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

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Formed Families Forward

Jena Martin, Family Connection of South Carolina

Region 2 & 3 RPTACs conference, Austin TX
August 8, 2017

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Who we are…

- Formed Families Forward, CPRC in Northern Virginia, focused on training and direct support to foster, adoptive and kinship families in northern Va who are raising children and youth with special educational needs, and professionals who work with our families
- Family Connection of South Carolina, PTI

www.FormedFamiliesForward.org

www.familyconnectionsc.org

Agenda for Afternoon

- Getting to know you
- What do foster, adoptive and kinship families look like in your community? Activity
- Trauma 101
- Break
- Trauma resources- Activity
- Strategies for reaching foster, adoptive and kinship families through your parent center
- ESSA and foster care

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Getting to Know You

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Activity

- What do foster, adoptive and kinship families look like in your community?
- Look at data for your state (or locality, if you have web access)
- Data sources:
  - Adoption and Foster Care Analysis and Reporting System (AFCARS) data, U.S. Children's Bureau, Administration for Children, Youth and Families
  - 2011-2015 5 year estimates, American Community Survey, US Census
- Report out!

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Trauma 101

- Thanks to the Fairfax County (VA) Trauma-Informed Care Network (TICN) for some content- http://www.fairfaxcounty.gov/ncs/prevention/trauma-informed_community_network.htm
- https://youtu.be/DSYZL3vJYWg
- *A Guide to Educating Children, Youth and Families about Trauma and Resilience*

Trauma Defined

- Trauma refers to experiences that cause intense physical and psychological stress reactions. It can refer to a single **event**, multiple events, or a set of circumstances that is **experienced** by an individual as physically and emotionally harmful or threatening and that has lasting adverse **effects** on the individual's physical, social, emotional, or spiritual well-being.

A Normal Reaction to a Horrific Situation

SAMHSA 2014

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Trauma Defined

The **individual's experience** of these events or circumstances helps to determine whether it is a traumatic event.

https://store.samhsa.gov/shin/content//SMA14-4816/SMA14-4816.pdf

- The person has experienced, witnessed, or been confronted with an event or events that **involve actual or threatened death or serious injury,** or a threat to the physical integrity of oneself or others. **The person's response involved intense fear, helplessness, or horror**.

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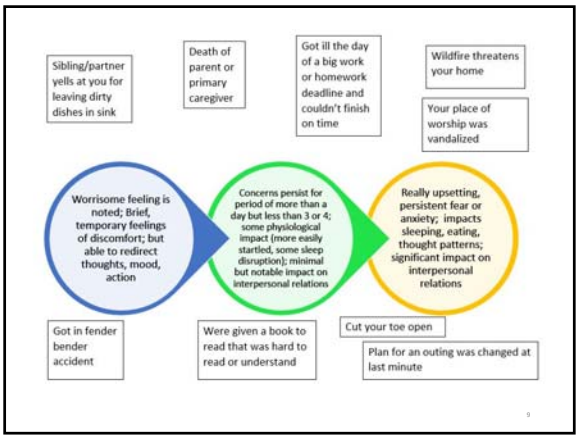

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Forms of Trauma

- Violence
- Witness/exposure to violence
- Abuse
- Neglect
- War zone & Refugee experiences
- Traumatic Grief
- Terrorism
- Immigration Experiences
- Medical Trauma
- Natural Disasters
- Disruption of caregiver

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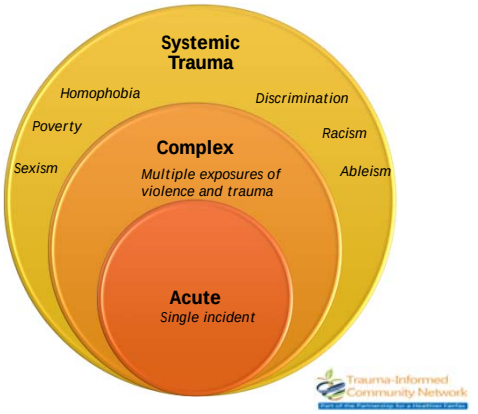

