

Transition Planning for Foster Youth

by Sarah J. Geenen and Laurie E. Powers, Portland State University

Abstract

The study evaluated the IEPs/Individualized Transition Plans of 45 students who were in special education and foster care, and compared them to the plans of 45 students who were in special education only. Results indicate that the transition plans of foster youth with disabilities were poor in quality, both in absolute terms and in comparison to youth who are in special education only. The review of transition plans suggests that foster youth may often go through the transition plan process with no parent advocate or educational surrogate, that professionals have limited expectations for foster youth, and that the transition plan document often does not support accountability or serve as a road map for moving into adulthood. The importance of student-directed, meaningful transition planning, services and supports for youth in foster care with disabilities is emphasized. In addition, the need for collaborative efforts between the child welfare system and special education is discussed.

This article investigates the quality of school-based transition planning for foster youth with disabilities, a group of students who face exceptional challenges as they move into adulthood and independence. Every year, approximately 20,000 youth are discharged from the foster care system when they reach the age of majority (typically age 18). For many young people, this transition into independence is sudden, and they often enter adult life with no connection to community or family, little or no financial support, and few of the skills necessary for independent living. Many of these foster youth also experience disabilities, with data indicating that 30-40% receive special education services (Advocates for Children of New York, 2000; Courtney, Piliavin, & Grogan-Kaylor, 1995; Edmund S. Muskie School of Public Service, 2000; Geenen & Powers, in press; Goerge, Voorhis, Grant, Casey, & Robinson, 1992; Sawyer & Dubowitz, 1994). Quality transition planning is important for all youth with disabilities; it is, however, especially critical for youth exiting foster care who move abruptly into adulthood and typically have minimal resources and support from others.

Transition of Youth with Disabilities in Foster Care

Very little information exists about the transition of youth who experience *both* foster care and special education, and this area continues to be neglected by researchers. Indeed, two recent large-scale studies investigating the outcomes of foster youth aging-out of care excluded youth with developmental disabilities (Courtney et al., 2005;

Pecora et al., 2005). Some of the only data stems from the National Evaluation of Title IV-E Independent Living Programs, which noted whether youth emancipated from care had an identified disability (47%), and compared the outcomes of these youth with peers in foster care who were not designated as having a disability. The evaluation found that foster youth with disabilities were less likely to (1) be employed, (2) graduate from high school, (3) have social support and (4) be self-sufficient than youth in foster care who did not have an identified disability (Westat, 1991).

Transition of Foster Care Youth

While the transition outcomes of youth with disabilities in foster care has been largely overlooked, data is readily available for foster youth in general. Studies reveal that most youth exiting foster care are underemployed; data from California, Illinois and South Carolina indicated that youth emancipated from foster care in these states had less than a 55% employment rate and typically received

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wages that fell well below the poverty level (Goerge, et al., 2002). Youth in foster care also are less likely to be enrolled in post-secondary education (Pecora, et al., 2003), and are under-represented in college preparatory classes compared to peers with the same skills living with their biological families

(Blome, 1997). Many youth leaving the foster care system are not able to obtain needed health care services. For example, Courtney, Piliavin, Grogan-Kaylor and Nesmith (1998) found

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that 44% of youth discharged from care were not able to access the medical care they needed, the major reason being a lack of insurance coverage. Also discouraging, the National Alliance to End Homelessness found that people with a history of foster care are over-represented in the homeless population, and tend to experience homelessness at a younger age (Roman & Wolfe, 1995).

Transition of Youth with Disabilities

Similar to the trajectories of foster youth, almost two decades of research has documented that adolescents with disabilities experience major economic, social, community-based and educational challenges in their transition to adulthood. Consistent with the outcomes of youth in foster care, youth with disabilities who are transitioning into adulthood lag behind peers without disabilities in their rates of high school graduation, employment and postsecondary participation (Henderson, 2001; Wagner, Blackorby & Hebbeler, 1993; Wagner, Cameto, & Newman, 2003; U.S. Department of Education, 2002). Most recently, the National Organization on Disability/Harris Survey of Americans with Disabilities (2004) found that people with disabilities are more than twice as likely to be unemployed,

twice as likely to drop out of high school, and three times more likely to live in poverty, as compared to people without.

Legislation Supporting the Transition Planning of Youth with Disabilities in Foster Care

The poor adult outcomes of foster care youth and youth with disabilities have prompted the introduction of important legislation to improve transition planning. Within the area of special education, the Individuals with Disabilities Education Act (IDEA, amended in 2004) set forth specific requirements that an Individualized Education Plan (IEP) include a transition plan (including a description of needed transition services) beginning when a student turns 16 (Children's Defense Fund, 2005).

