Special Education Leadership for Foster Care Students with Disabilities: Portraits of Admirable Advocacy

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Abstract

The socio-emotional well-being of foster care youth requires a systemic response from professionals and volunteers in all communities. At best, however, the literature portrays foster care as a phenomenon limited to the medical, criminal, and social work professions. Yet, foster care children attend school and interact with a host of educational professionals who can and should advocate their best interests prior to, during, and post care. Although the literature discusses the deleterious educational outcomes that foster care students endure, little attention has focused on school personnel's responses to the phenomenon. Specifically, the voice of special education administrators is an absent one despite the significant relationship between foster care and special education. In response, the present qualitative study ensued and involved six special education administrators' self-disclosed accounts of their collaborative initiatives on behalf of foster care populations. Analyzed with the upfront use of Rubin's (2002) theoretical framework for school-based collaborative leadership, the study offered unique insights from which implications for preservice and inservice special education administrators were proposed and discussed.

School administrators, counselors, teachers, and coaches are just but a few of the very parties who, by the nature of their positions, assume responsibilities to promote foster care children's educational benefit. A dearth of literature about their roles limits the discussion about the resolution of foster care children's needs (see Taussig, 2002). As such, an underdeveloped answer remains for the essential question: What are the essential educational needs of youth in foster care and the ideal professional responses to these needs?

The literature suggests the answer to the first part of the question is intervention aimed to address learning and emotional behavioral disabilities, risk factors threatening educational stability (see Blome, 1997; Conger & Finkelstein, 2003; Evans, 2001; Geroski & Knauss, 2000; Zetlin, Weinberg, & Kim, 2004). For example, in regards to learning disabilities (LD), McMillen, Auslander, Elze, White, and Thompson (2003) conducted a descriptive study of 262 adolescents who resided in a Midwest independent-living program in preparation for emancipation from foster care. The authors concluded: "The high educational failure rates from this study suggest the need for intense remedial education and tutoring services" (p. 490). Evans (2001) analyzed the achievement and intelligence scores of 3,483 students during their first two months of initial placement into foster care. The author concluded that "students entering foster care appear to manifest primary deficits in basic skills areas of reading, math, and writing" (p. 307).

Reported factors that have contributed to the significant presence of LD included (a) disrupted educational placements (Blome, 1997), (b) prenatal exposure to alcohol (Emerson & Lovitt, 2002), and (c) neglect and maltreatment (Evans, 2001). In their research about the educational performances of foster care youth in Omaha, NE, Sullivan and Knutson (2000) summarized:

> Studies of maltreated children in foster care have shown higher rates of learning disabilities and achievement problems as well as higher rates of special education placement, language disorders, grade retention, adaptive behavior deficits, and mild mental retardation. (p. 301)

In regards to emotional-behavioral disabilities (EBD), researchers report its significant relationship with foster care (Bass, Shileds, & Beherman, 2004; Chipungu & Bent-Goodley, 2004; McMillen, Auslander, Elze, White, & Thompson, 2003; Zetlin, Weinberg, & Kim, 2004). "Most experts agree that about 50% of foster care children have been identified as having emotional or behavioral disorders" (Emerson & Lovitt, 2003, p. 201). Whereas maltreatment relates with LD, physical and sexual abuse are the principal links with EBDs (Elze, Auslander, McMillen, Edmond, & Thompson, 2001; Geroski & Knauss, 2000; Sullivan & Knutson, 2000). "There is a correlation between long-standing sexual abuse and sexualized behaviors; being sexually abused puts a child at risk for anxiety, depression, and somatization" (Cuffe & Shugart, 2001, p. 335).