The Adverse Childhood Experiences (ACE) Study

- 10 Experiences before age 18: five are personal — physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect. Five are related to other family members: a parent who's an alcoholic, a mother who's a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment

ACEs = Adverse Childhood Experiences

Trauma-Informed Community Network
Part of the Partnership for a Healthier Fairfax

Trauma Symptoms

Reaction to trauma (or a trauma trigger) can be Short Term or Long Term, and can include:

- **Emotional**: Identification, Expression, Regulation [overwhelmed]
- **Physical**: Physiological response [Survival Mode—Freeze, Fight, or Flight (can't sit still)]; Somatic complaints [stomach aches]
- **Relational or Social:** Attachment, ability to connect, trust, friendships
- **Spiritual**: Hopeless
- **Behavioral**: Hyper, aggressive, impulsive (risk taking, "defiant," or acting out behavior), withdrawn ("compliant")
- **Cognitive**: Brain development, memory loss, confusion, inability to concentrate
- **Self-Concept:** Sense of self, self-worth, self-esteem, self in the world

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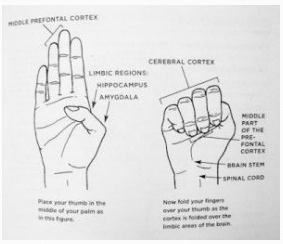
Brain Response!

- https://www.youtube.com/watch?v=gm9CIJ74Oxw



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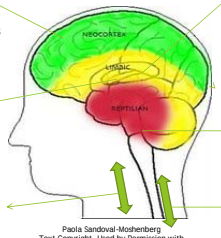
Triune Brain: Extreme Emotional Distress

Neocortex: Regulates Amygdala, Processes Memory [narrative, logical]. Shuts down in states of alarm

Amygdala: Implicit Memory. Most efficient in states of alarm.

Ventral Vagal: (Parasympathetic) Numb "Play dead".



Paola Sandoval-Moshenberg
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Hippocampus: Explicit Memory. Stops functioning due to high levels of stress hormones.

Survival Reflexes: Executes Fight, Flight, Freeze Responses. [Response defies explanation or attenuation through words.]

Dorsal Vagal: (Sympathetic) Flight or fight.

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The Connection to Trauma for Formed Families:

Traumatic effects **CLUSTER** and **PERSIST**

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

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The Influence of Developmental Stage: Young Children

- **Young children** who have experienced trauma may:
  - Express their distress through strong physiological and sensory reactions (e.g., changes in eating, sleeping, activity level, responding to touch and transitions)
  - Become passive, quiet, and easily alarmed
  - Become fearful, especially regarding separations and new situations
  - Experience confusion about assessing threats & finding protection, especially in cases where a parent or caretaker is the aggressor
  - Engage in regressive behaviors (e.g., baby talk, bed-wetting, crying)
  - Experience strong startle reactions, night terrors, or aggressive outbursts
  - Blame themselves due to poor understanding of cause and effect and/or magical thinking

Source: NCTSN – www.nctsn.org

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Birth to One Year

Physical	Intellectual	Social	Emotional
Develops own rhythm in sleeping, feeding, eliminating	Learns through Senses	Discriminates primary care giver from others	Excitement through body movements
Grows rapidly	Vocalizes spontaneously.	Initiates movements	Cries in different ways for different things
Control of eye movement	Babbles in Syllables	Likes to be held, played with, tickled	Fears loud, unexpected noise, sudden movements
Grasp objects		Smiles at self in mirror	

One to Two Years

Physical	Intellectual	Social	Emotional	Moral
Begins to walk, up/down stairs, climb furniture	Learns through senses	Enjoys interactions with familiar adults	Needs warmth security, attention of special adult	Wants adult approval
Enjoys pushing/pulling	Curious/ explores	Demanding, assertive, independent	Learning to trust (needs met)	
Feed self with spoon/hold cup	Say names of common objects	Primary caregiver important	Sucks thumb (18 mos.)	
Stack blocks/takes things out/apart	One word sentences	Waves bye-bye	Temper tantrums	
Takes off pull on clothing	Enjoys simple songs and rhymes	Plays alone but not with others of same age	Generally happy	
Cannot control bowels		Possessive of things	May become angry if others interfere/not being able to voice	