Within the area of child welfare, the Chafee Foster Care Independence Act (FCIA) was passed in 1999 to provide greater assistance to foster youth in this area. This support is typically given to youth through state independent living programs (ILPs) and assistance with housing (Massinga & Pecora, 2004). In addition, federal law (42 U.S.C. § 675) stipulates that youth in foster care, 16 years and older, have a written Independent Living (IL) plan that describes "the programs and services which will help such a child prepare for the transition from foster care to independent living" [42 U.S.C. § 675 (1) (D), cited in Pokempner & Rosado, 2003]. Parallel to the transition planning in special education, the IL plan is intended to address the skills and services a youth needs to become a successful, self-sufficient adult.

Effective Practices in Transition Planning

Multiple research studies and model demonstration efforts have evaluated approaches to transition planning, and a num-

ber of effective practices have been identified. These practices, along with accompanying research citations, are summarized in an article by Powers and colleagues (2005) and can be categorized into the following areas: (a) student involvement in transition planning; (b) instruction in skills such as self-determination, advocacy, and independent living; (c) student-centered career planning and

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community work experience in areas the student finds of interest; (d) assisting students to prepare for, enroll and participate in postsecondary education; (e) student participation in general education, including extracurricular activities; (f) awareness of multicultural issues in transition; (g) mentorship experiences; (h) interagency collaboration; and (i) family involvement in transition planning.

Evaluation of Transition Planning

Since legislative requirements regarding transition planning for students with disabilities have been in place, several studies have examined the extent to which plans reflect the mandates of IDEA and effective practices. While no information on the quality of transition planning exists specifically for foster youth in special education, the quality of transition planning for other populations in special education has been examined. Beginning in 1993, Lawson and Everson developed the Statement of Transition Service Review Protocol (STSRP)

to analyze the IEP transition plans of 61 students who were deaf-blind. Their evaluation found that most of the plans were nonspecific and did not contain detailed action steps for achieving goals. Over ten years later, Powers and colleagues (2005) analyzed 399 IEP transition plans using a revised version of the STSRP and similarly found that plans lacked adequate detail. Additionally, they found that transition goal areas mandated by the 1997 Individuals with Disabilities Education Act (IDEA) often were not addressed and that effective practices, such as career planning and self-determination enhancement were not incorporated within most plans. Research evaluating the quality of transition planning for students in special education is summarized in an article by Powers and colleagues (2005); generally however, studies conducted since 1993 reveal that, across school districts and disability groups, IEP transition plans were generally vague, often did not address important areas of transition, and rarely reflected effective practices.

These previous studies provide important information regarding the status of transition planning; however, they have not explored whether the quality of transition planning differs for youth in foster care. While meaningful transition planning is important for all youth in special education, it is critical for foster youth with disabilities who, when they reach the age of majority, are suddenly expected to function independently as adults with little to no family, financial, or community support. The current study examines two major research questions:

1) To what extent does transition planning for foster youth in special education (as evidenced by the transition

plans described in IEPs) incorporate the Amendments of IDEA 1997 and effective transition practices?

2) To what extent does the quality of transition planning differ for foster youth in special education as compared to youth who are in special education only?

Method

Subjects and Setting

The Oregon Division of Human Services (DHS) Child Welfare (the state foster care program) and the Oregon Youth Authority (which has a separate foster care program for youth involved in the juvenile justice system) identified all foster care youth, age 16 through 21, whose zip codes fell within a large urban

Effective practices were coded as present if there was any indication that the student had been exposed to them in the past or if they were described in the current plan.

school district in Oregon that serves approximately 57,000 students. One hundred and eighty foster youth were identified, and the names and birth date of each youth were forwarded by the agencies to the school district. Using this information, school staff attempted to match each youth with his or her school student identification number and to determine which youth received special education services. Among the 180 youth identified by DHS and OYA, the school district was able to locate identification numbers for 164 students, of which 148 were currently enrolled. Forty-five of these foster youth (30%) were enrolled in special education and comprised the Foster Care Group (Group 1) for the study. According to the school district, 23 (51.1%) of the foster

youth in our sample had a primary disability of emotional disturbance, 9 (20.0%) had a learning disability, 8 (17.8%) had a physical disability (i.e., orthopedic, hearing and/or vision, other health impaired) and 5 (11.1%) had a cognitive disability (mental retardation, autism).

