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The Circle of Care: Supporting the Academic Achievement of Students Who Reside in Group Homes

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LOYOLA MARYMOUNT UNIVERSITY

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by

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This dissertation written by Shannon Malone, under the direction of the Dissertation Committee, is approved and accepted by all committee members, in partial fulfillment of requirements for the degree of Doctor of Education.

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I would also like to thank my participants. I know that they share my passion for supporting our students who live in group homes, being at times some of our most vulnerable students. Hopefully, this work will add to the excellent work that is already being done in the Foster Youth Consortium. This work is not easy, and I truly appreciate those who willingly and ferociously advocate for the children.

Finally, I would like to thank the many students whose stories inspired me to take this journey. I want to acknowledge that their struggles have not gone unnoticed. My hope is that they continue to live their lives out loud even if the messages that they receive from the world is to quiet down. They must keep shining the light on our inadequencies, pushing us to maintain

ourselves in a constant state of evolvement into better educators, better caregivers, and better

versions of ourselves.

DEDICATION

I dedicate this dissertation to my family who has always lifted me up. I know that I stand on the shoulders of my mother, Rita Woodson; my grandparents, Charlie and Lurlean Salter; and all of my ancestors who came before them. Thank you for believing in me. You have made me strong enough to guide my daughters, Dyese and Isoke, who also supported me and encouraged me through the completion of this work. I love all of you. We are the dream. For the people . . .

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ABSTRACT

The Circle of Care:

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According to data published in 2018, approximately 20,000 children resided in group homes across the United States. By the nature of their situations, living outside of their familial homes, these children are experiencing trauma while trying to participate in typical childhood activities, such as making friends and attending school. Children who reside in group homes are foster youth. Foster youth consistently show low levels of academic achievement (Vacca, 2008). Children who reside in group homes have many service providers that are responsible for their care, including teachers, social workers, therapists, group home staff; these people make up the child's *circle of care*. The purpose of this study was to explore how the service professionals within the circle of care support the academic development of students who reside in group homes and how existing strategies can be improved. Data were collected through semi-structured interviews and analyzed using thematic analysis. Weick's (1976) concept of loosely coupled systems in education was used to theorize the connections between service providers and identify opportunities for improved collaboration. Results showed that all members of the circle of care need to work together more closely to appropriately support these students, especially those members who work for the group homes and the schools. All members of the circle of care need more training in trauma informed care and the laws that allocate resources and direct the care for children who reside in group homes.

CHAPTER 1

INTRODUCTION

During my time as an elementary school principal, a young man enrolled in my school as a fourth grader. The student was a foster youth who resided in a local group home. I introduced myself and let him know that I was here if he ever needed a place to take a break. This was the school's procedure for welcoming new students who resided in a group home due to our previous experiences. We learned that enrolling in a new school was at times overwhelming for group home youth and that they would, at times, need space to self-regulate. I gave him a new backpack with some supplies for his first day. He was assigned to my only fourth grade teacher, who welcomed him and gave him a place to sit. After recess, this student refused to go back into his classroom. Instead of going back into class, this student roamed the hallways.

Roaming the hallways became this student's daily routine. He did not like staying in one place, which made it difficult to supervise him. He did not like being followed, but we had to keep an eye on him. When he noticed that members of my staff were following him, he would get angry and try to hide. He would sometimes yell and tell people to leave him alone. I explained to him that we could not leave him alone and that it was our job to keep him safe.

This student avoided interaction with his grade level peers. He would not go outside during his grade level's recess and lunch times. He would rather be outside with the younger students. Unfortunately, he played too roughly to be with the younger students. He would take their playground equipment and hoard it, not allowing the other children access to activities that required balls and other playground equipment. As we were trying to keep him off of the playground, we tried to explain that it was our job to keep other students safe as well. But when

we would redirect him, he would get angry and throw tantrums that usually resulted in destruction of school materials. Sometimes he would cry so loudly, we could hear him throughout the building. He would also engage in self-harm behaviors like walking out into the street when cars were coming and banging his head into glass display cases.

