

**Looking Back, Moving  
Forward: Using Integrated  
Assessments to Examine  
the Educational Experiences  
of Children Entering  
Foster Care**

**Cheryl Smithgall  
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Lisa Walker**

**2010**

# Child welfare fare

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# Introduction

Between 2003 and 2005, Chapin Hall studies on the educational experiences of students in the Chicago Public Schools drew attention to the particularly complex educational challenges facing children involved with the child welfare system (Smithgall, Gladden, Howard, Goerge, & Courtney, 2004; Smithgall, Gladden, Yang, & Goerge, 2005). Children in foster care experience more school transfers, obtain special education classifications at higher rates, perform worse on standardized tests, are retained at greater rates, and have more disciplinary infractions than their peers enrolled in the same schools. These findings have become widely accepted in the child welfare field and are increasingly incorporated into agendas for research and practice (Scherr, 2007; Stone, 2007; Trout, Hagaman, Casey, Reid, & Epstein, 2008). They raise critical issues of how to intervene and improve the overall trajectories for these children.

In both the child welfare and education fields, the key to intervention begins with assessment. All children entering foster care are recommended to receive a routine assessment of their mental and physical health needs (Burns et al., 2004; Glisson, 1996; Halfon, Mendonca, & Berkowitz, 1995; Hartnett, Falconnier, Leathers, & Testa, 1999; Nugent & Glisson, 1999; Schneiderman, Connors, Fribourg, Gries, & Gonzales, 1998; Simms, Dubowitz, & Szilagy, 2000). Researchers agree that child assessments should be individualized and comprehensive—i.e., should include mental health, physical health, developmental, and educational information. Such assessments can assist case workers in planning the services that children need and in coordinating across multiple providers and developmental domains (Armsden, Pecora, Payne, & Szatkiewicz, 2000; Hartnett, et al., 1999; Leslie et al., 2000).

Recognizing the need for timely comprehensive assessments of children entering foster care, the Illinois Department of Children and Family Services (DCFS) launched the Integrated Assessment (IA) program

in 2005.<sup>1</sup> DCFS initially decided to focus the program on the subset of children immediately placed in foster care without first receiving in-home services. This group of children, which is the focus of this study, represents approximately one-half of all Illinois children who enter foster care. DCFS presumably has less information on these children at the time they enter foster care than for cases that have been open for in-home services prior to placement. Also, as indicated by DCFS's decision that the level of risk to the child requires immediate removal from the home, these families are in a state of crisis and may be isolated from supports.

This study draws on information from the integrated assessments to continue Chapin Hall's examination of the educational experiences of children who become involved in the Illinois child welfare system. The earlier Chapin Hall studies relied primarily on administrative data to understand the educational status and trajectories of children in foster care compared to their peers not in foster care. Building on that work, this study examines children's educational experiences prior to and at the point when they first become involved in the child welfare system and provides insights into the influence of the children's family lives on these experiences. We hope that this study will encourage dialogue about the relationship between children's educational progress and their experiences at home and in their communities, as well as how to intervene with this vulnerable population of children as early as possible.

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<sup>1</sup> For more detailed information about the Integrated Assessment program and its implementation, see Smithgall, Jarpe-Ratner, Yang, DeCoursey, Brooks & Goerge, 2009.

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# Methods

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## Study Sample

The sampling frame for this study included all families with pre-school or school-age children who entered foster care in 2008 and were referred to the IA program as “standard” placement cases ( $N = 1,764$  families, 2,820 children). A standard case is one in which DCFS does not provide services to the family prior to the decision to place the child or children in foster care. In other words, the initial report and investigation of maltreatment leads to a child’s immediate removal from his or her home.<sup>2</sup> From this set of 1,764 families, 100 family cases were randomly selected for this study. Of these, six were excluded because the child’s placement was with a parent (DCFS was awarded custody but the child remained in the home), and four cases were excluded due to incomplete IA reports. Ten replacement cases were also randomly selected. Families in which all the children were under the age of 2 were excluded from this analyses because the developmental issues and educational assessment information for these children make them a unique group that warrants separate analysis and discussion. Table 1 provides the distribution of region and family size for the 67 family cases with pre-school or school-age children in this sample and the larger set of family cases in the sampling frame.

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<sup>2</sup> DCFS launched the IA program with “standard” placement cases. DCFS uses the term *standard* to refer to new cases not opened for services in the home, but for which a child needs out-of-home placement at the time of case opening; or an adopted child for whom out-of-home placement is required; or a previously closed DCFS case that is reopened based on new findings and for which the child requires a new placement. Data indicate that between 2005 and 2008, *standard* placement cases comprised 46 to 53 percent of all DCFS placement cases annually.

**Table 1: Family Characteristics**

<b>DCFS Region</b>	<b>Study sample (%)</b>	<b>2008 IA cases (%)</b>
Northern	29.0	25.7
Central	31.3	30.3
Southern	19.1	17.3
Cook	20.6	26.7
<b>Number of children per family</b>		
1	25.4	52.0
2	40.3	23.9
3+	34.3	24.1

The characteristics of the random sample are reflective of the regional distribution of the larger population of cases; however, the study sample includes a higher percentage of families with multiple children.<sup>3</sup>

Among the 67 families included in this sample, there are 131 individual children ages 3 to 17.<sup>4</sup> Table 2 provides distribution of age, sex, and placement type for these children.

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<sup>3</sup> The data in Table 1 for both the study sample and the data for the 2008 IA cases exclude families in which all children in the family were under the age of 2 and those children where DCFS was awarded custody but the child remained in the home.

<sup>4</sup> These 67 families with pre-school or school-age children also included 32 siblings ages 0-2.

**Table 2: Child Characteristics**

<b>Ages</b>	<b>Study sample (N = 131) %</b>	<b>2008 IA cases (N = 2,059)<sup>5</sup> %</b>
Ages 3-5	27.5	26.5
Ages 6-10	32.8	30.6
Ages 11-17	39.7	42.9
<b>Sex</b>		
Male	42.7	49.2
Female	57.3	50.7
Unknown	0	0.1
<b>Placement type</b>		
Home of relative	40.0	46.3
Nonrelative placement	60.0	53.7

The distribution of age and sex is roughly equivalent to that of the 2008 cases for which an integrated assessment was completed on a pre-school or school-age child. There is a slight underrepresentation of children placed with relatives and overrepresentation of children placed in nonrelative settings.

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## **Data from the Integrated Assessment Reports**

The Illinois DCFS Integrated Assessment (IA) program is designed to look at the medical, social, developmental, mental health, and educational domains of the child and of the adults who figure prominently in the child's life. The IA process partners child welfare caseworkers with licensed clinicians to interview the children and adults and to gather all investigation screenings, past provider assessments, background reports, treatment and school records, and other case documentation. This information is then integrated into a report about the child and family history and about strengths, support systems, and service needs for each child and adult. The report is to be completed within 45 days of the child being taken into custody. This information and the collaborative process between caseworker and IA screener are intended to lead to earlier and more appropriate interventions for the child and family.

This study is based on the portion of the IA process that collects and synthesizes information about a child's cognitive development, educational progress, and experiences in school. This information is largely gathered through screener and caseworker interviews with parents and substitute caregivers. The child is also interviewed if he or she is of an appropriate age. The IA screeners are trained to use semi-structured

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<sup>5</sup> In 2008, the standard cases with completed assessments included 2,820 children. Since families in which all children were under age 2 were excluded from the study sample, the 2008 IA cases represented in this table include only those children in families who have at least one child age 3 or older.

interview protocols that align with a report template. The *educational* section of the report for each child should address the following questions:

- Is the child currently in an educational program?
- Is the child's assigned grade age appropriate—if not, why?
- Are the child's educational needs being met at this time?
- Does the child face any obstacles to benefiting fully from schooling?
- What resources and supports are available to the child?
- What is the child's academic performance, past and present?
- What is the child's record of school attendance?
- What is the child's disciplinary status?