A comparison group of 45 students, age 16 through 21, who were in special education only (not in foster care) was also selected, comprising the Special Education Only Group (Group 2). The goal was to have the Special Education Only Group resemble the Foster Care Group in terms of disability so that this could be ruled out as a factor if the analyses revealed any between group differences. Stratified sampling was used to select the comparison group, assuring that Groups 1 and 2 had approximately equal proportions of students with emotional, physical, learning, cognitive and communication disabilities. Thus, in the Special Education Only Group, 22 (48.9%) of the youth had a primary disability of emotional disturbance, 10 (22.2%) had a learning disability, 9 (20.0%) had a physical disability and 4 (8.9%) had a cognitive disability.

Pearson Chi-Square analyses revealed no significant differences between the two groups in terms of gender, ethnicity or grade level. Forty (44.4%) of the students were females and 50 (55.6%) were males. The racial/ethnic characteristics of the students were: 52 (57.8%) European American, 31 (34.4%) African American, 5 (5.6%) Hispanic, 1 (1.1%) Asian American, and 1 (1.1%) American Indian. With respect to grade level, 1 (1.1%) of the students was in 8th grade, 4 (4.5%) were in 9th grade, 18 (20.5%) were in 10th grade, 34 (38.6%) were in 11th grade, 28 (31.8%) were in 12th grade and 3 (3.4%)

were post-12th grade or in a transition program.

District personnel pulled and copied the student's Individualized Education Plans (IEPs), which contained their Individualized Transition Plans (ITPs). When the study was conducted, the school district included the ITP as an attachment to the IEP. Copies were provided to researchers after all identifying information (e.g., birth date, address, names) had been concealed. Among the Foster Care Group, 4 (8.9%) of the IEPs were missing transition plans (ITPs), while none of the IEPs in the Special Education Only Group were missing any ITPs.

Instrumentation

A revised version of the Statement of Transition Services Review Protocol (STSRP) [Lawson & Everson, 1993] was used to evaluate each IEP and ITP. Modifications to the STSRP made for the current study included expanding the range of ITP goals to include all transition areas identified in IDEA 1997, with additional detail gathered about sub-goal areas related to independent living (i.e., housing, transportation, health and medical, and community participation (i.e., community recreation and leisure; see Table 1). The adapted protocol also collected additional information found on the IEP, such as projected diploma type. Transition plans were evaluated using requirements outlined in IDEA 1997, as IDEA 2004 did not take effect until 2005.

Similar to the original STSRP, the quality of the transition goals was rated. In addition, two indicators, labeled "Implementation" and "Utility" were added to gather information regarding the quality of action steps. "Implementation" was used to evaluate the level of detail provided in the actions steps; it was assumed that more

specific action steps would improve program fidelity. "Utility" was used to evaluate the relevance of the action step and thereby usefulness in assisting the student in achieving the identified goal. For example, if a student's goal was to be a math major in college, an action step for that goal to perform a janitorial work experience was rated as having low utility. Both "Implementation" and "Utility" were rated on a scale that ranged from 0 to 3, where a 0 reflected the absence of any goal-related activities, and a 3 represented a strong likelihood that the action step(s) would be implemented and/or result in the desired goal.

The STSRP was also revised to collect information about effective practices such as participation in extracurricular activities or mentoring opportunities and training in person centered career planning or self-determination. Thus, transition plans were reviewed for any evidence of practices, strategies or model programs that, according to the literature reviewed earlier, promotes successful transition outcomes. Information on the student's work history (types of paid or unpaid work experience listed on the ITP) and career goals was collected in order to assess whether work experience reflected disability stereotypes and/or student interests.

Finally, the STSRP was revised to gather information on the extent to which the transition plans acknowledged issues or services specific to youth in foster care, such as connection to Independent Living Programs, specific college scholarship programs for foster youth, emancipation from child welfare, coordinated transition planning between systems, and case worker/educational surrogate/foster parent involvement in planning.

A detailed coding manual

was developed to assist the researchers in coding the IEPs and ITPs. Goals, effective practices, and other items were coded as present if there was *any* reference to it in the IEP/ITP. Effective practices were coded as present if there was any indication that the student had been exposed to them in the past or if they were described in the current plan. One-third (30) of the plans were coded by two independent raters. The average inter-rater agreement was 85.8% across all items.