Our entire site worked together to support this student. His teacher would speak to him and try to get him to enter her class everyday. Our behavior aide would have snacks for him because of his tendency to take food from the cafeteria at inappropriate times. We all knew his routine and kept our eyes open to make sure he was not leaving the campus. This was an effort to give him some space while trying to keep him safe at the same time.

Our campus housed a Special Education Class that was designed to support students who were transitioning from a highly restrictive and therapeutic site to a general education setting. He was willing to enter that classroom and attempt to work. Unfortunately, this was against the rules because it was a Special Education classroom and this student did not have an Individualized Educational Plan (IEP), which meant he had not been assessed and designated as a student who should receive special education services. Yet, the teachers and instructional aides in that class wanted to help this student. After a trial run, we had to remove him from the class because he was not getting along with the other students and was throwing tantrums when he was being prompted to work.

His usual response to work was refusal. We were convinced that this student could not read or write based on the minimal amount of work that he produced in the Special Day class. He had poor penmanship and unintelligible responses to questions. Even though completing his

schoolwork was important, we were more concerned with his mental status because we felt it was holding him back from engaging in educational activities.

His group home staff was as helpless as we were. They did not know how to support the student, nor did they have staff available to send to our site to support him at school. The only way they would come on site for support was if we were suspending the student. This was not helping the student.

Our staff decided that this student needed more support and requested that he be assessed for special education services. In order to begin this process, we needed a parent or an educational rights holder to sign paperwork. His parents were no longer a part of his life and we did not know who his educational rights holder was. The special education resource teacher began to investigate this student's educational journey to find the information we needed to move forward.

We found out that this student had lived in 11 different placements in his lifetime. His mother died when he was three. He had been physically and sexually abused. Some of this abuse took place during his time in child welfare placements. In his other schools, he was not given mental health services nor was he recommended for special education services. This was due, in part, to the fact that he never stayed in one place long enough to begin a plan to support him. We made it our goal to get this student support before he left us.

After approximately seven months, and bypassing a few rules, we were able to get this student to a supportive learning environment. It was not on my campus. It was at the restrictve, therapeutic site where he would have access to therapists throughout the school day, a classroom

with a small student population and a low teacher to student ratio, and modified lessons that will address his academic needs.

I visited this student months later at this site. When I saw him, he brought an essay that he had written and read it to me. This blew me away because he was able to read and write at a level well beyond our assumptions. After that visit, all I could think about was all of the time we, the adults, wasted. It took us close to seven months to get this student assessed and placed in an environment where he could experience success. He could have been in a place of learning much sooner if we were better prepared to support his mental health and academic needs. Bureaucracy, policies, and failed systems got in the way of supporting this student more quickly and efficiently.

As the principal of a school, my main job is to create an environment that supports the academic growth of all students. In this case, I felt that the proper resources were not in place to do my job. I also felt disconnected from the other service providers that were supposed to be supporting this student. In lieu of parents, I assumed that the group home staff would fulfill the duties that a parent would when the child's school reaches out. I thought that the child's social worker would be easy to reach. I had an expectation that the child's clinician or therapist would communicate with the school on a regular basis, suggesting ways to support the student. The connections between us, the service providers, were not viable.

Since this child at the time was not designated as a Special Education student and did not have an Individualized Educational Plan (IEP), there was nothing forcing the child's support providers to meet and discuss ways to minimize behaviors that keep him from attending class and engaging in academic endeavors. This child, with all of these service providers assigned to

his case, was not adequately supported while at school, behaviorally nor academically. School staff and his other service providers were not acting as a team to support this student. We were involved in disconnected attempts to fulfill this student's needs.

This experience led me to want to better understand the systems in place to support students living in group homes like the young man described in this story. In this chapter, I present background information on the foster system in the US, including group homes that house foster youth not placed within familial settings. I will also describe the many support providers who are working on behalf of these students. Following this background information, I will describe the design for a qualitative study aimed at understanding the role of support providers within a students' "Circle of Care" in supporting their academic success.

