. For example, although the federal *Family Educational Rights and Privacy Act (FERPA)* does not prohibit child welfare caseworkers from obtaining education information about children in foster care, their ability to do so varies within and across states.[10] Furthermore, most states have laws governing what types of information can be shared, and with whom, regarding children in foster care.[10] *Fostering Connections* expands the expectations for cross-system collaboration but does not modify any confidentiality rules to ameliorate this tension.[5, 7]

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[c] Unless otherwise cited, all qualitative data in this section is from Noonan et al., 2012, reference #5.

WHY IT MATTERS

Educational instability—chronic absenteeism, delayed school enrollment, and frequent school changes—is an important indicator of educational failure. These combined factors are known to reduce school engagement and achievement for all students,[11-14] which affect whether they do well and stay in school. For low-income children, chronic early absence predicts the lowest levels of academic achievement at the end of fifth grade.[15] By sixth grade, students who attend school less than 80% of the time or experience academic problems in a core course or behavioral problems have only a 10% to 20% chance of graduating on time.[16] By ninth grade, missing 20% of school days is more predictive of school dropout than eighth grade test scores.[15, 17] Children in child welfare are particularly at-risk for educational instability.[4]

Educational instability is highest prior to foster care placement. This finding from the CSAW study underscores the need for school system involvement in addressing the challenging needs of vulnerable children regardless of the child's home setting. A large proportion of educational instability exists for these children during the in-home, high-risk period prior to any child welfare involvement. It is therefore necessary for policy solutions, including those building from *Fostering Connections,* to improve educational stability and integrate efforts between the child welfare and school systems for all children, augmented by specific initiatives for those in foster care.

It is unclear why children reunifying home have the highest overall rates of absenteeism both during and after foster care placement. However, with child welfare systems increasingly focused on reunification and providing in-home services to prevent placement into foster care, there is a need to understand why these children have significantly higher rates of absenteeism than other children who either remain in long-term foster care or who reunify home after 24 months.

For children who remain in foster care, securing early placement stability is linked to educational stability. Previous research establishes a link between frequent changes in foster care placements and a greater number of behavioral problems—which can compound the difficulty of reducing absenteeism, school disruption, and poor achievement.[4] Changes in school placement contribute to educational delay.[18] Moreover, children in foster care already have higher levels of grade retention and suspensions and lower standardized test scores[2, 3]—factors that also contribute to school dropout. The CSAW findings suggest that stabilizing children early in foster care may be a significant step toward improving their educational stability.

The challenge—and the opportunity—is to do a better job of coordinating the educational experience of high-risk children in the child welfare system by improving their school stability, boosting their attendance rates, and prioritizing early stability when children enter foster care. This will require policies, strategies, and practices to be coordinated across systems and tailored to fit the needs of local education and child welfare partners. Although *Fostering Connections* prompted many states and localities to enact legislation or regulations that aim to do this, in many jurisdictions these are in the early stage of development. Lessons from early adopters will help to create comprehensive, effective approaches to improve educational stability for children in child welfare.

WHAT WE CAN DO

To understand the implications of the CSAW study findings, researchers shared the data with system leaders, service providers, community advocates, and front-line professionals. Through this feedback, along with input from the stakeholder focus groups, three **opportunities for action** emerged to help develop policy guidance, rules, and practices that can improve education outcomes not only for children in foster care, but for the many children in child welfare who remain at home with their biological families.

1 Promote real-time data sharing and communication across systems to support collaborative, child-level case management.

2 Systematically track and respond to school absences, suspensions, and behavioral health issues.

3 Integrate the delivery of educational, child welfare, and behavioral health services.

1 Promote real-time data sharing and communication across systems to support collaborative, child-level case management.

Data sharing supports effective case management of individual children by giving the various professionals who interact with the children a holistic and up-to-date sense of their needs and supports (something that is especially important for children in child welfare, who traverse multiple service systems). Having this information helps representatives of the different systems fill service gaps, streamline responses, and recognize emerging problems in real time.

Data sharing also allows for better identification of high-risk subgroups. For instance, a school district may share electronic files of student-level data with the child welfare agency to map the schools with the highest density of children in child welfare in order to prioritize interventions toward the highest-risk schools.

Strategies to promote interagency data sharing and communication include the following actions, many of which are illustrated by the example in Fig. 6:

- **Developing joint expectations and responsibilities** of how information will be shared by each agency. Legislation enacted in California in 2004 offers a promising example ("California A.B. 1858, 2004").[5]

- **Establishing a memorandum of understanding** that specifies how collaborating agencies will uphold confidentiality standards required by the *Family Educational Rights and Privacy Act (FERPA),* the *Child Abuse Prevention and Treatment Act (CAPTA),* and the *Health Insurance Portability and Accountability Act (HIPAA).*

- **Creating an infrastructure** to collect and store data from multiple systems in one place that workers from all systems can access, such as a data warehouse.[19] For example, in Sacramento County, CA, a shared database on children in foster care gives youth-serving agencies and schools access to the same data. When a child in foster care moves to a new district, the school is notified and its staff can access the database to learn more about the child.[20, 21]

- **Inserting child welfare information for involved students into the school system's records,** including foster care status, caseworker, and foster parent contact information, guardianship and visitation information, and mental health and community support services received.