Results

Targeted Goal Areas

Twelve goal areas that matched IDEA's mandates (e.g., post-secondary education, integrated employment, independent living) or representing sub goals related to these mandates (e.g., independent living related activities such as transportation, housing, and health and medical) were identified. Youth in the Foster Care Group had, on average, goals in 4.64 of the twelve transition areas. Summing across all domain areas and foster youth, a total of 209 goals were identified and coded. Table 1 presents the number and percentage of ITPs that reflected a particular goal area. The area of transportation had the most goals identified; areas of adult education and community participation had the fewest.

COMPARISON TO THE SPECIAL EDUCATION ONLY GROUP.

Significant differences were found between students in Foster Care (Group 1) and Special Education Only (Group 2) in the frequency of goals listed for the areas of post secondary education ($\chi^2 = 8.43$, $df = 3$, $p < .05$), and independent living skill development ($\chi^2 = 8.93$, $df = 3$, $p < .05$). Students in the Foster Care Group were significantly less likely than the Special Educa-

Table 1.
Number/Percent of ITPs Reflecting a Particular Goal Area

Outcome Area Reflected in ITP	Foster Care and Special Education n=45 IEPs (209 goals) No. (%)	Special Education Only n=45 IEPs (263 goals) No. (%)	Total N=90 IEPs (474 goals) No. (%)
<i>Postsecondary education</i>			
Goal included*	14 (31.1)	27 (60)	41 (45.5)
Goals detailed	1	4	
Goals adequate	10	11	
Goals minimal	3	12	
<i>Vocational training</i>			
Goal included	8 (17.8)	8 (17.8)	16 (17.8)
Goals detailed	0	0	
Goals adequate	1	2	
Goals minimal	7	6	
<i>Integrated employment</i>			
Goal included	31 (68.8)	33 (73.3)	64 (71.1)
Goals detailed	1	4	
Goals adequate	12	7	
Goals minimal	18	22	
<i>Adult education</i>			
Goal included	0 (0)	2 (4.4)	2 (2.2)
Goals detailed	0	0	
Goals adequate	0	0	
Goals minimal	0	2	
<i>Adult services</i>			
Goal included	21 (46.7)	23 (51.1)	44 (48.9)
Goals detailed	0	3	
Goals adequate	10	11	
Goals minimal	11	9	
<i>Independent living skills</i>			
Goal included*	7 (15.5)	21 (46.7)	28 (31.1)
Goals detailed	0	0	
Goals adequate	3	6	
Goals minimal	4	15	
<i>Housing</i>			
Goals included	26 (57.8)	21 (46.7)	47 (52.2)
Goals detailed	1	1	
Goals adequate	10	12	
Goals minimal	15	8	

Table 1, continued.
Number/Percent of ITPs Reflecting a Particular Goal Area

Outcome Area Reflected in ITP	Foster Care and Special Education n=45 IEPs (209 goals) No. (%)	Special Education Only n=45 IEPs (263 goals) No. (%)	Total N=90 IEPs (474 goals) No. (%)
<i>Recreation and Leisure</i>			
Goal included	26 (57.8)	35 (77.8)	61 (67.8)
Goals detailed	1	3	
Goals adequate	7	12	
Goals minimal	18	20	
<i>Community Participation</i>			
Goal included	1 (2.2)	1 (2.2)	2 (2.2)
Goals detailed	0	0	
Goals adequate	0	0	
Goals minimal	1	1	
<i>Transportation</i>			
Goal included	33 (73.3)	40 (88.9)	73 (81.1)
Goals detailed	0	7	
Goals adequate	12	16	
Goals minimal	21	17	
<i>Health and medical</i>			
Goal included	29 (64.4)	34 (75.5)	63 (70.0)
Goals detailed	2	5	
Goals adequate	11	11	
Goals minimal	16	18	
<i>Other</i>			
Goal included	13 (28.9)	18 (40)	31 (34.4)
Goals detailed	0	0	
Goals adequate	4	4	
Goals minimal	9	14	

*p<.05; **p<.01

tion Only Group to have a goal listed around post secondary education (31.1% vs. 60%) or independent living skills (15.5% vs. 46.7%). Though not all differences were statistically significant, it should be noted that in nine of the twelve transition areas, the Foster Care Group had fewer goals than the Special Education Only Group. Summing across all domain areas, youth in the Foster Care Group had fewer goals (209) than stu-

dents in the Special Education Only Group (263); the average number of goals for students across the 12 transition areas was 4.64 in the Foster Care Group and 5.84 in the Special Education Only Group. A comparison using a two-tailed t-test revealed that this difference was significant ($p<.05$). Five students in the Foster Care Group had no goals listed on their transition plan; this was the case for 1 student in the Special Educa-

tion Only Group. As previously mentioned, 4 students in the Foster Care Group had no transition plan document; thus 20% (9) of youth in this group had no transition goals.