For younger children, in addition to gathering information about enrollment in early childhood education, each child's developmental progress is assessed during the IA process with a screening tool. Screeners use the Early Screening Inventory assessment tools for children between 36 and 72 months of age (ESI-P for children ages 3 and 4 and ESI-K for children ages 5 and 6). The ESI screening is designed to accurately identify children who may not be prepared for school or who may have developmental needs. The Ages and Stages Questionnaire (ASQ) is also used with 5- and 6-year olds to determine possible developmental delay. Not all the children who fail the ESI or the ASQ screenings will end up with a diagnosable developmental need.

Although the IA process encourages caseworkers and screeners to request school records, it was apparent in this study that the records were not always available before the assessment report needed to be completed. In only about 10 percent of the 131 reports did screeners and caseworkers note that school performance information was confirmed by school records or school personnel. In slightly more than a quarter (27.5%) of reports, the screeners noted they had no access to or were still waiting for school records. It is unclear whether records for the remaining children were requested and not received or not requested.

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## **Analytic Approach**

The authors first developed a conceptual framework and a priori codes based on a review of current child welfare and education literatures. The relevant narrative content of each child assessment was de-identified and redacted. A subsample of ten child assessments, representing three family cases, was

initially reviewed. Using a grounded theory approach (Strauss & Corbin, 1998) and Atlas.ti qualitative data analysis software, the authors then created “open codes” from the content of the assessments. After refining the codes and producing a final codebook, two members of the research team conducted a reliability check by comparing their coding of another subset of five assessments. After all the assessments were coded, the emerging patterns, themes, and findings were organized, compared, and categorized in tables or “data displays” (Huberman & Miles, 2002). Data displays were also used to compare differences across age groups and placement type and to identify co-occurring code patterns such as “frequent absences” and “poor academic performance.” The authors used an iterative process of examining coded pieces of text and going back to the contextualized narratives to further refine themes and findings. Finally, quotations and themes were cross-checked to ensure individual assessments and quotations from one case were not relied upon more than others during analysis.

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# Findings

One way to view education outcomes, such as graduation or drop-out, is as the endpoint of a process that unfolds over time and is influenced by a variety of factors and experiences (Alexander, Entwistle, & Kabbani, 2001 2001). A synthesis of research shows that a pattern of being behind academically and old for grade emerges in first grade among vulnerable children (Walker & Smithgall, 2009). Over time, these students learn more slowly than their peers and show higher rates of serious school disciplinary offenses. They are more likely than other students, starting in first grade, to be placed in special education and less likely to ever exit. Among those classified as having an emotional disturbance, just as many will go to jail as will graduate from high school. In this study, we seek to augment our understanding of these trajectories by examining the educational experiences of a vulnerable population of children at a point in time when their family crisis prompted intervention by the child welfare system. Although experiences such as school mobility, attendance, and achievement are interrelated, and thus difficult to disentangle in order to isolate their effects, we can draw on these data to better understand the complexity of these relationships.

This section details the findings from our analysis of the education portion of the integrated assessments. We organize the findings by educational themes—enrollment, mobility, behavior—and examine how the themes or experiences might be different for elementary and pre-adolescent or adolescent groups of children. We examine relevant themes separately for pre-school-age children. Both the child's experience and the perspective and response of professionals—in education and child welfare—may vary depending on the age of the child.

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## Pre-School Enrollment and School Readiness

### Early Childhood Education

Consistent participation in early childhood education has been associated with higher cognitive functioning, school readiness, and social and emotional development (National Research Council, 2001). Research on such early childhood programs as the Perry Preschool and the Abecedarian Project have shown sustained cognitive development benefits for children in poverty (Belfield, Nores, Barnett, & Schweinhart, 2006; Campbell, Ramey, Pungello, Miller-Johnson, & Sparling, 2002). Although there is some debate about the long-term impact of Head Start on educational and economic success into adulthood, repeated studies have linked Head Start participation with increased language abilities, fewer behavioral problems, and increased access to dental care, as well as increased parental involvement in education and decreased use of negative discipline strategies among parents (Abbott-Shim, Lambert, & McCarty, 2003; Barnett, 2007; U.S. Department of Health and Human Services, 2005). Evidence suggests that low-income and minority children receive the most benefit from participation in early childhood programs (Loeb, Bridges, Bassok, Fuller, & Rumberger, 2007).

In this study, the percent of pre-school age children who were not enrolled in some type of early childhood education was lower than national estimates yet similar to that of the state of Illinois (Barnett, Epstein, Friedman, Sansanelli, & Hustedt, 2009). At least three-quarters of 3-year-olds in the sample were not enrolled in an early childhood education setting prior to placement and at least one-half of 4-year-olds were not enrolled at that time. Among 5-year-old children, nearly half were not enrolled in kindergarten, Head Start, or pre-kindergarten, before placement in foster care.<sup>6</sup> One screener described the lack of school readiness that one 5-year-old child exhibited as a result of her lack of enrollment.

[Child] will be 6 years old in Sept 2008 and has never been exposed to pre-school, pre-kindergarten or enrolled in kindergarten classes. She does not know her colors, numbers, or letters of the alphabet... [Mother] reported that [child's 5 year-old sibling] was never enrolled in school because she ...did not have transportation to go to the school and enroll [child]. [Child] told this clinical screener and the substitute caregiver that she really wants to go to school.

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<sup>6</sup> Of the children who were 5 and not enrolled in an education program, three were age 5 at the time of the assessment but their birthdates were beyond the September cutoff for entering kindergarten and therefore might be expected to be in Head Start pre-kindergarten instead of kindergarten.

DCFS policy is to make all reasonable efforts to enroll wards ages birth to 5 in pre-school.<sup>7</sup> DCFS policy further states that in the absence of a pre-K or Head Start program in the vicinity of the child's placement, a day care program with an early childhood education focus would suffice. In most cases, caseworkers and screeners seemed well aware of the policy on pre-school enrollment for wards. Observations and recommendations such as the following example were common in the records we reviewed:

At the time of interview, [child] was not participating in an educational program... It is recommended that a referral be made for [child]'s participation in the Head Start Educational Program. She is 3 years old and should be eligible for such service.

Screeners noted in their narratives whether children who had not previously attended an early childhood program had just recently been enrolled, and in cases where that had not yet occurred, they recommended enrollment. Some screeners noted, presumably with DCFS policy in mind, that children were in a day care program with an education focus.

### **Developmental Screening**

DCFS's inclusion of formal developmental screening tools in the integrated assessment process aligns with the nationwide Child Find policy effort, which requires states to locate, identify, and refer all pre-school-age children with disabilities for services as early as possible. The ESI screening tool has been shown to have a specificity of .80 (Ringwalt, 2008), meaning that as many as 20 percent of children are incorrectly identified as developmentally delayed. However, any consequences of false positive results are likely offset by the benefits of drawing attention early to the fact that a child lacks school readiness and therefore may need additional attention and support as he or she enters school.

Among the 3- to 5-year-olds in this sample, over one-third showed evidence of a possible developmental delay in at least one of the following screening domains: visual-motor adaptive, language and cognition, fine or gross motor, personal-social, or problem solving. Speech problems were most common. Yet, only 14 percent of children were already connected to some type of intervention services—i.e., early intervention services or individualized education plan—at the time of the IA. This suggests that the IA process may contribute to early detection of possible developmental delays.

When looking at whether or not those children who passed the developmental screening had previously attended an early childhood program, the percentage that passed was greater among those with exposure

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<sup>7</sup> "The Department shall make all reasonable efforts to enroll all wards meeting the enrollment criteria of individual pre-school education programs" Ill. Admin. Code tit. 89, §314.70 (1994).

to early childhood programs (72% vs. 59%).<sup>8</sup> This is consistent with evidence of higher levels of skill among children who have participated in early childhood education programs (Belfield, et al., 2006; Campbell, et al., 2002; National Research Council, 2001) and underscores the importance of early childhood enrollment as previously discussed.

Based on the results of the developmental screening, the recommendations typically included instructions to further evaluate the child and to connect the child to appropriate services. Many screeners recommended that a child be rescreened, monitored, or referred to a pediatrician or to a school district for special needs evaluation.