- **Establishing processes for shared decision making** to coordinate care between schools and child welfare agencies. In Baltimore, MD, for example, school-based attendance teams involve teachers, attendance monitors, guidance counselors, and family preservation specialists in identifying, tracking, and supporting students who have excessive absences (Fig. 7).[22]

- **Convening interagency meetings** that enable education and child welfare professionals to increase familiarity with each others' policies and practices, provide a venue for communication, and strengthen personal relationships.

Data Warehouse Supports Interagency Collaboration, Allegheny County, PA

In Allegheny County, PA, the Department of Human Services (DHS) established a data-sharing agreement with the Pittsburgh Public School district in 2009. The school system provides DHS with data on individual students' academic achievement, attendance, and enrollment in special education programs. School data are integrated into DHS' data warehouse, which employees from child-serving agencies can access. The warehouse consolidates data from the human service agencies under the DHS umbrella, the juvenile justice system, and the Pennsylvania Department of Public Welfare. Data are used for individual case management and population-level analyses.

On an individual level, the goal of data sharing is for education and human service providers to get a full picture of their clients' successes, challenges, and needs. By accessing student information through the database, school officials can better understand factors outside of school that affect student performance. Child welfare workers can monitor the academic achievement and attendance of children under DHS care and work with school officials to intervene when necessary.

At the population level, the county's education and child welfare agencies see how children are faring across the various systems with which they interact. In 2010, using information garnered from this data, Allegheny's education and child welfare agencies collaborated on an action research project designed to address the achievement gap among students with child welfare or juvenile justice involvement.

SOURCES: Fraser, J. (2012). Framework for Collaboration:
The memorandum of understanding between Allegheny County DHS and Pittsburgh Public Schools. Pittsburgh, PA.
See http://bit.ly/ZZyW5y.

Fraser, J. (2012). Improving educational and well-being outcomes: June 2011 update.
Allegheny County Department of Human Services and Pittsburgh Public Schools. Pittsburgh, PA.
See http://bit.ly/XV0m73.

2 Systematically track and respond to school absences, suspensions, and behavioral health issues.

In order to boost the school attendance and performance of all students, including those in child welfare, teachers and school administrators have to know when and how often individual children are absent, suspended, or having behavioral health problems.[5] Having a system that tracks these indicators of children's school status, health, and well-being, shares the information with caseworkers when children in child welfare are involved, and provides a protocol for taking action when issues arise helps both educators and caseworkers intervene quickly, appropriately, and in mutually reinforcing ways.

Strategies to track and respond to disruptions in school attendance for students in child welfare include the following actions, many of which are illustrated in Fig. 7:

- **Setting clear definitions,** shared by the education and child welfare systems, for excused and unexcused absences, chronic absence, and truancy that define absenteeism broadly and consistently to capture individual children's actual attendance in school.[23] Definitions should address what constitutes each type of absence, when intervention is necessary, and what specific workers within each system are expected to do when intervention is required.

- **Measuring absenteeism among all children in foster care and reunifying home,** especially young children, whose absenteeism is more easily controlled. School absence monitoring is encouraged in the guidance on *Fostering Connections* written by the Administration for Children and Families (July 9, 2010); however, agencies

have flexibility in how to do so.[24] Several new initiatives to track and address absenteeism for children in child welfare hold promise for establishing best practices.[4]

Chronic absence can be hard to measure, however, because many schools monitor only average daily attendance and unexcused absences, which can mask the chronic absence of individual students.[25] State and district policymakers may need to change the way attendance is tracked to reveal absence patterns for individual students and schools.

- **Establishing a protocol for responding to the absenteeism of children in child welfare.**[4] The example described in Fig. 6 begins with attendance monitoring through the school system's data collection system and spells out responses by responsible parties in the school, district office, and child welfare agency.[22]

- **Using a shared database to ensure that caseworkers are notified of a child in foster care's absence from school.** For example, a school database that also includes information on a child's placement status and contact information for his or her caseworker can be set to automatically notify the caseworker of the child's absence from school.

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FIGURE 7:

A District Protocol for Addressing Chronic Absence, Baltimore, MD

The Baltimore City Public Schools take a team approach to attendance intervention, which incorporates actions by teachers, school administrators, attendance monitors, guidance counselors, and school-based social workers. Each school's attendance monitor tracks absences for every child. When the first unexcused absence occurs, the child's parent or guardian is notified by a phone call from the district office and school staff. For subsequent consecutive absences, interventions are tiered based on the child's age and number of days absent. For instance, after six days of consecutive absences the school attendance team sends a certified letter to the parent/guardian and schedules a home visit. Members of the attendance team may also meet with the school nurse or social worker to determine underlying health or well-being factors that could increase absences.