Background

Foster Youth

Unfortunately, in our world, children can lack the support that they need in their homes and within their family units to be properly cared for. In 1974, the federal government enacted legislation called the *Child Abuse Prevention and Treatment Act (CAPTA)* (1974)*. This law provided funding and guidance to states for the prevention of child abuse (U.S. Department of Health and Human Services [HHS], 2017). Through the Children's Bureau, a branch of the U. S. Department of Health and Human Services (HHS), *CAPTA* (1974) also supported the tracking of data concerning children entering, remaining in, and exiting the child welfare system. *CAPTA* (1974) has been amended many times to include topics such as domestic violence and sex trafficking as a way to support the children who are affected by these forms of neglect and abuse.

State government officials are responsible for operationalizing this legislation with the help of federal funding provided by *CAPTA* (1974).

Since the enactment of *CAPTA* (1974), state officials have worked to secure the safety of all children. In any given year since 2013, approximately 400,000 children have been placed outside of their homes due to child welfare issues within the United States according to the data presented in the most current *Adoption and Foster Care Analysis and Reporting System (*AFCARS*) Report*, No. 25 (U.S. Department of Health and Human Services [HHS], 2018). HHS produces the annual AFCARS report that contains information about children who enter, remain in, and exit the foster care system. This database tells us about the placements of children once they are removed from their homes and became part of the foster care system. With approximately 250,000 children both entering and exiting the system in each year since 2013, between 600,000 and 700,000 children nationally are part of the foster care system every year (HHS, 2018).

Children who are removed from their homes are put in temporary placements. Most out-of-home placements are intended to be temporary. The goal is always to either reunite the children with their parents or other relatives or find them an adoptive family. These goals are reflected in a child's permanency plan. If the options of reunification or adoption are determined as impossibilities, then the goal stated in the child's permanency plan will be emancipation from the foster care system (U.S. Department of Health and Human Services [HHS], 2013). According to the 2018 AFCARS report, more than half of the youth exiting foster care in the fiscal year 2017 reunited with their parents or found permanent placement with family members

(HHS, 2018). Approximately one quarter of the children were adopted. Less than 10% were emancipated.

In 2017, approximately 267,000 children entered the foster care system nationwide. Sixty-two percent of the children were removed due to neglect which is defined as the failure to provide a child with necessary care and protection (HHS, 2018). Other reasons like parental drug abuse (36%) or physical abuse (12%) can overlap with neglect as the reasons why children were removed from their homes (HHS, 2018).

In 2014, there were 56,771 children in foster care in the state of California (Child Trends, 2014). According to these numbers, the state of California supported and cared for approximately 14% of the nation's foster youth. Table 1 shows the racial and ethnic breakdown of foster youth in California. The content of the table shows two unusual proportions. Most of the percentages of children in foster care compared to the percentage in the general population is similar. Yet, there is a distinct disproportionality in the percentage of African American children in foster care with African American children representing only five percent of the general child population in California, but 19% of the population of children in foster care (Child Trends, 2014). The other inconsistency is within the population of Asian children where they only represent one percent of children in foster care despite representing 11% of the general child population (Child Trends, 2014).

These disproportionalities hold true in Los Angeles County as well. African American children represent only seven percent of the general child population, but account for 25.2% of the children in foster care (Department of Children and Family Services [DCFS], 2016). In

contrast, Asian children in Los Angeles county represent 15.3% of the general population of

children, but only 1.4% of the foster youth population (DCFS, 2016).

Table 1

Race/Ethnicity of Foster Youth in CA and LA County

Race/ethnicity	% Foster youth (CA)	% All children (CA)	% Foster youth (LA County)	% All children (LA County)
African American	19	5	25.2	7
Asian	1	11	1.4	15.3
Hispanic/Latino	53	52	60.2	56.5
Multiple Races	5	5	n/a	n/a
White	21	26	11.4	17.8

Note. Adapted from *The AFCARS Report* (No. 25) by the U.S. Department of Health and Human Services (HHS), Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2018, Washington, DC, retrieved from https://www.acf.hhs.gov/cb/resource/afcars-report-25; and the *State Child Welfare Policy Database, Foster Care Facts FFY 2014 California,* 2014, Bethesed, MD, Child Trends. Copyright 2014 by Child Trends, retrieved from https://www.childtrends.org/wp-content/uploads/2016/12/California_Foster-Care-Factsheet_2014.pdf.