It is recommended that [child]'s developmental progress is monitored for 10 to 12 months. Any indication of developmental delay, regardless of reason, should be evaluated and appropriate services implemented.

The results from [child]'s ESI-K identified that he needs to be referred for further evaluation. As [child] is over 3 years old, he will need to be evaluated through his local school district. They should identify any needs that he has and provide appropriate services to enhance his learning ability and developmental abilities.

[Child] exhibited concerns in most areas of development except Gross/Motor. As such, he should be referred for a Pediatric Developmental Evaluation including a speech and language evaluation, an educational case study evaluation, and a Head Start Program in order to offer him enrichment activities.

The primary need finding is that [child] did not demonstrate age appropriate fine motor skills.... Further assessment is needed. He would benefit from receiving a variety of stimulating experiences with his caregiver using things like crayons, pencils, safety scissors, painting brushes, and markers.... Just engaging in these tasks may address any issue if one exists.

As in this last example, screeners also recommended that caregivers engage in certain kinds of activities with the child to stimulate skill development. No information about follow-up actions on recommendations is available in these reports due to their 45-day timeframe for completion.

### **Child Behavior**

Behavior problems in early childhood have implications for future success in school. The ability to communicate needs, wants, and thoughts verbally, to take turns, to sit still, and to demonstrate an enthusiasm for learning are essential for school readiness (Rimm-Kaufman, Pianta, & Cox, 2000). Screeners noted concerns about the behavior of 14 percent of the 3- to 5-year-olds, ranging from lack of

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<sup>8</sup> The difference is meaningful but not statistically significant, which may be due to the small sample size.

focus to aggressiveness. Concerns were based on a child's behavior during the screening and on the parent or caregiver report of the child's behaviors in school or early childhood setting.

[Child]'s teacher reported that [child] has temper tantrums and has used curse words at school.

[Child] has been in trouble at day care for kicking other children. He is also reported to pinch, kick, and hit. On the first day of school, the teacher reported several problems in [child]'s interaction with peers.

[Child] attends Kindergarten at [school] and there are educational concerns reported by the school including not listening, trouble staying on task and focusing, and trouble staying in his seat.

These problems may indicate temporary adjustment difficulties or may be early indicators of long-term educational difficulties. In either case, substitute caregivers can support children in improving behaviors and developing social skills, as some caregivers did in this sample.

She reported that when he was first placed in the home he had poor hygiene, was "hyper," and had difficulties with his behavior, including trouble sitting still and staying focused... [Child] was reported now to be calmer and to have fewer problems staying on task. She reported that he requires constant supervision and guidance to assist him.

Together, foster parents and professionals in early childhood education settings are critical supports for children in foster care who are still developing their social skills.

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## **School-Age Children: Enrollment and Attendance**

Consistent attendance at school is necessary for the development of healthy peer relationships, guidance and mentorship from teachers, and the structure and routine children need for healthy development (Sullivan, Jones, & Mathiesen, 2010). The continuity provided by consistent school attendance for children in foster care can be an important source of support and may diminish the negative impact of other risk factors.

Research on attendance for children in foster care is sparse. Among the 36 peer-reviewed studies in Trout's 2008 meta-analysis of the education of children in foster care, only seven examine attendance data and their findings are highly variable (Trout, et al., 2008). An interesting study in New York City revealed that older youth who entered foster care on a PINS petition had worse attendance after entering foster care.<sup>9</sup> Younger children and those with longer, stable placements demonstrated improved attendance after entering care (Conger & Rebeck, 2001). Such findings point to the critical role that

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<sup>9</sup> PINS (parent in need of services) refers to a case where parents feel they can no longer effectively care for their adolescent child, due to behavioral or other concerns. PINS cases are usually brought to the attention of the child welfare system by the school system or the police.

parents and caregivers play in monitoring and ensuring children's school attendance, the opportunity to intervene with younger children, and the challenges of convincing older children to return to school regularly once they have experienced significant absences.

School attendance is a priority for child welfare caseworkers and substitute caregivers. In Illinois, students must be enrolled in a school within 2 school days of being taken into custody (Illinois Department of Children and Family Services, 2007).

### **Attendance and Enrollment for Students Ages 6 to 10**

Many of the younger school-age children in this sample had experienced excessive school absences (10 days or more) prior to entering foster care. Excessive absences prior to entering foster care may explain in part why children in foster care are already academically behind their peers at the start of their placement trajectories (Perlman & Fantuzzo, 2010; Smithgall, et al., 2004). About one-third (30.2%) of the 6- to 10-year-olds missed more than 10 days of school during the past semester or grading period. Some missed as many as 40 days. Consistent with studies of truancy intervention (Baker, Sigmon, & Nugent, 2001 2001; Richtman, 2007), family problems are a primary reason why children of this age group miss school.

[Child] told the Assessment Team that during the first half of his second-grade year, he did not attend school very often. He mentioned that this was because his mother stayed in bed and did not take him to school.

[Child] ...reported that she would miss school when she overslept or if she went "junking" with her parents.

According to the IEP, [child]'s attendance has been poor. The permanency worker stated [child] has missed 40 days of school. Reportedly, [mother] would keep [child] home from school if the child did not want to go.

She stated that she and her sisters missed school because her grandmother would stay up late drinking and was unable to wake up on time in the morning.

In most cases, the child's parents or family members were either unwilling or unable to ensure the child attended school. Although rare, there are also cases of parents never enrolling their children in school. In this sample, we identified two students from the same family who experienced this kind of educational neglect:

[Child] is a 10-year-old African American female who has never been enrolled or participated in any formal educational setting. She has never been homeschooled. [Child] indicated that prior to her placement in substitute care, she was instructed by her primary caregiver that she could not play outside until after 3pm, when school was dismissed. During our assessment, [child] presented with

pervasive educational delays. She was unable to read, spell her name, and could not tell the screening team what her last name was or her birth date. In addition, she was unable to write the alphabets, though she was able to recite the alphabet with some errors.

Chronic absenteeism during elementary school may contribute to a long-term pattern of school disengagement. Retrospective reports about many of the children in the older age group (11 to 17 years old) indicate that their history of attendance and enrollment problems began when they were much younger.

[Aunt] indicated that [child, now 16 years old] told her mother that she did not like school after her first day at kindergarten and [mother] never made her return to school after that.

[Child, now 14 years old] spoke about a year of school in the past where the family was homeless and living in a heatless home during the winter. She stated that they had no food, water, and electricity. It was during this time, she reported missing 15 days of school.

Despite their history of poor attendance, and consistent with Conger & Rebeck's (Conger & Rebeck) findings noted earlier, many students in this age group reportedly improved their school attendance after placement in foster care.

No concerns were reported related to [child]'s attendance in school at the present time. However, it was reported that while she lived with her mother from October 2007 until March 2008, she missed 21 out of 75 days of school.

In many cases, the assessments noted the importance of continuing to monitor the stability of attendance and academic progress. This may reflect the relatively short time period of observation for the assessment (within 45 days) and the fact that some children entered care in the summer.

### **Attendance and Enrollment for Students Ages 11 to 17**

For older children, poor school attendance is more prevalent than for younger children, and the lines between non-enrollment and non-attendance become blurred. Over half who were enrolled in school at the time they entered foster care experienced excessive absences (10 days or more) during the previous semester or grading period. This compares with one-third of children in the younger age group. Although parent or caregiver neglect is evident among this group, as it was the younger group, the range of reasons for absences among these older children also included running away and hospitalizations.

She has missed numerous days due to running away and her parents not making her attend.

[Child] explained that ...her mother would stay in [another town] with [mom's paramour]. ...[Her sibling] and she were left alone in the home for an entire school year... except that there was a 20-

year-old neighbor... who came to the house and spent most nights with them. [Child] said that she missed 49 days of school that year because if she was late getting up, she had no way to get to school.

[Child] stated that she had to repeat 6th grade due to numerous absences related to her psychiatric hospitalizations.