Placement into foster care alone and in combination with LDs and EBDs further correlates with increase dropout rates and related entanglement with social dependency and crime (Blome, 1997; Shin, 2003). Zetlin, Weinberg, and Kimm (2004) stressed: "Without intervention, most of these young people [adolescents in foster care] will not complete high school and are at a great risk for becoming part of the public assistance programs and criminal justice systems" (p. 1198). Noted deleterious outcomes included (a) substance abuse (Massinga & Pecora, 2004), (b) incarceration (Chipungu & Bent-Goodley, 2004; Courtney, Piliavin, Grogan-Kaylor; and Nesmith, 2001), (c) acquisition of a sexually transmitted disease (Elze,

Auslander, McMillen, Edmond, & Thompson, 2001), (d) suicidal ideation and attempts (Taussig, 2002), and (e) peer relationship problems (Geroski & Knauss, 2000).

The literature further offers a response to the second part of the underdeveloped answer for the question (What are the essential educational needs of youth in foster care and the ideal professional responses to these needs?) with discussions about collaborative engagement of all essential stakeholders. Through their analysis for the provision of foster care services, Bass, Shields, and Beherman (2004) noted that "child welfare agencies, though ultimately charged with the responsibility of caring for maltreated children, cannot provide optimal care without the collaboration and support of other agencies" (p. 8). More specifically, Geroski and Knauss (2000) called for the "input from all service providers, including the mental health counselor, school counselor, and foster parents for critical, sound, and appropriate placement decision-making" (p. 155).

Collaborative achievement may be more of an ideal than a reality, however. Bass, Shields, and Beherman (2004) admitted:

> Concerns about confidentiality, disclosure, and mandated reporting are perhaps the greatest barriers to collaboration. Such concerns should not be dismissed. The information collected about children and families involved with child welfare systems is extremely sensitive and, if widely shared, could be damaging. (p. 21)

Such hindrances can cause "the child welfare worker to be lost in a sea of professional adversity" (Altshuler, 1997, p. 123).

Purpose

The intent of this multiple case study was to explore special education administrators' (SPAs) collaborative leadership on behalf of youth in foster care in two Midwest urban areas.

SPAs are an absent voice in the foster care-special education literature despite the influence associated with their position.

Theoretical Framework

The present research began with an upfront use of a collaborative theoretical framework to guide the formation of research questions and related interview protocol and participant recruitment. We then revisited the framework during the data analysis phase and coupled it with literature citations. Thus, the framework, participants' accounts, and supporting literature (when available) constituted the triangulation (Creswell, 2003) from which we offered implications. Our approach aligned with Clark, Dyson, and Milward's (1998) argument about the role of theory in special education research:

> Theorizing, for us, is not a linear progression towards some unequivocal truth, so much as a continuing process of realignment between values, beliefs, and assumptions. What makes that process more than a pointless carousel of ever-changing positions is that it is—or can become—a rational process, seeking both to explicate and justify each new alignment that is proposed. If that process does not lead to some absolute and final 'truth,' it may nonetheless open up new ways of understanding, and hence of action, for particular times of places. (p. 173)

For this research, we chose Rubin's (2002) collaborative model. We concluded the author's definition of collaboration aligned with the aforementioned LD and EBD needs of foster care populations:

> A collaboration is a purposeful relationship in which all parties strategically choose to cooperate in order to accomplish a shared outcome. Because of its voluntary nature, the

> success of a collaboration depends on one or more collaborative leader's ability to build and maintain these relationships. (p. 17)

Given the portrayal of foster care youth's educational needs in the literature, the shared outcome should be to help the students acquire academic and behavioral coping skills necessary for successful school completion. The interplay with special education services further implies that SPAs serve in leadership roles needed to sustain school-social welfare constituents' collaborative relationships.

Rubin (2002) delineated a collaboration life cycle that consisted of 11 sequential phases, each one developed into a research question for the present study: (1) start with purposeful decision-making, (2) identify stakeholders, (3) recruit stakeholders, (4) identify leaders and their roles, (5) develop an action plan, (6) begin with success, (7) build bonds between stakeholders, (8) celebrate successes, (9) assess and reinforce bonds, (10) enforce goal-centered accountability, and (11) revisit and renew the collaborative mission (p. 49).