Analysis of Transition Goals

Table 1 shows a summary of ratings of goal quality for each transition area. Only 2.9% of the goals among the foster care sample were rated as exceptionally detailed, 38.2% of the goals

were rated as adequately detailed, and 58.9% of the ITP goals in the Foster Care Group provided minimal information on what was to be achieved. Twenty-nine percent of all goals in the Foster Care Group had evidence of student desires or interests. Only one plan referenced accommodations needed by a student to achieve a goal.

When a goal was listed in the Foster Care Group, it was accompanied, on average, by

The presence of a caseworker appeared to have a positive impact on the overall quality of the transition plan.

1.28 action steps for accomplishing it. No action steps were listed for 31.6% of the ITP goals in the Foster Care Group. The health and medical area appeared to be the most problematic, with almost half (48.3%) of the goals listed in this domain having no plan for attainment. When action steps were present, they were typically rated as having low implementation feasibility and relevance: the mean implementation rating for the Foster Care Group was 1.03; the mean utility rating was 1.13, as displayed in Table 1.

School personnel were designated as responsible for an action step for 42.6% of goals in the Foster Care Group, child welfare professionals (e.g., a caseworker) were assigned an action step in 32% of goals and a family member was listed for an action step in 34.4% of goals. In forty percent of the cases in which a caseworker was designated as responsible for an action step, no child welfare professional had attended the IEP/TP meeting. Similarly, within the Foster Care Group, half the cases in which a family member was assigned an action step, there was no evidence that a family member had attended

the IEP meeting. The student was identified as responsible for carrying-out 87.1% of the action steps; over 25% of the time, the student was the *only* one designated (in other words, the student was listed as the sole person responsible for working towards a goal). Twenty percent of the goals listing the student as responsible for an action step lacked the student's signature on the IEP/TP; suggesting that the youth had not attended the meeting. Vocational rehabilitation staff were assigned an action step for only 2 of the 209 goals in the Foster Care Group. Four percent of the goals in the Foster Care Group had no one assigned to an action step. In regards to time line for completing a particular goal, only 6.8% of the goals identified a specific target date; 10.1% of the goals had no timeline for completion, 41.8% described the timeline as ongoing, and 41.3% of the goals listed the next IEP as the target date for goal achievement.

COMPARISON TO THE SPECIAL EDUCATION ONLY GROUP.

As expected, no transition plans in the Special Education Only group listed a child welfare professional (e.g. caseworker) as responsible for an action step. Otherwise, no significant differences were found.

IEP/ITP Meeting Participants

The signature line of the IEP/TP was reviewed to gather information on whether the student, an advocate (i.e., family member, foster parents, or educational surrogate), school personnel and agencies outside the school system participated in the planning process. Youth in foster care were present for their IEP/TP meeting 71% of the time. A general education teacher was involved in 46.7% of the Foster Care Group's IEP/ITPs; this figure was higher for special education teachers

(75.6%). Participation rates for school administrators, transition specialists, and school psychologists were 60%, 28.9% and 15.6% respectively. The ITPs of the Foster Care Group indicated that an advocate (i.e. family member, foster parent or educational surrogate) was present less than half the time (42.2%).

In the Foster Care Group, a child welfare caseworker was present 31% of the time. The presence of the caseworker appeared to have a positive impact on the overall quality of the transition plan. For example, over forty-two percent (42.9%) of Foster Care Group's ITPs referenced the Chaffee Independent Living when a caseworker was present for the IEP/TP meeting; this figure dropped to 16% when the caseworker was absent. Additionally, while very few transition plans addressed a foster youth's eventual emancipation from the child welfare, they were more likely to do so if the caseworker was present (3.2% vs. 6.5%). Furthermore, a foster youth's transition plan was also more likely to mention his or her employment goal(s) if a

None of the plans made reference to a student's cultural values or background, or indicated that the student would receive individualized financial or other resources.

caseworker was present for the meeting (57.1% vs. not (32.2%).

COMPARISON TO THE SPECIAL EDUCATION ONLY GROUP.

Results indicate that foster care youth are much less likely than youth in special education only to have an advocate (i.e., family member, foster parent or educational surrogate) present at the meeting ($\chi^2 = 8.43$, $df = 3$, $p < .05$). As mentioned above, an advocate was present for less than half (42.2%) of the IEP/TP

meetings with foster youth, while this figure was much higher for the Special Education Only Group (69%).