Nationally and within California, 48% of foster youth are female and 52% are male

(Child Trends, 2014; HHS, 2018). The nation and California are similar in regard to age groups

as well. In 2014, approximately 30% of children in foster care were between the ages of one and

five (Child Trends, 2014; HHS, 2018). Approximately 20% of foster youth were children

between the ages of 6 and 10; 20% were between the ages of 11 and 15; and 20% were between

the ages of 16 and 20 years old (Child Trends, 2014; HHS, 2018). Approximately 10% of the

children were under one year of age.

If foster children are not reunited with their families or adopted, they will typically age

out of the foster care system between the ages of 18 and 21. According to data from Child

Trends (2014), of the children who aged out of the foster care system in 2014, 22% of the

children had been a part of the system since before 13 years of age. In 2017, 119,542 foster

children, or 28% of foster youth that year, had been part of the foster care system for two years or more (HHS, 2018).

Even though over 50% of foster children eventually are reunified with their parents or other family members, others exit the system through other methods such as adoption or emancipation. According to the 2018 AFCARS Report, approximately 20,000 children, eight percent of the foster children who left the foster care system that year, were emancipated (HHS, 2018). Many children who age out of the foster care system have negative adult experiences such as homelessness, insufficient resources, and a lack of connection to siblings and other family members (Riebschleger, Day, & Damashek, 2015). According to the Children's Law Center of California (CLC) (2014), as adults, over half of foster youth will experience unemployment; one third will become homeless; and 20% will be incarcerated within two years of leaving foster care.

Continuum of Care

Foster Youth live in a variety of settings. As mentioned above, the placement can affect outcomes for foster youth. Placement is determined by the child's needs. Children placed in group homes usually have needs that are not suitable for home placement.

According to the California Department of Social Services (CDSS), children are removed from their home for reasons such as "parental neglect, abuse, or exploitation" (California Department of Social Services [CDSS], 2018a, n.p.). A representative of a child welfare agency, usually a social worker, will then place the children in an out-of-home placement (HHS, 2013). California State *Assembly Bill 408* (2003) stated that children must be placed in environments that are the least restrictive and most family-like environments that serve the day-to-day needs

and best interests of the children. Children are put in placements that fit these requirements along the continuum of care as demonstrated in Figure 1.

The child welfare agency is responsible for appropriately placing a child along the continuum of care. This decision is made based on the physical, social, and psychological needs of the child. The child's age and availability of other family members are also taken into consideration when determining placement.

Least Restrictive					Most Restrictive
→ →					
Kinship Care	Foster Family	Foster Family Agency	Group Homes	Residential Treatment Center	Juvenile Detention Center

Figure 1. Continuum of care.

The continuum of care has many different options. Kinship Care is the least restrictive placement option. Kinship care means that the children who are removed from their homes get placed with relatives. Kinship care is the most desirable out-of-home placement because the children are with people that they are familiar with and who want to care for them (CDSS, 2018d). Even if they have to move schools or change other aspects of their lives, living with relatives can still provide some sense of continuity and safety for the children.

The next level of placement along the continuum of care is placement in a foster home. Foster Home placement is placement with a family to whom the children are not related. Children are placed with a foster family when child welfare representatives cannot find a relative with whom the children can reside. Placement with foster parents is preferable because the setting is more like a regular family environment.

What is important about this setting is that the foster parents act in the place of the children's real parents. They are responsible for caring for the whole child. Because foster parents typically care for a small number of youth at one time, they can more easily keep track of the different service providers that interact with the child, including the child's teachers and mental health providers. Conversely, the service providers have one person that they can contact when a need arises involving the child.

Foster Family Agencies (FFA) are placements that are usually used for children with developmental disabilities. The agencies place children with disabilities or other special needs in foster homes that are approved by an FFA (CDSS, 2018b). This type of placement is a collaboration between social service organizations and organizations that serve children with developmental disabilities. Up until this point on the continuum of care, children's out-of-home placements are homelike settings. After this, the placements shift to more institutionalized environments.

The next type of setting on the continuum of care is the group home or what some call *congregate care*. This is a more institutionalized setting because the people who care for the children do not take on a parental role and do not live with the children full time (CDSS, 2018c). The people who take care of the children are employees who are staffed around the clock on different shifts. The group home setting is considered one of the most restrictive out-of-home placements for children (CDSS, 2018c).