Methods

We incorporated and addressed the phases in an interview protocol that guided the ninety-minute, semi-structured interviews with each participant. We audio-recorded the interviews and transcribed into hard copy documents used for data analysis.

Rubin (2002) argued that 23 dimensions of collaborative leadership should evolve throughout the phases and formulate into principles of quality leadership (see Table 1). The phases guided our coding process of each participant's transcribed responses and selection of literature to support or contradict the findings, when available.

In sum, we purposefully selected six SPAs for the present study. Each leader served in his/her position within a district known for foster care student enrollments, as confirmed in a pre-

screening telephone interview with potential recruits. The intent was to solicit responses from SPAs with breadth and depth of involvement in foster care matters. Ruling out the involvement of other SPAs who lacked such experience confirmed the six final participants were of an adequate sample size for a first-time exploration of SPA foster care-collaborative leadership that has otherwise not appeared in the literature. Participants' pseudonyms names used throughout this report include:

- *Clarinda,* who works in a bedroom community of professional citizens and commuters to nearby urban areas. She is one of two SPAs in the district and is responsible for secondary level special education programs, resources, and personnel.
- *Bonita,* who directs a centralized special education program for five feeder school districts. The program serves 830 students and families entitled to special education services.
- *Della,* who has been a long-standing leader within the special education community. Close to retirement, she taught in the district for which she has led the special education program during the past twenty-three years. In addition to a prevalent foster care presence, the district also enrolls several homeless students.
- *Penny,* who has had prior experience as a school social worker in her district. She is the director of special education programs and services for young children, birth through elementary school years.
- *Janet*, who, like Della, is close to retirement age and has served her district as a special education teacher and administrator for more than thirty years.
- *Tom,* who is a director of an alternative school program for students expelled from their home school districts. Enrollment includes students with LD, EBDs, and conduct disorders.

Results

The participants' responses addressed 7 of the 11 aforementioned phases. The interview protocol incorporated broad questions for which answers could have aligned with all 11 phases. The exclusion of and/or limited responses for certain phases was not intentional, from either us or the participants, who were unaware about our use of the phases to code their transcriptions. We used broad questions and sometimes elicited responses that did not always conform to each phase. The unbalanced portrayal of the phases illustrated the SPAs' collaborative strengths and weaknesses.

Start with Purposeful Decision Making (Phase I)

Only the two participants who had focused areas of responsibility (e.g., secondary level special education services) within a district's special education program addressed system concerns related to foster care policies and procedures. Although the other participants reported ongoing decision-making for this population, each one did so in reaction to problems and crises teachers presented them.

Clarinda is one of two SPAs in her district. Her responsibilities include the coordination of services and personnel at the secondary level. Her state laws require school districts to provide special education services for persons with disabilities through age 26, five years beyond the federal mandate. Clarinda designed a post-high school program for the district's special education program. Unlike other districts that often contract post-high school services, Clarinda's district opted to provide such programs on site at the high school.

Clarinda observed increased foster parent communications when she launched the program. She explained how foster parents in the community have hesitated to accept a teenager with disabilities into their home. Although educational services are afforded this population through age 26, foster care services cease at age 19. Thus, foster parents could face the

possibility of not having the means to continue providing care for an emancipated foster care youth in need of life-long assisted living placements. Clarinda explained how foster parents viewed her post-high school program as a "local stability" that could be the "saving grace" for their care of adolescents:

> The foster families are seemingly more interested in the steps they need to make in order to access the post-high school program. They see it as a place where agency services and other supports are available. They definitely see it as the bridge needed to fill the gap between foster care and supportive independent living.

In response, Clarinda's ultimate goal for her foster care population "is to get them into that [post secondary] program! They need it and I fight for it."

Penny consistently expressed her desire to "educate them [foster care youth] like any other child." Despite her professional dispositions, she welcomed the opportunity to balk at current foster care practices that strive to reunify children with their caregivers. She did not report any straightforward attempts to thwart reunification efforts, but did say it was her goal to "rally behind the cases that appear to go forth with adoption."