Reflections of Effective Practices

Transition plans were coded for any mention of "effective practices," strategies or model programs that, according to the literature reviewed earlier, promotes successful transition outcomes. Overall, the transition plans of youth in the Foster Care Group reflected little in the way of exposure to valued approaches: 11.1% indicated that the student was active in school-based extra-curricular activities, 4.4% suggested that the student had received or would be receiving training on self-determination, 6.7% of plans had evidence of student involvement in person centered or career planning, 2.2% documented student training around how to request services, and 4.4% of the plans specified that the student was involved in mentoring activities. None of the plans made reference to a student's cultural values or background, or indicated that the student would receive individualized financial or other resources.

Forty-two percent of the plans in the Foster Care group described a youth's work experience and 40% mention a student's employment goals. However, 64.7% of the employment experience was rated by coders as disability stereotypic, while in contrast, only 10% of the group's career goals were rated this way. When both an employment goal and work experience was specified on a transition plan (total = 12), coders rated the congruence between the two based on whether a goal and work experience fell in the same career area. Work experience was rated as consistent with a student's employ-

ment goals in only 3 cases (25%).

Diploma Type

According to the IEPs reviewed, 28.2% of the students in the Foster Care Group were expected to graduate from high school with a standard diploma, 59 % were expected to exit with a modified diploma and the projected type of graduation diploma was not indicated on 12.8% of the IEPs.

COMPARISON TO THE SPECIAL EDUCATION ONLY GROUP.

A comparison of the groups using chi square reveals that youth in the Foster Care Group are significantly more likely than the Special Education Only Group to be slotted for a modified diploma ($\chi^2 = 11.81$, $df = 3$, $p < .01$), despite the two being

The study indicates that foster youth with disabilities are designated for a modified diploma at more than twice the rate of students with disabilities not in foster care.

similar in terms of disability type. In contrast to the percentages presented above for foster youth, 63.6% of the students in the Special Education Only Group were anticipated to graduate high school with a standard diploma, 27.3% were predicted to exit with a modified diploma and the projected type of graduation diploma was not indicated on 9.1% of the IEPs.

Recognition of Foster Care Issues

Transition plans were reviewed for any acknowledgement of foster care issues, such as collaboration with child welfare around transition planning, youth accessing foster care Independent Living Programs, or recognition of a youth's likely emancipation from child welfare. Unfortunately, the coding of ITPs revealed very little awareness of

the unique experiences, opportunities and challenges foster youth may encounter. None of the ITPs made any reference to the transition planning process that occurs through child welfare. The birth dates of youth in the Foster Care Group revealed that 22 youth were turning 18 before their next scheduled IEP meeting. However, only 3 of these youth had any discussion in their transition plans about the need to prepare for the discharge from child welfare. Thus, for the 19 youth who would likely exit the foster care system before their next IEP meeting, there was no plan for how they would make this important and abrupt transition to independent adult life, or any recognition that the student would experience a change in living arrangement and possibly schools as well.

Only 11 of the 45 plans in the Foster Care Group made any reference to the Chaffee Independent Living Program. Thus, over 75% of the plans failed to mention this resource and the training around independent living skills this program could potentially offer foster youth. Based on review of the IEP/TP meeting notice, the caseworker was invited to 40% of the IEP/TP meetings (18 of the 45). The IEP/TP attendance rate of the caseworker when s/he received an invitation to the meeting was 61.1% (11 out of 18). When no invitation was sent, the caseworker attendance rate dropped to 11.1% (3 out of 27).

Discussion

Overall, the findings indicate that the transition plans of foster youth with disabilities are poor in quality, both in absolute terms and in comparison to youth who are in special education only. The review revealed that youth in the Foster Care Group had significantly fewer

goals described on their transition plans than did youth in the Special Education Only Group. In particular, youth in the Foster Care Group were significantly less likely to have goals listed around independent living skills and post secondary education; only 31% of the plans had a goal around college or trade school, and 16% contained a goal

It is concerning that only 16% of youth in the Foster Care Group had a goal listed around developing independent living skills.

around developing skills for living on one's own (e.g., meal preparation, laundry, shopping, managing a budget). Especially concerning, 20% of youth in the Foster Care Group had no goals listed at all.

An analysis of the transition goals found that youth in the Foster Care Group tended to have goals that were poorly detailed and vague, which were accompanied by an average of one action step. Additionally, almost one-third (31.6%) of these goals had no action steps listed; thus, there was often no plan for achieving a particular outcome. Goals around health and medical issues (e.g., obtaining health insurance, findings an adult health care provider) were most problematic, with almost half (48.3%) listing no plan for attainment. Only 6.8% of the goals in the Foster Care Group listed a specific target date for completion.