He would run away from home after incidents of physical punishments and the last time he ran away...he lived in a cardboard box under a viaduct for over a month.... Child has been absent 78 days for the last completed semester. ... they did not attend school because he feared that the school would contact the police and he would be returned home.

Running away may be an adaptive response of an older child to abuse and neglect, and it is unclear at times whether a child's psychiatric illness developed as a response to maltreatment or whether the maltreatment may have reflected a parent's inability to cope with a child's psychiatric illness. In either case, we see evidence of how the maltreatment, the child's behavior, and the child's school experiences are intertwined.

Whereas almost all the children in the younger group were clearly enrolled in school even if not attending regularly prior to entering foster care, about one-fifth of the older children were either not enrolled or had such long periods of not attending school that they were effectively not in school. Many of these older children appear to have become completely disengaged from school and remained disengaged even after entering foster care:

[Child] reported that she began skipping school in 7th grade. [Child] has refused to attend school since that time... [Child] is enrolled in school but she refused to attend school despite the [residential home]'s efforts to enroll her in two different schools. [Child] either refused to get out of bed in the morning or refused to get out of the car when being dropped off for school. [Child] had left the shelter on two occasions to avoid attending school.

[Child] is not currently enrolled in school. [Child] has not consistently attended school since he completed the 8th grade...multiple moves, problems with transfers, and [child]'s unwillingness to attend have kept him from completing any further grades. He has expressed a preference to obtain his GED rather than resume attending school.

These cases point to the challenges that caseworkers may experience in their efforts not only to re-enroll but to re-engage a child in school. Adding to the challenges, a damaging cycle of suspension emerges for some children—for missing school due to truancy and for misconduct when in school. These suspensions result in countless missed days and likely reinforce a sense of disconnection from school.

Child has been absent for [at least] 50 days for the last completed semester. The exact number of days he missed is unclear. The school reported that he missed half the school year... He has been

frequently suspended for behavior problems in class, talking back to teachers and not completing his work, as well as truancy.

The child currently is not in an educational program... [Child] was enrolled in the seventh grade at [school]. Prior to his placement in foster care...[child] was suspended from school for taking a knife to school... [and is] also facing expulsion from school in Illinois for bringing a knife to school.

[Child] reported that she was repeatedly suspended from school for fighting and non-attendance.

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## **School-Age Children: School Mobility**

Another factor that may account for gaps in enrollment and poor attendance is school mobility. Children in foster care have been found to experience high rates of school mobility both before and after placement in foster care (Altshuler, 1997; Conger & Rebeck, 2001; Eckenrode, Rowe, Laird, & Brathwaite, 1995; Smithgall, et al., 2004). Current policies in response to research on the number of schools attended by children in foster care reflect the belief that it is usually in the child's best interest to minimize school transfers (Feierman & Stotland, 2006; Juvenile Rights Project Inc., 2005; Legal Center for Foster Care and Education, 2007). These policies embrace the goal of "educational stability," which tends to mean keeping a child in the same school in which she is enrolled when she enters care if possible.

DCFS policy in Illinois states that: "It is most often beneficial for the child to remain in the same school," and that, "The Department shall make a determination as to whether it is in the best interest of the child to continue enrollment in the current school, even though the child has been moved to a placement outside of the school district." There were clear indications in the integrated assessments that caseworkers and screeners were aware of the policy preference of keeping children in the school in which they were enrolled prior to custody.

The relative caregiver's home is located in another school district. However, it is near [child]'s current school and the [school] faculty agreed to keep [child] in the same school for the remainder of the school year.

Whether or not these policies to minimize school mobility might result in improved achievement is unclear. Research on the effects of school mobility has yielded contradictory results. Some research has linked academic failure and school dropout status to frequent transfers between schools (Kerbow, 1996; Rumberger, 2003). However, it is methodologically challenging to disentangle the risk factors associated with mobility from the experience of mobility alone. Students with greater mobility tend to come from families already experiencing socioeconomic disadvantage. It has been theorized that some other indicator of family circumstance or dynamic may explain both the family's residential mobility as well as

a child's achievement. Longitudinal studies that have aimed to address these issues have revealed no effects of mobility on achievement, controlling for achievement prior to school changes (Blane, Pilling, & Fogelman, 1985; Heinlein & Shinn, 2000; Schaller, 1976).

Findings on the number of school changes among children in this sample are consistent with previous research. Over one-half of 6- to 10-year-olds and almost two-thirds of 11- to 17-year-olds had at least one transfer in the past 2 years. This sample includes a number of children who may not have experienced a recent school change because they were not enrolled in school at the time they entered foster care. In both age groups, most of the students experienced between one and three transfers to new schools, excluding graduation-based transfers such as the transition from elementary to high school.

The timing of transfers was not noted in every assessment, but among the 52 students (40% of sample) for whom we have this information, 39 percent had one or more transfers prior to placement, 35 percent transferred schools upon or following placement, and 27 percent had transfers both before and after placement. For over two-thirds of all the children in the sample, screeners gave no indication of any school changes following placement.

The decision to transfer schools upon DCFS involvement seemed to vary by placement type for reasons that need to be better understood. For children ages 6 to 10 who were placed with relatives, 43 percent had transfers upon or following placement. Among the same-aged children who were in nonrelative placements, 30 percent had transfers upon or following placement.

Data from this study suggest that school mobility prior to placement in foster care was often tied to domestic violence, unstable housing, substance abuse issues, or other family circumstances.

[Father] was arrested and charged with two counts of Domestic Battery. ...According to [mother], she attempted to get into a shelter, but no facility would take [child's oldest sibling], because of his age [age 14 at IA]. [Mother] reportedly moved out of the home in 2007... [Child] did not know when she started attending [school B]. According to [mother], [child] briefly attended [school A] Elementary when she and the children moved out of the home and in with a maternal cousin.

[Maternal grandmother] noted that her daughter had begun abusing alcohol not long after [child] was born and reported that her use had begun to escalate... [Maternal grandmother] stated that when they returned to Illinois... [mother] went to a shelter with the children... [child] began attending school in California... he attended two schools while there. ...he attended approximately five schools after returning to Illinois.

Consistent with the mixed findings in prior research regarding school mobility and achievement, these data show that many children in the sample, both those who had a history of prior school changes and those who did not, were underperforming in school at the time of placement. Among younger children

ages 6 to 10 with at least one school change in the past 2 years, 36 percent were behind or underperforming, as compared to 56 percent of those with no school change. Of children ages 11 to 17, 56 percent were behind or underperforming, as compared to slightly more children (61%) without school transfers. In many cases, children who were doing well before transferring continue to do well after transferring and those who were struggling continue to struggle.

[Child] remembered growing up in [neighborhood 1]... [Child] reported that his family moved to [neighborhood 2] last year... At the time of the IA interview, [child] was living in a nonrelative foster care placement [in neighborhood 3]. [ Screener notes the child has experienced two or more transfers in the past 2 years]... [Child]'s grades have not suffered. He is on the honor roll. [Child] reported that he likes school and has always excelled in school.

[Child] has been attending [school 1] since Kindergarten. He was a student at [school 2] for a few months [last year], when he lived with a maternal cousin, along with his mother and siblings... Both of [child]'s parents and his foster parent reported [child] is a poor student... [Father] reported [child] has always gotten bad grades and [substitute caregiver] stated [child]'s behavioral and academic problems are not recent occurrences.

Although there is a preference for keeping a child in the same school, it is also DCFS policy to consider various factors in school placement decisions, including “length of time spent at the current school, adjustment potential, extra-curricular activity participation, supportive relationships, socialization, separation anxiety, distance/travel time, and how much of the semester or school year remains.” (Illinois Department of Children and Family Services, 2007). Furthermore, caseworkers are to “consult with the child, and with his/her supervisor, as well as with local school personnel in both school districts when making this decision...” Setting aside the debate about causal relationships between school mobility and academic performance, the data in the educational assessments reveal some of the complexities involved in determining whether or not a school transfer is in the best interests of the child. Perhaps most important, the IA narratives show that caseworkers and screeners recognize the importance of monitoring the transition if one occurred.