Penny entered the SPA profession and her current position as a director of elementary special education programs after serving as a school social worker, a position that had included many encounters with foster care. She recounted her collective experiences:

> I think it can be helpful to get some of these kids [victims of neglect] into a foster home where they'll get some real organization and structure. Foster parents typically will jump in and work with these kids on their school work and they do the things they need to do in order to support kids' success. I know foster care doesn't take away all the emotional

> stuff and trauma, but it can get rid of the inconsistent and poor parenting that plays real havoc on these young kids.

She shared a specific case of an 8-year-old boy who reunified with his birth mother after six months in care:

> It was too soon, way too soon. She did what she needed to do, but was not ready to mother this young man. The agency pulled out and no hammer was in place to keep her accountable. He came back into care a few weeks later. The caseworker said the case is now a termination-of-parent-rights one and I am a hundred percent behind that!

Identify and Recruit Stakeholders (Phases II & III)

The participants identified foster parents as the essential stakeholders and caseworkers and general education classroom teachers as secondary ones. The SPAs bound their collaborative efforts on behalf of foster care youth to these three parties. For certain situations, however, the participants admitted their purposeful exclusion of foster parents perceived as incompetent. Likewise, they did not include building principals perceived as ineffectual in their foster care collaborations.

Bonita has had numerous contacts with foster parents as director of a centralized special education program. She praised foster parents and their valuable collaborative contributions:

> Foster parents take their responsibilities very seriously. They give you their cell phone numbers, their work numbers, anything to make themselves available as frequently as possible. If you empower foster parents, they will advocate for the kids in their care and their educational needs. They are primarily interested in the day-to-day school life of the kids, whereas birth parents are not. You bring them to a collaborative meeting and talk to

> them, pretty soon things come out that you never knew about these kids before. They're a valuable resource.

Bonita's praise of foster parents countered her opinions of building principals: "I think building level administrators are the least likely advocates for these kids. They complain about the transitional needs of new foster care kids entering their buildings. They're so negative!"

Janet asserted her desire for "more collaboration with foster parents." She anticipates an increase in foster parent contacts would help her and her staff better understand foster care students' educational histories. She, however, is not optimistic the wish will become a reality:

> We simply have to know what's going on [with a foster care student's behavior] and what has and has not happened before the student comes into our district. Foster parents aren't as involved as I think they should be. Very rarely will a foster parent come to school and discuss with us our concerns about their foster child's behavior. I think some of them are aloof.

She, too, considers building principals "the least likely collaborative partner. I don't even pull them in unless I have to. I stick to working with the teachers."

Della likewise shared concerns about certain foster parents in her district. "They care for so many kids with psychological problems when they themselves have the very same problems."

Tom, the director of an alternative school program, praised foster parents' collaborative engagement, which he labeled as "pretty typical parent involvement. In fact, the kids are often better off because of the structure in the foster home." The infrastructure of Tom's program requires parental collaborations: "Our parents have to attend family counseling when their child comes here, twice a month, including foster parents. We're very on top of that!"

Regardless of their perceptions about foster parents and other stakeholders, no participant was able to provide a response to our question about how the Individuals with Disabilities Education Improvement Act (IDEIA) (2004) guides the recruitment and security of collaborative partners. The law defines a parent responsible for special education decision-making as a biological/adoptive parent unless a judicial decree or order identifies someone to act as the parent, such as a foster caregiver (see 34 C.F.R. § 300.30(b)). For example, Clarinda lamented "the major confusion and reluctance that surfaces when we need to sign [special education] consent forms. Some of us ask, 'Can the foster parent sign them, or do we need the caseworker, too?'" Tom's response exposed similar unfamiliarity:

> I think IDEIA defines provisions of services for foster care youth, but I'm not sure. For me, there really isn't a difference; a student is a student regardless if he or she is in foster care or not. Their needs should be met; period. I'm not sure if the state trains foster parents about their rights and roles for special education. Maybe they do for the therapeutic foster homes. Either way, I notice huge gaps of confusion.