Two to Three Years

Physical	Intellectual	Social	Emotional	Moral
Runs, kicks, climbs, throws, pulls, pushes	Learn through senses	Mother important; doesn't like strangers	Needs to develop sense of self	Self-reliant; wants to be good
Manipulate small objects, scribbles, eats with spoon, dresses, tower of 6/7 blocks	Short attention span	Imitates with attempts to participate in adult behavior	Tests power/control "No"	Can't carry out promises
Begins to control bowels/ bladder control follows	Use three to four word sentences	Can do things with others	Fears loud noises, quick moves, large animals, mom leaving	
	Sing simple songs and rhymes			

Three to Four Years

Physical	Intellectual	Emotional	Social	Moral
Runs, jumps, climbs, ride tricycles, active, wanders	Learn through senses	Sensitive about feelings of others towards self	Can leave mom for short periods of time	Begins to know right from wrong
Scribbles in circles, play mud, sand, paints, puts simple puzzles and constructs toys	Imagination, dramatic play, role play	Developing some independence/self-reliance	Notice difference between men and women	Others opinions are important to self
Dresses self (cannot tie shoes)	Cause and effect	Fear strangers, dark, animals	More interested in others, group play	Self-control/less aggressive
Takes care of bathroom needs, interested in body	Curious and inquisitive	Anxious to please/ dependent on their love		Extreme verbal threats without understanding "I'll kill you"
		Strike out emotionally at situations/persons when having hard		

Four to Five

Physical	Intellectual	Social	Emotional	Moral
Active and on the go.	Large vocabulary	Needs to play with others; unstable relationships; selective	Name calling; demanding/ threatening	Aware of right and wrong
Sometimes aggressive	Likes to shock adults	Imitates adults	Bossy; extremes; whines, complains, cries frequently	Desire to do right
Rapid muscle growth	Curious; talks all the time; questions	Less physical aggression	Tests people; control	May blame others
	Nightmares	Learning to share, accept rules, take turns	Boastful	
	Imaginary friends; fantasy		Confidence	
			Feelings of Insecurity	

The Influence of Developmental Stage: School-Age Children

- **School-age children** with a history of trauma may:
  - Experience unwanted and intrusive thoughts and images
  - Become preoccupied with frightening moments from the traumatic experience
  - Replay the traumatic event in their minds in order to figure out what could have been prevented or how it could have been different
  - Develop intense, specific new fears linking back to the original danger

Source:
NCTSN – www.nctsn.org

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The Influence of Developmental Stage: School-Age Children *(continued)*

- **School-age children** may also:
  - Alternate between shy/withdrawn behavior and unusually aggressive behavior
  - Become so fearful of recurrence that they avoid previously enjoyable activities
  - Have thoughts of revenge
  - Experience sleep disturbances that may interfere with daytime concentration and attention

Source: NCTSN – www.nctsn.org

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The Influence of Developmental Stage: Adolescents

- In response to trauma, **adolescents** may feel:
  - That they are weak, strange, childish, or "going crazy"
  - Embarrassed by their bouts of fear or exaggerated physical responses
  - That they are unique and alone in their pain and suffering
  - Anxiety and depression
  - Intense anger
  - Low self-esteem and helplessness

Source: NCTSN – www.nctsn.org

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The Influence of Developmental Stage: Adolescents *(continued)*

- These trauma reactions may in turn lead to:
  - Aggressive or disruptive behavior
  - Sleep disturbances masked by late-night studying, television watching, or partying
  - Drug and alcohol use as a coping mechanism to deal with stress
  - Self-harm (e.g., cutting)
  - Over- or under-estimation of danger
  - Expectations of maltreatment or abandonment
  - Difficulties with trust
  - Increased risk of revictimization, especially if the adolescent has lived with chronic or complex trauma

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Impact of Trauma on Child - Adult Relationships

- Behaviors related to trauma symptoms are often interpreted as deliberate misbehavior by adults, and can lead to increased conflict in the home.
- Relationships and connectedness can be greatly affected by the lack of trust and confidence trauma can cause, inhibiting an adult's ability to work effectively with their student.
- Lack of understanding can be compounded when adults have their own unaddressed trauma history, depending on what beliefs they have about their traumatic experiences.