... [child] has only experienced one academic transfer during the past 2 years. That transfer was the result of her placement in foster care. She has maintained good grades throughout the transition and there have been no concerns noted in the school environment. **[Child who changed schools upon placement]**

According to [child] and his family, he attended kindergarten and first grade at [school] in [town]. His only educational disruption at present has been his recent placement into foster care with his paternal grandparents who reside in [location (1-2 hrs from [town])].... It is also fortunate that he has become friends with a child in the grandparents' neighborhood who attends the same school... both

of his parents and great-grandparents reported that he is achieving good grades and doing well in school. **[Child who changed schools upon placement]**

Some cases provide examples of situations in which it would be beneficial for the child *not* to remain in the same school, such as the young person who was in emotional turmoil and suffering academically due to fears that an abusive parent would locate and cause further harm:

The [mother and stepfather]'s home is located near [child]'s current high school and [child] has become hypervigilant when she is at school because she thinks her mother may follow her home to her foster parent's home and inform [stepfather] of her whereabouts. According to Permanency Worker, [child] thought she saw her mother by her school and had a severe emotional reaction. The decision was made for [child] to discontinue attending school and do her work from home as a result of this fear... [Child] received an "F" in Advanced Placement Algebra Trig, a "D" in Physics, a "D" in Current Events. Physics and Current Events classes were on the Honors Level. **[Child who remained in the same school after placement]**

In another case, the child remained in the same school, but transportation problems prevented the child from continuing to access needed afterschool homework assistance, which the caregiver might have been able to support if the child moved to a school closer to the foster home.

...It does not appear that [substitute caregiver] would be able to actively support [child] with homework needs. [Child] used to participate in the afterschool program, where she received some assistance with homework, but she stopped attending due to her DCFS involvement. **[Child who remained in the same school after placement]**

The experiences of these children make it clear that the "best interest" decision for some children may very well be to change schools upon placement. Caseworkers and screeners must give consideration to a wide range of factors in their assessment of school transfers. Furthermore, it is the timing, facilitation, and ongoing monitoring of the transition that may be essential to continued educational progress.

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## **School-Age Children: Their Behavior and the Schools' Response**

Ample evidence suggests that children in foster care have higher levels of behavioral and emotional problems than similar peers not in foster care (Kinard, 1994; Kortenkamp & Ehrle, 2001; Reyome, 1994; Smithgall, et al., 2005; Wodarski, Kurtz, Gaudin, & Rowing, 1990). As children progress in age or grade level, these behaviors are often met with disciplinary action by the schools, with estimates of up to 15 percent of children in foster care in a 6-month period receiving suspensions (Seyfried, Pecora, Downs, Levine, & Emerson, 2000). Another study found that 11 percent of children were suspended, with 6 percent receiving multiple suspensions (Zima et al., 2000). These figures are well in excess of national

estimates of suspension rates (Losen & Skiba, 2010). It is unclear whether the emotional and behavioral problems contribute to or stem from academic difficulties as theories support both hypotheses (Altshuler, 1997; Ayasse, 1995; Stein, 1997).

Among children ages 6 to 10 in this sample, nearly half demonstrated behaviors that were deemed problematic by the school.

...current teacher as well as her previous teacher ...reported [child] does not raise her hand, will not participate in class, laughs at inappropriate times, and has pushed another girl.

...[Child] was having significant difficulties staying focused at school. He was described as agitated and very active.

[Mother] reported [child] is not responsive at school, but talks at home. [Child]'s school considered her behavior to be selective mutism... but [child] had not been evaluated or diagnosed as suffering from this condition by any medical professional.

Behaviors varied from a lack of attention and focus to aggression. A few students displayed internalizing behaviors as well.

The school responses to disruptive and aggressive behaviors for students in this age group included time-outs, detention, and loss of privileges, rather than the suspensions and expulsions that were more common among the 11- to 17-year-olds.

[Child] was in the after school program where she received tutoring but reported being "kicked out" of the program due to talking.

[Child] reported that he has experienced standing in the corner in addition to being restricted from participating in [school]'s school carnival, picnic, and book fair.

Among the older youth, two-thirds exhibited problem behaviors, received disciplinary action, or both. As is the case for school performance and attendance problems, behavior problems were reported to have begun when they were younger:

[Mother] recollected [child]'s open display of aggression as early as first grade and commented that she kicked her teachers and threw books at them, which resulted in suspension.

[Child, now 17 years old] had a history of problematic behavior while she was in elementary school. She stated that she often acted out in class. This behavior resulted in her having several detentions and weekly counseling sessions with the school social worker...

Problem behaviors among this group of older children varied and the school response, as reported to the caseworker and screener, was most often suspension and in some cases expulsion.

[Child] has incurred suspensions for fighting, theft, and engaging in inappropriate sexual behavior while on school property.

[Child] was also suspended from school for breaking in to school, apparently to sleep while on run from home.

[Child] stated that at his previous school before entering foster care he had been suspended in the past for not following directions... [Child] experienced problems daily in school and [mother] said she was called by the school at least one time per week.

As already noted, the connections between behaviors at school and academic performance may be bi-directional. At times, screeners explicitly linked behavior and academic concerns in their narratives.

[Child] reported getting “kicked out of school” due to fights with his peers. He also reported earning “N”s (needs improvement) on his report card. It is possible that his emotional and behavioral issues are impacting his education.

[Child] reported that she did not care about her grades or being suspended. [Child]’s behavior was out of control. She showed aggression toward school officials and students, which resulted in her being physically restrained at school... She currently refuses to attend school. She may be doing so because she is academically behind and afraid of the level of work or being exposed as being not on grade level.

[Child] has experienced significant traumatic events... It appears that these experiences have created and contributed to his current behaviors, mood symptoms, and academic difficulties. ...in moments of increased distress, he can act out aggressively to express his feelings. Within the school setting, it is possible that his attention and speech difficulties may impact his performance...

It may not be possible to disentangle the relationship between behavior problems and poor academic performance, and both may result from stressors at home and trauma associated either with the maltreatment or the placement in foster care (Greenwald, 2002; Hao & Matsueda, 2006).

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## **Recognizing Trauma and Its Impact on Learning**

In 2004, DCFS began to infuse theory on trauma and brain development into family assessments, casework practice, and treatment approaches. The trauma resulting from exposure to violence at home can impact a child’s ability to focus, concentrate, and sleep, all of which can inhibit problem solving, cognition, critical thinking, and memory (Schools Committee of the National Child Traumatic Stress Network, 2008). Furthermore, a traumatized child may misperceive cues as threatening, particularly if coming from authority figures, and their reactions may be out of proportion to the situation (Griffin &

Studzinski, 2010). The integrated assessments contained many examples in which screeners and caseworkers noted symptoms or behaviors that are consistent with those of a traumatized child.

[Child] is irritable and angry. He reenacts his physical abuse experiences both at home with his siblings and at school with his peers. He is reactive and easily provoked by his peers.

The substitute caregiver also described an incident in which [child] exhibited an emotional outburst because he was fearful he would be punished for a mild infraction at school.

[Child] reported that she had a verbal altercation with a couple of young women that attend her school. [Child] reacted to something one of the girls said that reminded her of the abuse she had experienced with [father of sibling]. [Child] had a difficult time calming herself down and told the girls she would “kill them.” [Child] reported to the IA team that this was just a manner of speech and that she had no intention of following through with her threat.

Caseworkers and screeners also documented connections between the child’s academic performance and his or her traumatic experiences.

[Child] exhibits difficulty with interpersonal relationships. She described being unable to get along with her teachers and feeling like they were blaming her for things which she did not do. She reported frequent worries about her safety and that of her siblings, and these worries were intrusive, distracting her from her schoolwork.

[Child] stated that he often thinks about the abuse and that there are times when he “can’t concentrate at school” because he is thinking of the abuse.

[Child] also reported feeling “bad” when she was away from her siblings at school. [Child] reported that she was fearful of [sibling] being hit when she was away; the caseworker noted that [child] had previously expressed her fear that [sibling] would be killed by [stepfather] while she was at school. This level of fear and distress likely contributed to extreme difficulties for [child] to sustain attention and concentration in school and may have possibly resulted in academic delays.