Identify Leaders and Their Roles (Phase IV)

The very nature of the study and our approach with participants imposed an understanding that the leaders for special education-foster care collaboration were the participants themselves. Thus, identification as leader was implied and accepted. Consistent self-disclosures confirmed each SPA understood his/her role as crisis respondent. Reactionary stances countered their grandiose mission to promote the well-being of this population, a disposition that suggested proactive collaboration would have been the preferred norm.

Clarinda limits her collaborative involvement to "cases where Child Protective Services (CPS) is coming in, or when foster parents have some steam to blow off." Bonita and Tom

explained the onsets for their collaborations occur when a feeder school district threatens to not pay a foster care student's special education services. Said Bonita: "I'll choke them if they think a kid is not their own because he lives in a temporary foster home within their district."

Della, Penny, and Janet partake in collaborations organized to address a foster care student's extreme behavioral problems. Penny explained:

> It's usually about behavior when I'm involved. Somebody will have to call me in, let me know just how bad it is. Most times it's the teacher who will say, 'Hey, I need you here for this meeting. I think it's going to be ugly.' Other times it's the foster parent who is frustrated with the teacher's approach. My role at that time is to help them all problem-solve, to get back to the student's needs and go from there.

Develop an Action Plan and Begin with Success (Phases V & VI)

The participants criticized the districts from which foster care students came before entering their schools. Harsh accusations about former districts' poor record-keeping accompanied the SPAs' explanations for their inability to design adequate action plans for foster care students. Additional criticism aimed at certain foster parents perceived as withholding viable information for personal gain versus the best interests of the children in their care.

Della's district is a land-locked one, surrounded by several other districts from whom and to whom student transfers occur. Throughout her SPA tenure, she has had to confront other district administrators in order to access complete educational histories for incoming foster care students:

> Educational records are an absolute mess for this population. I think in most cases successful [special education] interventions might have been attempted at the prior district, but nothing is forwarded to us. Why? Well, I think it's because the prior district

> doesn't want to tell us about all the nasty behavioral issues about this foster kid. Maybe it's to protect the student; force us to not make any negative conclusions. But maybe it's because they didn't do enough and now that the kid is leaving, they feel the need to hide their dirty laundry.

Janet's district also receives several incoming foster care students each year. She explained that numerous foster parents reside within the district's boundaries and their licensing agencies often place children in their care from regions of the state where foster homes are scarce: "It's not uncommon to have foster students coming to us, their fourth or fifth school district in one semester. My gosh, how are we to ever find the records when so much bouncing around occurs?"

The participants hinted at the possibility that certain foster parents sabotage the access of former school records. Clarinda was the one SPA able to support her bias with an actual account, one reflective of the other SPAs' suggestions. She described a high school student who entered her district mid-year, the result of a foster home placement change:

> It was evident that we had some special education-behavioral issues going on here. We couldn't get the records, or at least more than the basic immunization reports. The foster parents refused to sign the release of records form or call their agency. I could tell they didn't want to be bothered with extra parenting responsibilities and I quickly concluded they equated special education interventions with more work on their end in the foster home.

Without complete records at the onset of foster care students' enrollments, the participants were unable to formulate complete, specific individualized programs (IEPs). An additional issue was their focus on the students' deficits versus success. Each SPA argued the

primary concern about foster care students was their behavioral deficits and related psychiatric problems. Counter to Rubin's (2002) collaborative model, the participants did not collaborate from a platform of students' abilities.

Della was the most vocal participant about the prevalence of behavioral-mental health needs. She voiced it as one of several reasons in support of her unwillingness to endorse an inclusion-only model for special education program delivery: "Kids like these ones [foster care] need a continuum of service options because some of them will never, ever get what they need in an inclusive setting. Their problems are too intense."