Approximately 29% of the time, foster youth were not present at their IEP/TP meeting. While a substantial number of youth did not participate in the meeting, they are often the one listed as responsible for working on a goal. Twenty-two percent of the time a foster youth was the *only* one designated. As concerning, an advocate (e.g., a family member, foster parent or educational surrogate) was absent for the major-

ity (57.8%) of IEP/TP meetings involving a foster youth. Advocate involvement was significantly stronger for youth in Special Education Only Group. A foster youth's caseworker was present 31% of the time; his or her attendance rate improved significantly when the school sent an invitation to the meeting. It should be noted that in 40% of the cases in which a caseworker was designated as responsible for an action step, no child welfare professional had attended the IEP/TP meeting. Similarly, in half the instances in which a family member/foster parent/educational surrogate was listed as responsible for working on a goal, there was no evidence the advocate had been present for the discussion. It is also important to emphasize that when caseworkers were present, the plans appeared more responsive to foster care issues, such as emancipation from care and connection to Independent Living Programs. None of the ITPs acknowledged the transition planning that occurs through child welfare.

The transition plans of foster youth examined in this study reflected little in the way of exposure to effective practices, ranging from a low of 2.2% for training on how to request services to 44% for identification of student employment goals. Less than 5% of IEPs/TPs referenced training around self-determination. Employment experience, when described on the plans, was typically disability stereotypic (thus, low wage jobs with little opportunity for advancement) and incongruent with a young person's career goals.

Compared to the Special Education Only Group, youth in the Foster Care Group were more than twice as likely to be slotted for a modified rather than standard diploma.

Implications for Future Research

The study indicates that foster youth with disabilities are designated for a modified diploma at more than twice the rate of students with disabilities not in foster care. Students in special education who receive a modified diploma can continue receiving school services until the age of 21. In Oregon (and many other states) youth may remain in foster care as long as they are receiving school services (even if they pass the age of 18). Thus, it is possible that youth are being directed towards a modified diploma as a means of delaying their discharge from child welfare. However, it is likely that other factors, such as lack of parental advocacy and a failure to acquire needed credits towards graduation because of frequent school changes, are contributing to this difference as well, and this area needs to be further investigated.

We were able to retrieve the transition plans that were created through child welfare for a small number of students (5) in our Foster Care Group. A comparison of the plans created through special education and child welfare revealed very little overlap, a duplication of services, and sometimes, youth having transition plans that went in different directions.

While there are new resources available to help youth in foster care attend college, we must focus on helping them get there.

Future research should investigate more extensively and systematically the congruence of transition plans created through these two separate systems, and identify opportunities for resource leveraging and greater synthesis.

This study provides an initial picture of the quality of

school-based transition planning for foster youth in special education. The sample was selected from one urban school district in Oregon, and further investigation is needed regarding the quality of transition planning for these youth in other parts of the country and in rural areas.

Limitations

Several limitations exist that should be considered when interpreting the study's results. First, our sample involved students from one urban school district, which limits the generalizability of the findings. Secondly, it is likely that what was written on the IEP/ITPs does not reflect the full range of transition supports that students were provided. It is quite possible that much of the educational and transition support provided to students is not described in IEP or ITP documents. However, while this may be the case in many instances, it is also true that the IEP and ITP documents provide the only formal, tangible and legally binding record of a student's transition activities, services and supports. Thus, these documents function in essence, as a contract, and, if required or effective transition activities are not described, they cannot be inferred to be happening. Thirdly, the use of signatures on the IEP/TP as evidence of participation also warrants qualification. While all members of the IEP/TP meeting are asked to sign the transition plan in order to document

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their attendance and participation in the meeting, it is possible that some participants were present but failed to sign. However, given the importance IDEA places on inter-agency collabora-

tion and parent involvement, we believe it is unlikely that educators would fail to get the signatures of non-school participants attending the meeting.

Implications for Practice

Despite the study's limitations, there are a number of implications that can be drawn from the study to inform practice and improve transition planning for youth with disabilities in foster care.

DEVELOP TRANSITION PLANS THAT MATTER.

While the IEP transition plans of foster youth could, potentially, provide an important roadmap between school and adult life, overall the plans appeared to reflect perfunctory paperwork. The feasibility of the plans was questionable, given their lack of detail, and in general the plans did not support accountability. Adolescents in foster care face a dramatic and very real exit from child welfare and if transition planning is to have a meaningful impact, we must focus on helping students achieve success as adults, rather than on the mechanics of simply getting a plan done.