The child’s anxiety is often described as a distraction that prevents the child from concentrating on school work. It is not clear from these reports whether the caregivers and school professionals understood these learning issues from a trauma-informed perspective, or whether they had sufficient information about the child or family circumstances to place those behaviors in context.

Although they were relatively small in number, some of the integrated assessments indicated that the schools served as a source of emotional support and understanding, provided a safe environment, or mobilized resources for a child and his or her family.

[Child]’s grandmother reported that she recently had a conference with [child]’s teacher and he noted that [child] has been rather “pouty” at times. Her grandmother explained to him about [child]’s

current family situation. She noted that her teachers have been very understanding and supportive and they are providing emotional support to her at this time.

[Child] liked school because he indicated that was the only place he could “get away from [stepfather]” [and] recalled crying when it was time to go home from school because he knew [stepfather] was going to hit him.

[Child] explained that her mother had obtained an Order of Protection and that she and her mother stayed at a hotel for a week in order to be away from [mother’s paramour]. The counselor at school arranged for payment of the hotel for them.

When the presenting problems call for additional professional help, some screeners noted in their narrative that the school connected the child with counseling or other mental health services.

[Child] reported that she has met with the school social worker once or twice regarding problems getting along with peers at school.

She indicated that she has worked with a therapist for years. The school initially made the referral, and she recalled her sister was also participating in treatment with this provider.

The services offered to children by their schools, however, varied by type and duration and the degree of coordination among the school and other providers was not entirely apparent in these reports.

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# Discussion and Implications

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## Overview of findings

Findings from this study drawing on child welfare caseworkers' integrated assessments reveal how a family's struggles, the child's maltreatment experiences, and the child's school experiences are intertwined. Previous Chapin Hall studies focused on the educational experiences of all children in foster care in a large urban school district. In this study we focus on the experiences of a subset of children statewide at the point when they become involved with DCFS. The nature of the information in the integrated assessments makes it possible to consider the educational status of children in the context of their maltreatment and prior school experiences and to discern interrelationships between the age of children, family circumstances, maltreatment, developmental delays, school readiness, school attendance, school mobility, behavior, and academic performance. The findings have potential to promote conversation about how and when to intervene to support the educational progress of vulnerable children before and after they become wards of the state.

We found that certain patterns of problems might be expected given a child's age:

- Children ages 3 to 5 may not be enrolled in early childhood education or even kindergarten. Related to this, they may present developmental delays or lack school readiness, including important social and behavioral skills.
- Children ages 6 to 10 may have a record of poor school attendance due to parental or caregiver neglect and may demonstrate behavior problems that elicit punitive responses from school personnel.
- Attendance and behavior problems are worse among children ages 11 to 17. Although parental neglect contributes to these problems, the independent actions of these adolescents can

compromise their participation in school. In addition, by this age, some children may be fully disengaged from school. Behavioral misconduct among this group can be serious and schools tend to respond with suspensions and expulsions.

We also found that:

- The percentage of pre-school age children in this sample who were not enrolled in an education program was on par with statewide figures. Yet one might expect enrollment in pre-school to be higher for this clearly vulnerable sub-group of children because these are precisely the children that policies like IDEA Child Find target.<sup>10</sup>
- Many children experienced school changes prior to entering foster care, and some changed schools upon entering foster care. However, the educational mobility or stability of the students does not consistently explain school performance. Moreover, data from the integrated assessments demonstrate the complexity of determining whether or not a school change at the time of placement is in the child's best interests.
- The integrated assessments provide evidence of the link between indicators of trauma, internalizing and externalizing behaviors, and academic performance.
- The integrated assessments call attention to a small group of children, both younger and older, who may not be enrolled in school at all. These children are essentially “off the radar” until and only if DCFS gets involved.

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## **Implications for policy and practice**

These findings raise a set of policy and practice issues that span both the education and child welfare sectors. The complexity of these issues ultimately requires collaboration across multiple public system sectors for further examination and action.

### **Systematic Assessment of Educational Needs by Child Welfare Staff**

In terms of policy and practice, the IA Program can be viewed as a response to the problematic educational trajectories described in this and other Chapin Hall reports. Systematic assessment of

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<sup>10</sup> A component of Individuals with Disabilities Education Act (IDEA), Child Find requires states to identify, locate, and evaluate all children who are in need of early intervention or special education services. States meet this requirement through a combination of inter-agency activities including but not limited to procedures for screening of health and development.

educational needs by front-line staff is essential to ensuring educational progress for vulnerable children. The inclusion of educational information in Illinois's integrated assessment process underscores the importance the state has placed on the education of children in foster care. The expansion of the integrated assessment program to intact family cases will present an opportunity to understand the assessments of educational needs among children whose families are in less-acute crisis or at an earlier stage of child welfare involvement.

The assessments provide evidence that understanding a child's educational history and preexisting academic and behavioral needs and strengths upon coming into custody can help caseworkers mobilize services and supports. Screeners identified possible developmental delays or lack of school readiness and recommended pre-school enrollment or, when appropriate, further evaluation by pediatricians or school professionals. Beyond making service referrals, the assessments also made it possible for caseworkers and screeners to provide caregivers with feedback and guidance on activities that can optimize their child's development. Such engagement of parents and caregivers constitutes a broader investment in healthy child development.

One aspect of the integrated assessment process to better understand and improve is access to a child's school records within the initial 45-day period after custody is awarded to DCFS. These school records are needed for a full assessment of the child's educational experiences and to verify anecdotal reports of parents and/or caregivers. The records would better position caseworkers and foster parents to advocate for each child's needs and monitor his or her educational services. The majority of the IA reports lacked evidence that the caseworker had received school records before completing the report.

### **School Enrollment and Engagement**

Caseworker recommendations depend on policies and programs—quite possibly of other public systems and mostly notably the education system—with the potential to support the educational progress of vulnerable children. For example, preschool enrollment policies in Illinois increase the likelihood that the children who come to the attention of the child welfare system will develop school readiness skills.<sup>11</sup> However, strategies and programs still need to be developed for caseworkers, foster parents, and educational professionals to reengage older youth in academic learning.

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<sup>11</sup> Advance Illinois, in its 2010 report card on education in Illinois, identifies Illinois as a leader in expanding early childhood education enrollment, yet also expresses concern about the lack of information regarding how well at-risk populations are being served.

## **School Mobility**

It is important to consider each child's best interests when making school enrollment decisions and to be cautious about assuming that either educational stability or mobility will, on its own, have an appreciable effect on school performance. The idea of educational stability responds to a concern that the child welfare system should not be a source of unnecessary disruptions in a child's educational experiences. Although educational stability may lead to valued outcomes, for example, continuity in relationships with teachers or in the instruction a child receives, it is not a guarantee of exposure to strong academic instruction or access to the support services a child needs to benefit from instruction. Also before the child welfare system intervenes, the child may already have experienced school changes, excessive absences, or punitive disciplinary practices, and he or she may not have a strong or positive connection to the current school he/she attends. These are all factors to consider if the goal for these children is to improve their academic performance.

The language of DCFS policy on school enrollment is consistent with efforts at the national level that tend to equate educational stability with a child's best interest. At the practice level, however, decisions around enrollment in a particular school are complex and multiple issues must be weighed. The caseworker and supervisor must balance the child's need for stability with the capacity of the school to meet the identified needs of that child. This encompasses academic, as well as social, emotional, and out-of-school-time supports. They must also consider other factors of significance, such as family circumstances that may suggest a school transfer would protect the child from harm. When transfers are necessary, their timing, facilitation, and monitoring are important and should involve conversations among caseworkers and supervisors, as well as staff from both schools. The implications of transfers must also be considered in light of goals for the child to be reunified with his or her family.