Janet referred to foster care students as "frequent fliers" of the district's behavioral program: "The biggest issue with them is all the emotions and trauma that started before they came into foster care and for which they need to deal with through therapy and in their foster homes." Her analysis of the district's behavior referral data informed her belief that administrators "need to be more lenient with this population in regards to suspensions and expulsions. I have to question the disproportional numbers and the way we intervene on behalf of this population."

Tom looked inward and observed his staff's lack of knowledge and skills necessary for helping foster care students with behavioral needs:

> In my experience, I have noted many children placed into foster care displaying some sort of mental health issues. For me, the huge missing gap in special education is no awareness about this phenomenon. It's been an issue that's been outside of the educational realm for too long.

Celebrate Successes (Phase VIII)

Given their less than enthusiastic endorsement of foster parents and other stakeholders, the participants did not report specific behaviors that built bonds (Phase VII) throughout the collaborative phases. Yet, privately, they celebrated successes associated with their foster care advocacy. The accomplishments were not linked to their collaborations, but were more a part of their overall personal commitments to foster care youth.

Specifically, the SPAs noted an internal drive that fostered students' growth toward emotional well-being, the ultimate self-reported motivator for involvement with foster care matters. In this vein, their celebration was void of public acknowledgment. Janet shared:

> I've been blessed in this life, really blessed because I have never been in that situation [abuse and neglect/foster care]. I think these [foster care] kids are in these situations by no fault of their own. They need as many people who can demonstrate care and consistency for them, no matter what happens. And that's my passion, my personal commitment. I see it as part of my responsibility as a person and as an administrator. It's a holistic approach for me.

Discussion

We remind the reader that each participant confirmed his/her collaborative involvement on behalf of foster care populations in our pre-screening assessment. None of the recruited SPAs opted out of the study at any time, and each was confident that his/her responses contributed to the study at the completion of the interviews. Yet, did true collaboration, according to their terms and discussion, occur?

We answered the question with a qualified endorsement of the participants' collaboration efforts. Although certain principles of quality leadership emerged (see Table 1), they came at costs that could have hampered more proactive, ideal, and successful outcomes.

Leadership & Character

The first notable principles were the participants' leadership and character. The SPAs were credible and genuine in their approach to foster care populations. They never let roadblocks alter students' access to special education services, a notable accomplishment when budget cuts and other pressures force school administrators to scale back services and programs. They lacked, however, any strategic thinking. Admission of their ignorance about IDEIA's legal mandates specific to this population exposed carelessness. Policies and procedures were not in place, universal processes that should guide them and all school personnel who interact with this population. Yet, despite this unintentional shortcoming, each participant exemplified personal and professional dispositions towards foster care youth that honored the SPA profession. It was through their personal, private advocacy for this population that any form of programming occurred.

Lost in their lack of procedure and protocol was the opportunity to establish managerial systems, a leadership quality that could have enhanced the services afforded foster care students and families. Their crisis-reactionary involvement and bull-headed termination (as noticed in Bonita's threat to "choke" principals) created a playing field of chaos. Vocal teachers and foster parents were the ones who received their attention.

We acknowledge the inherent pressures that plague SPAs' time and resources. Yet, again, the lack of policy and procedures appeared to have nullified any creation of administrative-teaching action plans through which the SPAs could have delegated responsibilities. Moreover,

even though they praised certain teachers' involvement in foster care students' lives, they did not empower them, or other potential members of their schools' staffs. In fact, they left tensions with certain principals unresolved, as if such perceived adversarial relationships were permanent fixtures.

The literature is not silent about the deleterious outcomes associated with teachers' lack of foster care knowledge: "Teachers often have little knowledge of the foster care system and different legal and custodial responsibilities of biological parents, foster parents, and caseworkers" (Conger & Finkelstein, 2003, p. 100). Emerson and Lovitt (2003) concluded the ignorance results in biases:

> They [teachers] may believe it is a waste of time to sustain commitments with these youth because they will not be with them for long. Other teachers may have the preconceived notion that children who are in foster care are not bright enough to profit their efforts; they don't bother with them. (p. 200).