HELP FOSTER YOUTH PREPARE FOR COLLEGE.

On January 17, 2002 the "Educational and Training Vouchers for Youths Aging Out of Foster Care" (ETV) amendment was signed into law (PL 107-133). This amendment, part of the Promoting Safe and Stable Families Amendments provides direct funds to assist youth leaving care with their post-secondary education (Massinga & Pecora, 2004). However, while there are new resources available to help youth in foster care attend college, we must focus on helping them get there. Professionals need to expose foster youth with disabilities to post-secondary opportunities, and provide them with the commitment and support necessary to make these opportunities a reality.

FOCUS ON SKILLS NECESSARY FOR INDEPENDENT LIVING.

It is concerning that only 16% of youth in the Foster Care Group had a goal listed around developing independent living skills. This is an area of critical importance for youth who need to prepare for their marked emancipation from foster care. Their abrupt shift into complete independence does not support the important learning that typically happens by trial

Most ideally, the transition planning that occurs through the schools should be coordinated with the transition planning that happens in child welfare, resulting in one collaborative, student-directed plan.

and error as one transitions into adulthood over time. Furthermore, while many youth are taught important skills for adult life (e.g., shopping, laundry, cooking) by their families, many foster youth, because of their removal from their biological family and mobility within the foster care system, do not have this opportunity. Thus, it is critical that youth exiting care be exposed to these skills. Ideally, the training schools provide around independent living should be linked to the services provided through Independent Living Programs.

APPOINT AND TRAIN EDUCATIONAL SURROGATES.

The Individuals with Disabilities Education Act (IDEA) requires that parents be involved in special education planning and decision-making. IDEA further stipulates that when the biological parent is unavailable (e.g., as is the case when a child is the "ward of the state") an educational surrogate must be appointed by the school district in a timely fashion. IDEA 2004 includes language that permits schools to automatically assign

the role of educational surrogate to long-term foster parents (Children's Defense Fund, 2005). However, schools should still give thoughtful consideration to the appointment process as foster parents may not be fully aware of and prepared to meet the level of commitment and involvement required. Additionally, when a youth changes foster homes, s/he then experiences a change in educational advocate as well and lacks a caring adult who can consistently advocate for his or her educational needs over time. In some cases, a birth parent, family member, or Court Appointed Special Advocate should be considered to provide greater continuity and once designated, educational surrogates should receive training around the special education process and their rights.

Collaboration between child welfare and education.

Our sampling methodology (child welfare agencies first identifying youth in foster care and transmitting this information to the school district for determination of special education status) was used because the school district and child welfare could not identify this group from their own records. Educators need basic information about which students are in foster care and child welfare professionals need to have information about a youth's disability and involvement in special education. Legislative barriers, such as the Family Education Rights and Protection Act (FERPA), that make this exchange of information difficult, should be addressed. In addition, there is a strong need for school staff to be sensitized to the unique issues, services and supports surrounding youth in foster care. The school based transition plans evaluated in this study made little or no ref-

erence to the transition planning and services offered through the Chaffee Foster Care Independence Act.

The plans also suggested a pervasive lack of awareness regarding young people aging out of care, and the educational challenges this can create. Having case workers attend the IEP/TP meeting appears to be useful in helping educators understand and develop plans that are responsive to the experience of foster youth. While IDEA 2004 does not specify a clear role for caseworkers in the special education process (other than stipulating that the caseworker cannot serve as the educational surrogate because of potential conflict of interest), this study shows that the presence of the caseworker can result in improved school-based transition planning. Most ideally, the transition planning that occurs through the schools should be coordinated with the transition planning that happens in child welfare, resulting in one collaborative, student-directed plan. An important first step educators can take is to invite child welfare professionals to the IEP/TP meeting. As this study demonstrated, this simple step appears to encourage caseworker involvement in the special education process, but, may often be overlooked.

Approximately 40% of youth in foster care receive special education services and many others could be eligible. If we do not seriously attend to transition planning for these youth, who will be on their own after leaving school, they are at high risk to transition into homelessness, incarceration and poverty. Transition planning is an investment approach for helping all young people to move into successful adult life; for foster youth, it can be a lifeline. We must not let these youth down.

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Correspondence about this article may be sent to Dr. Sarah Geenen, Portland State University, P.O. Box 751, Portland, OR 97207. Electronic mail may be sent to geenens@pdx.edu.