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THEIR BEHAVIORS ARE VISIBLE, THEIR NEEDS ARE NOT

- Children and teens do not tell us what they need. **They behave. We have to look behind their behavior to understand their needs**. Most behaviors can be driven by different needs, so to name a behavior does not describe the unique needs driving it. Services to address behaviors are often ineffective because the services are not designed to meet the need behind the behavior for that particular child or teenager.

We ARE ACCUSTOMED TO INTERVENTIONS BASED ON BEHAVIORS

There are anger management groups, bullying interventions, runaway programs, eating disorder programs, juvenile sex offender programs, etc., despite the reality that the individual needs of the children within these behavioral categories are very diverse. Similar decision-making based on diagnosis can also overlook the child's unique underlying needs.

A Need Drives a Behavior

- A need is what drives a behavior. A need is what makes a behavior functional for the child or adolescent (although the behavior itself can be undesirable and harmful). Any behavior could be driven by a variety of needs. For example, a child who is aggressive may need to: have people not get physically too close to him/her, be treated by others in non-hurtful or non-aggressive ways, be reassured, know in advance when there will be a change in activity, and/or be able to soothe him/herself. If we have a standard response to aggression, such as being isolated, that might meet one child's need to have everyone at a distance, but it would make matters worse for the child who needs to learn self-soothing or the child who experiences isolation as an unfair punishment.
- In another example, the teenager who runs away may need to: get away from sexual and/or emotional abuse, learn other ways to respond when there is conflict, have a boy/girlfriend who does not encourage the teenager to stay with him/her, participate in decisions about curfew, and/or be accepted with his/her beliefs, appearance, etc.

Take Away

- ANY child that has been taken out of their natural home environment has experienced trauma. Trauma often manifests itself through behaviors when children either cannot express or do not feel safe enough to express their worry, fear, anxiety, hopes, hopelessness or confusion.
- **ALWAYS LOOK BEHIND THE BEHAVIOR**

Building Resiliency

- People who have experienced trauma need the following in order to recover:
  - Sense of safety (physical and emotional)
  - Information
  - Healthy coping skills
  - Hope and optimism
  - Sense of connection, supportive relationships
- People need to feel ***safe, capable, and lovable.***

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Building Resiliency, continued

- Trauma-informed strategies benefit all students, though they are especially necessary to support students who have experienced trauma.
- It is important to "know our role."
  - How can I support this child as a parent or classroom teacher? What strategies are appropriate for *me* to use?
  - Who can I reach out to for consultation and collaboration when a child needs more support?
- So, HOW???

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Building Safety in Attachment

- The attachment system (between child and primary caregivers) provides a model for all other relationships.
- The attachment system is the earliest training ground for coping with and expressing emotions.
- The attachment system provides a safe environment for healthy development and affords the opportunities to meet key developmental tasks.
- Building safety requires several key factors:

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Key factors for caregivers

- Caregiver affect management- Caregivers need to understand, manage and cope with their own emotional responses.
- Attunement- Capacity of children and caregivers to accurately read each other's cues and respond.
- Consistent caregiver response- Provide safe and predictable responses, sensitive to past experiences.
- Building routines and rituals- Develop predictability and rhythm through responsive schedules of feeding, interaction and sleep.

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ReMoved

- https://www.youtube.com/watch?v=lOeQUwdAjEo#

The Effects of Moves

- Every time a child is moved, it has the effect of delaying them up to one year, both developmentally and educationally.
- This includes their very first move into foster care.
- When considering the impact that educational disruption has on any child, the impact can be especially profound when the disruption requires a change in placement for a child with a disability.

www.FamilyConnectionSC

School Moves

- Foster children, one of America's most overlooked and underserved populations, have long been deprived of equal access to sustained, quality education. **Barely half of all children in foster care could expect to graduate high school by age 18 due to frequent changes in home placement** and gaping communication disconnects between education and child-welfare agencies. As reported here a year ago, "**Students in foster care move schools at least once or twice a year**, and by the time they age out of the system, over one third will have experienced five or more school moves. Children are estimated to lose four to six months of academic progress per move, which puts most foster-care children years behind their peers."
- Every Time Foster Kids **Move, They Lose Months** of **Academic Progress**