Our participants were somewhat knowledgeable about the overall delivery of foster care services, despite disagreements with certain practices, such as parental reunification. As such, their systemic awareness about foster care issues, a component of a continuous improvement leadership principle, was not discussed or disseminated.

Without any long-term plans for foster care populations, the participants focused on behavioral issues. They recruited stakeholder buy-in based on the extent to which other parties could address these issues. Namely, they recruited foster parents when considered to be allies and skillful to address youth's behavioral and mental health needs.

The literature supports the SPAs' focus on foster care youth's behavior, a prevalent problem discussed earlier. Again, we acknowledge the inherent time constraints they endure, but

we cannot dismiss the fact that their problem-solving guidance only occurred long after behaviors had deteriorated. Tim was the one exception, as noted in his center-based program's requirement for all parents and foster parents to participate in bi-weekly family counseling. We speculate that the other participants would have had earlier onsets of their collaborative involvements if a similar protocol existed at their schools.

Collaborative Skepticism

The literature also provides awareness as to why our participants were skeptical of certain foster parents' involvement. We were taken aback by the foster parent statistics Chipunga and Bent-Goodley (2004) reported in their address about contemporary foster care. The authors stated: "Nearly one-quarter of foster parents have a high school diploma, and more than 30% have some professional training or college education" (p. 84). Granted, a college education is not synonymous with successful parenting. We, however, considered the challenging behaviors the SPAs reported and considered them as ones in need of consistent professional intervention. It appeared as if our participants expected a sophisticated level of foster parent competency and perhaps the lack thereof might have sparked the reported hesitation of foster parent collaborative recruitment.

In support of foster parents, we turned to the literature's reports about their training and support, necessities for successful special education collaboration on behalf of children placed in their care. Findings mirror the havoc often rampant in foster care that prevents ideal placements for students with behavioral and mental health needs. Chipungu & Bent-Goodley (2004) summarized:

> Foster parenting is one of the most demanding jobs a person can assume. Given these high demands, it not surprising that child welfare agencies often experience difficulty

> recruiting and retaining foster parents. Moreover, once recruited, foster parents face additional challenges as they endeavor to care for children with complex needs. (P. 83)

Denby, Rindfleisch, and Bean (1999) surveyed a random sample of 539 Ohio foster parents. The authors concluded:

> Clearly, the greatest need related to programming issues concerns improved foster parent training. Revised training curricula should focus on two areas: better preparation of foster parents to deal with increasingly more difficult behaviors exhibited by foster children and an infrastructure of support for and between foster parents. (p. 301)

Our participants did not consider themselves agents responsible for helping foster parents fulfill their roles. Yet, special education law requires school districts to inform parents of their rights and related access to due process arbitration, if disagreements occur. Our participants' lack of knowledge about IDEIA's recognition of foster parents implied they did not approach foster parents with information about the law's endorsement of their rights and responsibilities. Had they done so, perhaps the unresponsive and ill-prepared foster parents could have responded with requests for help, a potential opportunity for the SPAs to intervene. At the very least, they would have accomplished the final three phases of Rubin's (2002) collaborative model: (1) assess and reinforce bonds, (2) enforce goal-centered accountability, and (3) revisit and renew the collaborative mission.

Implications

Our ultimate goal was not to point fault at our participants. We respect each one's committed dedication to a population often voiceless and overlooked in educational settings. We thank them for their honest self-disclosures through which we learned several unique characteristics about the specific collaboration between SPAs and other stakeholders involved in the lives of foster care students.

The present study exposed SPAs' leadership in foster care collaboration as a necessity and one that can assess the behavioral and mental health needs prevalent among this population. Analyzing their collaborative performance from a framework like the one posed for this study is appropriate. Each new nuance offers implications for other SPAs, the academy, and researchers.