## **Recognizing the Impact of Trauma**

The integrated assessments draw attention to the impact of traumatic experiences on children's learning and behavior in school. Schools' responses to student behaviors can have an impact on how the effects of trauma play out. Although a child's initial problem behaviors may result from trauma experienced at home or in the community, as previously mentioned, a "self-perpetuating" dynamic can emerge in which a child's negative behaviors worsen in response to an increasingly restrictive school reaction (Greenwald, 2002). Not only might the negative behaviors themselves increase, but the resulting suspensions themselves can lead to academic failure (Skiba & Rausch, 2004).

Because school responses to behavior can have such a critical impact, creating trauma-informed school systems is vital to address the needs of these students and prevent behavior problems from further stifling a student's academic progress. In Illinois, caseworkers are encouraged to share relevant trauma knowledge with teachers or other school staff in order to enhance the capacity of the school, the child welfare system, and other providers to coordinate care.

There are resources to aid teachers and school personnel in assisting and supporting their trauma-impacted students. Adopting strategies such as those endorsed by the National Child Traumatic Stress Network's Child Trauma Toolkit for Educators would help schools meet the needs of their trauma-exposed students. School-based trauma recovery programs have been associated with reduced trauma symptoms and improved school functioning (National Child Traumatic Stress Network, 2010).

### **Schools Providing Linkages to Services and Resources**

One way that schools served the children in this sample was through the provision of and linkage to services and resources. Previous research indicates that education settings provide the primary point of entry to mental health services for children and adolescents (Farmer, Burns, Phillips, Angold, & Costello, 2003). By connecting students to necessary mental health services, either on-site or elsewhere in the community, schools can further promote overall emotional well-being while addressing behavioral or academic problems. In some cases within this sample, students received mental health support from school social workers or psychologists.

Schools can also partner with institutions in the public and private sectors to provide more comprehensive support to struggling students and their families. As one example, North Carolina pairs a full-time nurse and social worker with a single school to engage with families of at-risk children and coordinate the services of diverse public systems -- education, health, mental health, social service, and juvenile justice.<sup>12</sup> While more research on such programs is necessary to determine their impact on families in crisis, they hold the potential to streamline and coordinate services so that children and families do not fall through the cracks of the otherwise-fragmented human services landscape (Gifford et al., 2010).

### **Early Identification of Educational Problems**

Findings from this study suggest that the majority of children who were struggling academically were on that trajectory before they were placed in out-of-home care. Because schools may be the public

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<sup>12</sup> For a description of the North Carolina Child and Family Support Team Initiative, please see Gifford, E. J., R. Wells, et al. (2010). "Pairing Nurses and Social Workers in Schools: North Carolina's School-Based Child and Family Support Teams." *Journal of School Health* 80(2).

institution best positioned to identify the needs of the most vulnerable children prior to the peak of their family crises, their response to indications of family distress is critical. However, intervention in family systems is not the domain of schools. The expertise of the child welfare system in assessing and working with families in crisis would be valuable to the education system in identifying vulnerable populations of children. This expertise could also inform collaborative prevention and intervention strategies for these children and their families. These prevention and intervention strategies would then become resources for the child welfare system to tap in meeting the educational needs of all children who come to their attention.

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# Conclusion

It is worth noting again that the families in this study represent those in our society who struggle the most and perhaps are the most isolated from social supports. They are families in crisis and may not voluntarily seek out or engage in school or community-based programs. It may well be that there are few, if any, school-based programs that are designed to serve or intervene with these families. School outreach to families tends to reflect the universal purposes and capacities that are characteristic of education in general. Although child welfare caseworkers are trained to engage and work with involuntary (or mandated) clients, they are positioned to do so only at the point families are referred to the child welfare system. If the services of diverse public agencies are arranged along a continuum, a significant gap in service seems to exist for these families. This suggests the need for collaborative discussion of the education system and the child welfare system about how to bridge this service gap and intervene with families before they experience such a crisis that a child must be removed from the home. It may be that only through such collaborative efforts will it be possible to begin to address the enrollment, behavioral, attendance, and mobility roadblocks that prevent the vulnerable students we describe in this report from succeeding in school.

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# References

- Abbott-Shim, M., Lambert, R., & McCarty, F. (2003). A comparison of school readiness outcomes for children randomly assigned to a Head Start program and the program's wait list. *Journal of Education for Students Placed at Risk, 8*(2), 191-214.
- Alexander, K. L., Entwistle, D. R., & Kabbani, N. (2001). The dropout process in life course perspective: Early risk factors at home and school. *Teachers College Record, 103*(5), 760–822.
- Altshuler, S. J. (1997). A reveille for school social workers: Children in foster care need our help! *Social Work in Education, 9*(2), 121-127.
- Armsden, G., Pecora, P., Payne, V., & Szatkiewicz, J. (2000). Children Placed in Long-Term Foster Care: An Intake Profile Using the Child Behavior Checklist/4-18. *Journal of Emotional and Behavioral Disorders, 8*(1), 49-64.
- Ayasse, R. H. (1995). Addressing the needs of foster children: The foster youth services program. *Social Work in Education, 17*(4), 207–216.
- Baker, M. L., Sigmon, J. N., & Nugent, M. E. (2001). Truancy Reduction: Keeping Students in School. *Juvenile Justice Bulletin*. Washington DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Barnett, W. S. (2007). Revving up Head Start: Lessons from recent research. *Journal of Policy Analysis and Management, 26*(3), 674-677.
- Barnett, W. S., Epstein, D. J., Friedman, A. H., Sansanelli, R., & Hustedt, J. T. (2009). The State of Preschool 2009: National Institute for Early Education Research.
- Belfield, C. R., Nores, M., Barnett, S., & Schweinhart, L. J. (2006). The High/Scope Perry Preschool program - Cost-benefit analysis using data from the age-40 followup. *Journal of Human Resources, 41*(1), 162-190.
- Blane, D. C., Pilling, D., & Fogelman, K. (1985). The use of longitudinal data in a study of children's school mobility and attainment. *British Journal of Educational Psychology, 55*, 310-313.
- Burns, B. J., Phillips, S. D., Wagner, H., Barth, R. P., Kolko, D. J., & Campbell, Y. (2004). Mental health needs and access to mental health services by youths involved with child welfare: A national survey. *Journal of the American Academy of Child and Adolescent Psychiatry, 43*(8), 960-970.
- Campbell, F. A., Ramey, C. T., Pungello, E. P., Miller-Johnson, S., & Sparling, J. J. (2002). Early childhood education: Young adult outcomes from the Abecedarian Project. *Applied Developmental Science, 6*(1), 42-57.