Trauma Impact on School

- Impact on Education:
  - Exposure to traumatic experiences is correlated with
    - Decreased IQ and reading ability (Delaney-Black et al. 2003)
      - Distractibility (jittery, fidgety, difficulty focusing for expected periods of time
    - Decreased graduation rates (Grogger, 1997)
    - Increased rates of suspension and expulsion (LAUSD Survey)
  - Exposure to violence is correlated with:
    - Lower GPA's
    - More negative remarks in cumulative folders
    - More absences from school than other students (NCTSN)
  - Children with two or more "adverse childhood experiences":
    - 2.67 times more likely to repeat a grade (Bethell et al., 2014)
  - Adults with four or more "adverse childhood experiences":
    - 4.4 fold increase in impaired memory of childhood (Anda et al., 2006)

Preventing Challenging Behavior at Home and School

- Focus on building **positive and caring relationships.**
- Remember that all youth have **strengths and assets** that can be built upon through relationships with caring adults like YOU.
- Create predictable **structure,** and stick to it. Routines are VERY helpful.
- Make transitions to new activities or spaces calm and **predictable.**
- **Offer choices** whenever you can. Avoiding power struggles is KEY!

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Preventing Challenging Behavior, continued

- Offer child a **safe place** to calm down if they need it.
- Offer water and suggest some basic **relaxation** techniques (e.g. deep breathing) to help the student regain composure and return to the moment.
- **Validate the child's thoughts/feelings**. Offer choices for appropriate ways to remove themselves from the situation or manage unacceptable behavior. Calmly request that they choose from one of several clear, easy options.
- Remember that the behavior in question is not driven by logic. The student is in **flight, fight or freeze mode** and survival responses are taking over. Try some de-escalation techniques to help them manage their aggression and calm down.

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Preventing Challenging Behavior, continued

- Avoid passing judgment, offering advice, or becoming overly reassuring.
- Focus on **PROBLEM SOLVING** over punishment. Help children and youth come up with ways to control their own behavior. Directly teach problem-solving steps, as well as calming/emotional regulation.
- Be aware of your own physical presence, tone of voice, volume, body language, etc. Generally avoid physical touch, and work hard to maintain an **even tone of voice and neutral body language.**
- Use Positive Behavior Intervention and Supports (PBIS) as default. Praise publicly, redirect privately! www.pbis.org

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How Families Can Help Schools Be More Trauma-Informed

- Help Staff Be Informed
  - Share important events such as anniversaries (e.g. of a death, separation from parent). Offer suggestions to proactively consider how events may influence a child's feelings or behaviors and develop thoughtful plans that are flexible and attentive to their needs.
  - Alert staff of triggers when making assignments with themes such as "family" or "memories."
- Support the School's System of Supports (MTSS)
- Help Staff Build Opportunities for Success into various settings, academic and social.

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Helping Schools, continued

- Share your child's academic and social strengths and weaknesses. Encourage staff to praise their strengths in the moment; collaborate on strategies to address weaknesses. Cue staff into effective strategies for supporting child with challenges.
- Connect with school-based mental health staff (psychologist, social worker, or counselor) about child's needs and facilitate their help/consultation with classroom-appropriate techniques that can be taught to manage overwhelming emotions (e.g. deep breathing).
- Introduce your child to school-based clinicians, and help him or her find one connected adult at school.

For the Foster Parent

- Provide safety and security
- Be consistent with Routine and structure of the day and week *calendars *visuals
- Give them a brief description of the future- be honest if you don't know
- Have a safe zone where they can freely express their emotions
- Appreciate each child's uniqueness and praise their strengths

What would being trauma informed look like for you?