The school district has a data-sharing agreement with the child welfare agency, Baltimore City Department of Social Services. The school system provides the Department of Social Services with student-level data on a monthly basis, including information about student attendance. The Department of Social Services produces monthly reports on all children who are involved with the agency and distributes them to social workers. If a child misses 10% or more of school days that month, attendance is flagged on the report and the social worker is expected to intervene.

SOURCE: Baltimore City Public Schools. (2012).
Protocols for consecutive absences. Baltimore, MD.
See http://bit.ly/R99qqw.

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3 Integrate the delivery of educational, child welfare, and behavioral health services.

The need for increased communication and coordination among publicly administered services is well-documented, as is the difficulty of doing so.[26] As education and child welfare systems respond to federal requirements under *Fostering Connections,* however, new opportunities are emerging to coordinate efforts across agencies. Moreover, continued cuts to state and local government budgets have reduced the resources available for social services, which creates an incentive for better integration among service providers, including behavioral health.

Strategies for integrating services include the following actions, many of which are illustrated in Fig. 8:

- **Routinely screening children in child welfare** for education, developmental, and behavioral needs and establishing education case plans that integrate and coordinate services.

- **Providing more training for front-line workers** related to cross-system roles and policies regarding the education of children in child welfare.

- **Sharing staff and resources across agencies** through the co-location of services, shared financing of personnel, and cross-systems training.

- **Co-locating various service providers at schools.** Schools are a logical venue for connecting children with behavioral health and social services as well as education. One way to achieve this type of integration is to place caseworkers and behavioral health support staff directly in schools that have high numbers of students involved in the child welfare system.

- **Encouraging inclusive interagency team meetings.** Traditionally, interagency meetings are attended by child welfare staff, the family (foster and/or biological), and the child if age-appropriate. Schools could host these teaming meetings to make it easier for school personnel and behavioral health providers to attend.

FIGURE 8:

School-Based Service Integration, Fresno County, CA

Fresno County's Department of Social Services and Office of Education have integrated services for children in foster care in several ways.

In response to California State Assembly Bill 490 (A.B. 490), in 2004 the Fresno County Office of Education designated foster youth education liaisons in each school or unified school district in the county. The liaisons are responsible for ensuring proper educational placement and enrollment of foster youth and facilitating the transfer of records.

The Department of Social Services places social workers in high schools with large foster care populations. Each social worker has a caseload within the assigned school(s) and visits the school several times per week to manage cases and troubleshoot issues.

The Department of Social Services employs four education liaisons who provide training, case management support, and consultation to school and child welfare agency staff. Liaisons are assigned to one of four age-based cohorts (pre-K, elementary, middle, and high school) and meet with school and child welfare agency staff periodically to discuss specific students' education issues.

SOURCES: Fresno County Office of Education. (January 2012). Foster youth data sharing agreement.
California Connected by 25 Initiative. (November 2011). Promising strategies from the California Connected by 25 Initiative: Tips and resources to improve outcomes for transition age foster youth.
See http://bit.ly/XV50IH.

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See http://bit.ly/T6mrmM.

CONCLUSION

Educational stability matters for all children. The CSAW study findings highlight the profound educational instability experienced by children in the child welfare system, with alarmingly high rates of absences and frequent school changes. Preceding foster care placement, these children's attendance was even worse. By focusing on the educational experiences of some of the most at-risk children and working to identify cross-system barriers to optimal service delivery, the CSAW findings illustrate the need for system reforms that improve outcomes for children more broadly.

Now is the moment for action. With *Fostering Connections,* increasing federal attention from the United States Departments of Education and Health and Human Services, and growing efforts across states to develop policy and practice initiatives to improve children's educational success, there is an opportunity for system innovation and to learn from promising models across the country. To address educational barriers, multiple strategies are necessary. This brief highlights three opportunities for action: 1) sharing data and communicating across systems; 2) tracking and responding to school absences, suspensions, and behavioral health issues; and 3) integrating services across systems. These strategies provide a starting point for acting on emerging evidence to improve education outcomes for children.

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PolicyLab
CENTER TO BRIDGE RESEARCH,
PRACTICE & POLICY

The aim of PolicyLab at The Children's Hospital of Philadelphia is to achieve optimal child health and well-being by informing program and policy changes through interdisciplinary research.

PolicyLab develops evidence-based solutions for the most challenging health-related issues affecting children. We partner with numerous stakeholders in traditional healthcare and other community locations to identify the programs, practices, and policies that support the best outcomes for children and their families. PolicyLab disseminates its findings beyond research and academic communities as part of its commitment to transform evidence to action.

NOTES

PolicyLab Evidence to Action briefs highlight PolicyLab research areas in the context of local and national policy issues to advance child health and well-being.

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