- Conger, D., & Rebeck, A. (2001). How children's foster care experience affects their education. New York: Vera Institute of Justice, Inc.
- Eckenrode, J., Rowe, E., Laird, M., & Brathwaite, J. (1995). Mobility as a mediator of the effects of child maltreatment on academic performance. *Child Development, 66*, 1130-1142.
- Farmer, E. M. Z., Burns, B. J., Phillips, S. D., Angold, A., & Costello, E. J. (2003). Pathways Into and Through Mental Health Services for Children and Adolescents. *Psychiatric Services, 54*, 60-66.
- Feierman, J., & Stotland, J. (2006). Education Stability Conference: Lessons Learned. Chicago: Education Law Center, Juvenile Law Center, Chapin Hall at the University of Chicago, Annie E. Casey Foundation, Casey Family Programs.
- Gifford, E. J., Wells, R., Bai, Y., Troop, T. O., Miller, S., & Babinski, L. M. (2010). Pairing nurses and social workers in schools: North Carolina's school-based child and family support teams. *Journal of School Health, 80*(2) 104-107.
- Glisson, C. (1996). Judicial and service decisions for children entering state custody: The limited role of mental health. *Social Service Review, 70*(2), 257-281.
- Greenwald, R. (2002). The role of trauma in conduct disorder. *Journal of Aggression, Maltreatment & Trauma, 6*(1), 5-23.
- Griffin, G., & Studzinski, A. (2010). Child Trauma as a Lens for the Public Sector to consider when Viewing Its Youth. Chicago: Illinois Childhood Trauma Coalition.
- Halfon, N., Mendonca, A., & Berkowitz, G. (1995). Health status of children in foster care: The experience of the Center for the Vulnerable Child. *Archives of pediatrics & adolescent medicine, 149*(4), 386-392.
- Hao, L., & Matsueda, R. L. (2006). Family dynamics through childhood: A sibling model of behavior problems. *Social Science Research, 35*(2), 500-524.
- Hartnett, M. A., Falconnier, L., Leathers, S., & Testa, M. (1999). *Placement stability study*. Urbana-Champaign, Ill.: Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign.
- Heinlein, L. M., & Shinn, M. (2000). School mobility and student achievement in an urban setting. *Psychology in the Schools, 37*(4), 349-357.
- Huberman, M., & Miles, M. (2002). *The Qualitative Researcher's Companion*. Thousand Oaks, CA: Sage Publications.
- Illinois Department of Children and Family Services. (2007). Procedures 314: Educational Services. Retrieved September 22, 2010, from [http://dcfswebresource.dcf.illinois.gov/procedures/procedures\\_314/homepage.phtml?page=6#P591\\_80384](http://dcfswebresource.dcf.illinois.gov/procedures/procedures_314/homepage.phtml?page=6#P591_80384)
- Juvenile Rights Project Inc. (2005). For Immediate Release: Oregon Legislature Passes Bill Promoting School Stability for Foster Children. Oregon.
- Kerbow, D. (1996). Patterns of urban student mobility and local school reform. *Journal of Education for Students Placed at Risk, 1*(2), 147-169.
- Kinard, E. M. (1994). Mother and teacher assessments of behavior problems in abused children. *Journal of the American Academy of Child and Adolescent Psychiatry, 34*(8), 1043-1053.
- Kortenkamp, K., & Ehrle, J. (2001). The well-being of children involved with the child welfare system: A national overview. Washington, D.C: The Urban Institute.

- Legal Center for Foster Care and Education. (2007). Blueprint for change: Education success for children in foster care: Casey Family Programs, American Bar Association Center on Children and the Law, Education Law Center-PA, Juvenile Law Center.
- Leslie, L. K., Landsverk, J., Ezzet-Lofstrom, R., Tschann, J. M., Slymen, D. J., & Garland, A. F. (2000). Children in foster care: Factors influencing outpatient mental health service use. *Child Abuse & Neglect, 24*(4), 465-476.
- Loeb, S., Bridges, M., Bassok, D., Fuller, B., & Rumberger, R. W. (2007). How much is too much? The influence of preschool centers on children's social and cognitive development. *Economics of Education Review, 26*, 52-66.
- Losen, D. J., & Skiba, R. (2010). Suspended education urban middle schools in crisis. Montgomery, Ala.: Southern Poverty Law Center.
- National Child Traumatic Stress Network. (July 26, 2010). The Effects of Trauma on Schools and Learning Retrieved July 30, 2010, from [http://www.ncetsnet.org/ncets/nav.do?pid=ctr\\_aud\\_schl\\_effects#q2](http://www.ncetsnet.org/ncets/nav.do?pid=ctr_aud_schl_effects#q2)
- National Research Council. (2001). Eager to learn: Educating our preschoolers. Washington, DC: National Research Council.
- Nugent, W. R., & Glisson, C. (1999). Reactivity and responsiveness in children's services systems. *Journal of Social Service Research, 25*(3), 41-60.
- Perlman, S., & Fantuzzo, J. (2010). Timing and influence of early experiences of child maltreatment and homelessness on children's educational well-being. *Children and Youth Services Review, 32*, 874-883.
- Reyome, N. D. (1994). Teacher ratings of the achievement-related classroom behaviors of maltreated and non-maltreated children. *Psychology in the Schools, 31*, 253-260.
- Richtman, K. S. (2007). The Truancy Intervention Program of the Ramsey County Attorney's Office: A Collaborative Approach to School Success. *Family Court Review, 45*(3), 421-437.
- Rimm-Kaufman, S. E., Pianta, R. C., & Cox, M. J. (2000). Teachers' Judgments of Problems in the Transition to Kindergarten. *Early Childhood Research Quarterly, 15*(2), 147.
- Ringwalt, S. (2008). Developmental screening and assessment instruments with an emphasis on social and emotional development for young children ages birth through five. Chapel Hill: The University of North Carolina, FPG Child Development Institute, The National Early Childhood Technical Assistance Center.
- Rumberger, R. (2003). The causes and consequences of student mobility. *Journal of Negro Education, 72*, 6-21.
- Schaller, J. (1976). Geographic mobility as a variable in ex-post facto research. *British Journal of Educational Psychology, 46*, 341-343.
- 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.
- Schneiderman, M., Connors, M. M., Fribourg, A., Gries, L., & Gonzales, M. (1998). Mental health services for children in out-of-home care. *Child Welfare, 77*(1), 29-40.
- Schools Committee of the National Child Traumatic Stress Network. (2008). Child Trauma Toolkit for Educators: National Child Traumatic Stress Network, Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services.

- Seyfried, S., Pecora, P., Downs, C., Levine, P., & Emerson, J. (2000). Assessing the educational outcomes of children in long-term foster care: First findings. *School Social Work Journal, 24*, 69–88.
- Simms, M. D., Dubowitz, H., & Szilagyi, M. (2000). Health Care Needs of Children in the Foster Care System. *Pediatrics, 106*(4), 909-918.
- Skiba, R., & Rausch, M. K. (2004). The Relationship Between Achievement, Discipline, and Race: An Analysis of Factors Predicting ISTEP Scores *Children Left Behind Policy Briefs*: Center for Evaluation and Education Policy.
- Smithgall, C., Gladden, R. M., Howard, E., Goerge, R., & Courtney, M. (2004). Educational experiences of children in out-of-home care. Chicago: Chapin Hall Center for Children at the University of Chicago.
- Smithgall, C., Gladden, R. M., Yang, D.-H., & Goerge, R. M. (2005). Behavior problems and educational disruptions among children in out-of-home care in Chicago. Chicago: Chapin Hall Center for Children at the University of Chicago.
- Stein, E. (1997). Teachers' assessments of children in foster care. *Developmental Disabilities Bulletin, 25*(2), 1–17.
- Stone, S. (2007). Child maltreatment, out-of-home placement and academic vulnerability: A fifteen-year review of evidence and future directions. *Children and Youth Services Review, 29*, 139-161.
- Strauss, A., & Corbin, J. (1998). *Basics of Qualitative Research*. Thousand Oaks, CA: Sage Publications.
- Sullivan, M. J., Jones, L., & Mathiesen, S. (2010). School change, academic progress, and behavior problems in a sample of foster youth. *Children and Youth Services Review, 32*, 164-170.
- Trout, A. L., Hagaman, J., Casey, K., Reid, R., & Epstein, M. H. (2008). The academic status of children and youth in out-of-home care: A review of the literature. *Children and Youth Services Review, 30*, 979-994.
- U.S. Department of Health and Human Services. (2005). Head Start impact study: First year findings. Washington, DC: Administration for Children and Families.
- Walker, L., & Smithgall, C. (2009). Underperforming Schools and the Education of Vulnerable Children and Youth. Chicago: Chapin Hall at the University of Chicago.
- Wodarski, J. S., Kurtz, P. D., Gaudin, J. M., & Rowing, P. T. (1990). Maltreatment and the school age child: Major academic, socioemotional, and adaptive outcomes. *Social Work in Education, 35*(6), 507–513.
- Zima, B. T., Bussing, R., Freeman, S., Yang, X., Belin, T. R., & Forness, S. R. (2000). Behavior problems, academic skill delays and school failure among school-aged children in foster care: Their relationship to placement characteristics. *Journal of Child and Family Studies, 9*, 87–103.







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### **About Chapin Hall**

Established in 1985, Chapin Hall is an independent policy research center whose mission is to build knowledge that improves policies and programs for children and youth, families, and their communities.

Chapin Hall's areas of research include child maltreatment prevention, child welfare systems and foster care, youth justice, schools and their connections with social services and community organizations, early childhood initiatives, community change initiatives, workforce development, out-of-school time initiatives, economic supports for families, and child well-being indicators.