What will I start doing?	What will I avoid doing?
Looking at situations through a "trauma lens" when addressing acting out behavior or rule violations *Trauma Lens = Changing the question from "what's wrong with you?" to "what happened to you?"*	Enforcing rules and levying consequences without consideration of the potential impact of trauma on behavior
Providing increased opportunities for youth to build on their strengths and giving them positive recognition when they succeed	Not being thoughtful in the assignment of tasks to youth (the goal should be to present opportunities for mastery and success as opposed to setting youth up for failure that they may not be equipped to cope with)
Considering possible triggers like lights, sounds, crowds, small spaces, etc. when planning activities	Using a raised tone, flickering lights, or other potentially triggering methods to gain the attention of the group
Sticking to the expected schedule and avoiding surprises whenever possible	Letting staffing shortages or other unexpected events result in the loss of anticipated structure

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What does it mean to be trauma-informed?

A program, organization, or system that is trauma-informed:

- *Realizes* the widespread impact of trauma and understands potential paths for recovery;
- *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively resist *re-traumatization*

A trauma-informed approach can be implemented in any type of service setting or organization.

SAMHSA, 2014

Trauma-Informed Community Network

School practices that matter

Multi-tiered supports that adhere to many of the goals and principles of trauma- informed organizations:

- Supports for student safety and consistency
- Positive interactions
- Culturally responsive practices

Source: Cavanaugh, B. (2016). Trauma-informed classrooms and schools. *Beyond Behavior, 25(2)*, 41-46.

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School Practices, continued

- Peer supports – ex. Peer tutoring
- Targeted supports- Tier 2 services & Screening
- Strategies that support the individualized needs of students – FBAs, consider triggers, wraparound services. IEPs

Also maintain a strengths-based approach!
And consider implications of vicarious trauma!

Source: Cavanaugh, B. (2016). Trauma-informed classrooms and schools. *Beyond Behavior, 25(2)*, 41-46.

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School Strategies

- Informal behavior management system
- "Break" strategies
  - Flash passes
  - Break space
- Attendance
  - Supportive interventions for students who miss school due to emotional concerns
- School-based clinicians- Supports may include consultation with families, staff, private providers re: appropriate interventions and resources; Counseling to address issues that interfere with academic achievement
- 504 plan/ Special Education
  - Individualized Education Programs (IEP)
    - May include behavioral or social-emotional goals
    - Evaluation/Re-evaluation

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Practicing Self-Care

- Get adequate sleep
- Prioritize hydration and good nutrition
- Exercise
- Identify your own triggers, as well as strategies to manage them
- Find opportunities to connect with others. Build a support network inside and outside of work
- Engage in activities you enjoy

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How can you protect yourself?

- Regular use of deliberate coping strategies
  - Self-care
- Attract and maintain social support (personal and professional)
- Have a personal calling to the field
- Personality traits that include emotional competencies
  - Optimism, Faith, Flexibility, Sense of Meaning, Self-Efficacy, Impulse Control, Empathy, Close Relationships, Spirituality, Effective Problem Solving (Protective Factors that contribute to Resiliency)

Collins-Camargo, 2012

Practicing Self-Care

- Focus on the rewards of the job and feelings of career satisfaction
- Create opportunities to "de-brief" after particularly difficult student interactions
- Create boundaries between work and home
- Acknowledge that the work can be stressful and difficult. Don't be too hard on yourself!

Resources - Internet

Childhood Trauma :

- http://www.samhsa.gov/trauma/index.aspx#TipsChildren
- http://www.nctsn.org/resources
- http://www.nctsn.org/sites/default/files/assets/pdfs/childrenanddv_factsheetseries_complete.pdf
- http://www.fairfaxcounty.gov/ncs/prevention/trauma-informed_community_network.htm

* https://learn.nctsn.org/ *

When a Child's Parent has PTSD:

- http://www.ptsd.va.gov/professional/treatment/children/pro_child_parent_ptsd.asp

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Educator Resources

- Blaustein, M.E. & Kinniburgh, K.M. (2010). *Treating Traumatic Stress in Children and Adolescents.*
- Craig, S.E. (2008). *Reaching & Teaching Children Who Hurt.*
- Craig, S.E. (2015). *Trauma-Sensitive Schools: Learning Communities Transforming Children's Lives, K-5.*
- *Child Trauma Toolkit for Educators (2008),* NCTSN. http://www.nctsn.org/resources/audiences/school-personnel/trauma-toolkit
- Books/resources by Heather T. Forbes, http://www.beyondconsequences.com/