Reshaping SPAs' Collaborative Responsibilities

When invited to participate in collaborations, our participants responded with confidence and determination to advocate for foster care students' needs. They did so without a full grasp of IDEIA's identification of foster parents' rights and responsibilities. Their resolve suggested that they sought this noble quest even when adversarial forces were present. We recommend that all SPAs, especially novices, insert a policy and procedure component to their special education protocols that delineate IDEIA's language about foster parents. Likewise, law classes in the academy should provide aspirant administrators information and sample case studies about this population.

Particular attention should focus on the delegation of foster care collaborative outreach. For example, our participants identified teachers as committed personnel for foster care students. Linking them with resources and contacts at foster care agencies could solidify foster parents' and caseworkers' collaborative engagement. SPAs could further coordinate ongoing professional

development opportunities for teachers who have foster care students on their caseloads. Opportunities to discuss court plans and objectives (e.g., parental reunification) could reduce reluctant approaches to foster care situations.

Additional consideration should be directed towards social welfare providers. They are responsible for pre-service and in-service foster parents professional development. Embedding special education topics into their training could improve certain foster parents' ambiguity and hesitation to support special education teachers. The academy could model such training through co-taught courses and/or case study analyses that involve the joint participation of special education and social work pre-service students.

Reshaping SPAs' Collaborative Focus

Second, our participants' sole focus was students' behavioral problems. At no time did they discuss academics. We inferred the behavioral issues were of such intensity that their resolution was the only option that existed in their eyes. However, SPAs should have an equal focus on foster care students' academic needs. After all, our participants' foster care students endured countless school changes, each creating an inevitable piece-mailing of academics. Addressing academic needs could minimize the necessity for intense behavioral interventions, such as the ones our participants referenced. For example, Janet shared a story about a student who entered her district, the fifth one in a semester. Janet helped draft the student's special education program and service plan relative to learning gaps. She intended to reduce the student's frustration with yet another school change, a proactive approach to behavior.

The unwillingness to access foster care students' academic records was an unacceptable professional behavior. It is a reality that entry into foster care and changes of placement once in care oftentimes cause disruptions in school assignments. We welcome the social work field to

respond with measures that could reduce the phenomenon. At the same time, we recommend SPAs and other school leaders to not tolerate lack of access to foster care students' records.

All youth in foster care are assigned a guardian ad litem (GAL) (lawyer) and judge. Reporting problems of denied access to school records to GALs could result in legal pressure and hold responsible parties accountable for quick amelioration of the problem. We recommend this approach as a last alternative when all other communications with outside district professionals fail.

Conclusion

Our study was a first time contribution to the literature about SPAs' leadership roles in foster care collaborations. Our bound recruitment of participants from two Midwestern states and limited data collected from among six SPAs discounts the study's generalization to other SPAs. Perhaps the issues surfaced through the study are not akin to regional struggles and/or successes with foster care collaboration. The study would benefit from additional replications and/or responses from counter voices, such as foster parents and teachers. Most evident is the need for adults with disabilities to recount their recollections of special education services they received while in foster care.

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Table 1

Dimensions and Principals of Quality Collaborative Leadership

Principles	Dimensions
Leadership	Strategic thinking
	Asset-based perspective
	Professional credibility
Strategic planning	Timing the launch
	Recruiting the right mix
Stakeholder focus	Interpersonal communication skills
	Consensus building
	Diplomacy
Fact-based decision making	Data-driven leadership
Sensitivity to human resources	Psychosocial: understanding people
	Institutionalizing the worry
Managerial systems	Group process
	Resource development
	Marketing/communications
	Technological savvy
	Managerial skill
Continuous improvement	Systems thinking
	Entrepreneurism
	Vision-centered leadership
Character	Integrity

	Spirituality
	Commitment to diversity
	Charisma

Source: Rubin, H. (2002). *Collaborative leadership: Developing effective partnerships in communities and schools.* Thousand Oaks, CA: Corwin Press, Inc.