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Break

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Trauma Resources- Activity

- If possible, log in to the National Child Trauma Stress Network (www.nctsn.org) and review some NCTSN resources
- If you do not have web access, use one of the resources provided.
- In your group, discuss options for using 1 to 3 of the NCTSN resources in your parent center.
- Be ready to show and share or report out

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Strategies for reaching foster, adoptive and kinship families through your parent center

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FFF Training and Events

Date and Time	Training or Event
Tuesday, Aug. 22 6:30-8 PM	Back to School: Surviving Reentry Webinar with Dr. Kelly Henderson, Director of Formed Families Forward. Join from anywhere!
Friday, Sept. 15 6:00-8:30 PM	Family Movie Night screening of the documentary Moment to Moment: Teens Growing Up with FASDs and discussion about fetal alcohol spectrum disorders (FASD). Dinner served; children enjoy their own G-rated movie, in supervised child care.
Tuesday, Sept. 19 6:30-8:30 PM	Special Education 101 with Kelly Henderson, FFF Executive Director, in conjunction with Northern Virginia Family Services at St. Paul United Methodist Church, 1400 G St., Woodbridge
Thursday, Sept. 21 6:30-8 PM	Helping Your Child Succeed in Virginia High Schools: Understanding Alternative Assessments for SOLs for Students with Disabilities, with Rhonda Jackson of Add VOICE Too, LLC
Mondays starting Oct. 2; 6:30-8 PM	LifeSkills Training for Middle School Students, Fall session (October 2, 9, 16, 23, 30 and Nov. 6) at Sherwood Community Center, Fairfax
Thursday, Oct 5 6:30-8:30 PM	Love and Logic Basics with Meaghan Lane, MSW of Northern Virginia Family Services
Tuesdays starting Oct. 10 6:30-8 PM	Stronger Together Peer Support Groups for Youth/Young Adults ages 14-22 and for Parents/Caregivers (Oct. 10, 24; Nov. 14, 28; Dec.12; Jan. 2, 16, 30; Feb.13, 27; Mar. 6, 20; April 3,17; May 1, 15)
Thursday, Nov. 2 10-11:30 AM	Trauma 101: Empowering Parents and Educators with Fairfax County Public Schools Parent Resource Center, at Dunn Loring. Presented by Chrissy Cunningham, MSW, Prevention Coordination Specialist, Fairfax County NCS & Kelly Henderson, FFF
Thursday, Nov. 9 6:30-8 PM	Attention Deficit Hyperactivity Disorder Update with Catherine Adams, ADHD Resource Group of No.Va. & Kelly Henderson, FFF
Friday, Nov. 17 6:00-8:30 PM	Family Movie Night- Bernie Mac, Kinship and Me. Dinner served; children enjoy their own G-rated movie, in supervised child care.
Friday, Dec. 1 2:00-4:00 PM	Mindfulness and Mingling, a social and learning event for families and professionals
Monday, Jan. 8, 2018; 6:30-8 PM	Caring for the Caregiver, with Joy Koeppen, LCSW, Licensed Clinical Therapist at Brain Injury Services and FFF Board member

- Vary the format of your training.
- Be sure to offer child care when you can!
- Host events that include something for the whole family.
- Support groups may get them in the door.
- Keep it simple.
- Don't sweat the no-shows.
- Listen to feedback
- LEAF-
  - Listen
  - Empathize
  - Act (make a plan!)
  - Follow up

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Getting the Word Out

E-newsletters

Local publications

Social Media

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Working Together

Exhibiting, attending conferences and working with other organizations are great ways to reach families.

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When IDEA and Foster Care Intersect

- Studies show that between 30-40% of children in foster care are entitled to a special education and related services. This is **significantly higher** than the 12% average in the general student population.

Federal Legislation & Policy

- Fostering Connections
- Evert Student Succeeds Act

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Fostering Connections Act

Fostering Connections to Success and Increasing Adoptions Act of 2008, PL 110-351

- Many provisions; amended Title IV of the SS Act to connect and support relative caregivers, improve outcomes for children in foster care, provide for tribal foster care and adoption access, improve incentives for adoption and for other purposes.
- http://www.childwelfare.gov/fosteringconnections
- http://www.nrcpfc.org/fostering_connections/index.html

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Educational Implications

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

http://www.nrcpfc.org/fostering_connections/education.html

Education Rights of Children in Foster Care

- In the U.S. today, approximately 400,000 children and youth are in foster care at any given time and each year about 20,000 of these students emancipate (i.e., age out) of foster care. A positive PK-12 education experience has the potential to be a powerful counterweight to the abuse, neglect, separation, impermanence and other barriers these vulnerable students experience. Additionally, participation in and persistence to a postsecondary credential can enhance their well-being, help them make more successful transitions to adulthood, and increase their chances for personal fulfillment and economic self-sufficiency.
- National research shows that children in foster care are at high-risk of dropping out of school and are unlikely to attend or graduate from college. A coordinated effort by education agencies and child welfare agencies is necessary to improve the educational outcomes for students in foster care. Fortunately, the last few years have seen important policy, practice, and advocacy advances that address the education barriers and supports needed for these vulnerable students

Foster Child's Bill of Rights

http://ccfs.sc.edu/images/pdfs/fosterparenthandbook.pdf

Child Welfare Agency Responsibilities

- Assure that placement of child in foster care considers "the appropriateness of the current educational setting and the proximity to" his/her current school AND
- Assure that child remains in current school; or if remaining in current school is not in the best interests of the child, assure that social services and education agencies "provide immediate and appropriate enrollment in a new school, with all of the educational records of the child provided to the school." (PL 110-351, Section 204 (a)(1))

Potential Barriers

- Distinguishing between the effects of disability and the impact of child abuse, neglect and instability.
- Definition of "parent"- if rights are not terminated, parent can still give consent or refuse services. Federal law defines "parent" as foster parent. *Surrogate Parent appointed to advocate for foster child if in group home or alternative placement.
- Access to a consistent advocate or caretaker who knows the child and is familiar with educational rights for children with disabilities is frequently absent in the case of children in the foster care system.
- Delay in initial evaluation and assessment while determining "parental" rights
- High need for early intervention services these children did not receive

Every Student Succeeds Act (ESSA)

- CPIR Stakeholder Guide to the Every Student Succeeds Act- http://www.parentcenterhub.org/stakeholder-guide-essa/
- The Advocacy Institute webinar - https://youtu.be/MpV2BE7kuzQ
- Legal Center for Foster Care and Education- Q & A sheet and ESSA Implementation Toolkit

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What Matters for Kids in Foster Care is the Same that Matters for ALL Kids

"The things that really matter when it comes to the success of foster kids—emotional stability, positive adult role models, and the knowledge that someone dependable is looking out for their best interest—that's what matters most for all kids."

Kate Burditt; staff attorney at the Juvenile Law Center

Stay in Touch!

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- Jena Martin- jmartin@familyconnectionsc.org
- Interest in a community? CPIR workspace? Listserv?

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Resources

- www.abanet.org/child/education
- The Bair Foundation www.bair.org
- www.ncsl.org
- www.ambar.org/LegalCenter
- NYSBA Government, Law and Policy Journal; Winter2012l Vol.14 l No.2
- DREDF.org
- https://scchildren.org/advocacy_and_media/kids_count_south_carolina/
- 2015-16 Appropriations Act, Proviso 1.8 spells out which school district is required to provide a free appropriate public education for students in foster care. http://www.scstatehouse.gov/sess121_2015-2016/appropriations2015/tap1b.htm#s1
- There is language in S.C. Code Ann § 59-63-31(B) that addresses attendance issues when DSS wants a child in its custody to attend school outside the zoned school. http://www.scstatehouse.gov/code/t59c063.php
- http://childlaw.sc.edu/
- http://www.ed.sc.gov
- https://dss.sc.gov/content/library/forms_brochures/files/30245.pdf
- http://ccfs.sc.edu/images/pdfs/fosterparenthandbook.pdf
- http://ec.ncpublicschools.gov