There is a large amount of available data about foster youth, but not specifically about children who reside in group homes. Data kept about children who live in all types of congregate care can be confusing and incomplete. The term group home is sometimes used to describe a

certain type of congregate care placement or all congregate care settings (Baker & Calderon, 2004; Farmer, Wagner, Burns, & Murray, 2015; Lee, Bright, Svoboda, Fakunmoju, & Barth, 2011). Residential treatment centers and juvenile detention centers are also considered types of congregate care, making it difficult to understand statistics about the individual types of congregate care. Data from Child Trends (2014) stated that 12% of foster youth in California live in some type of congregate care, which means group homes and other institutionalized settings. This represented approximately 6,000 children (Kids Count Data Center, 2018).

As referenced above, residential treatment centers and juvenile detention centers are still considered congregate care but are further along on the continuum of care. Residential treatment centers support children with substance abuse, serious mental health needs, or other behavioral issues that are too severe for a lower level group home. Juvenile detention centers are for youth who have committed crimes and need to be kept separate from the public.

Group Homes

Group homes are defined as residential facilities that employs staff to take care of children who are placed in their care by child welfare agencies (Shostack, 1997). Group homes do not provide a familial setting, which is the most desirable placement for children. Yet, group homes are not as restrictive as residential treatment centers or juvenile detention centers where residents are supervised by staff 24 hours per day. Group homes are termed *community-based programs* because they depend on public schools and other community facilities to provide education and recreation for the residents (Shostack, 1997).

Nationally, the number of group homes experienced sharp growth between 1966 and 1981 in an effort to deinstitutionalize children living in other more restrictive types of congregate

care (Shostack, 1997). Communities worked together to ensure that group homes existed in neighborhoods and the residents could attend local schools, even if they originally belonged to a different school district. The ability to leave the group home premises to attend a local school is one of the ways group homes are different from other congregate care settings. Group homes share the supervision of its residents with the community, and very specifically with schools. The residents are supervised by teachers and other community personnel when outside of the group home.

The CDSS (2018c) defined group homes as facilities that provide non-medical care and supervision of foster youth 24-hours per day. Despite recommendations that foster youth be placed in family-like settings (HHS, 2015), there were approximately 24,000 children in group home placements across the nation in September of 2017 (HHS, 2018). Based on data from the federal fiscal year on 2013, foster youth placed in congregate care were six times more likely to have behavior issues as the reason for removal from their home (HHS, 2015). The overall stay in foster care of youth placed in congregate care was longer than for foster youth not placed in congregate care (HHS, 2015).

Baker and Calderon (2004) discussed the importance of group homes along the continuum of care. Some foster youth need a step between living in residential treatment centers and placement with a foster family. Some foster youth do not want to be placed with a foster family so that they do not feel like they are betraying their birth families (Baker & Calderon, 2004). Sometimes, there simply are not enough foster family settings to handle the number of foster youth needing placement, especially when some foster families are reluctant to house adolescents (Baker & Calderon, 2004; Freundlich & Avery, 2005).

Many different group home employees take part in the care of the foster youth who live within the facilities. There are many different service providers that support the children as well, each being responsible for a certain set of duties that contribute to the child's care. As group homes share their responsibility of supervision with the schools, teachers and other school staff play a role in the development of the group home residents as well. In this study, I call this group of unrelated adults who care for foster youth who reside in group homes the *circle of care*.

Circle of Care

The African proverb goes, "It takes a village to raise a child." People use this phrase to affirm the notion that it is natural for parents to allow and encourage other caring adults in the lives of their children to support their development. This may include grandparents, aunts, uncles, godparents, or close family friends. These other caring adults are the village. In most cases, the relationships that develop between the child and the village are controlled and curated by the parents.

When focusing on the academic development of a child, the village becomes more formal. It still contains others mentioned above, but the adults that are most likely involved in a child's academic development are parents and teachers. When more support is necessary, other support providers are asked to help, like tutors, therapists, and, in some cases, special education teachers. But just like with the more informal village, the support and relationships that exist between the child and the others are monitored by the parents. The parents are there to fill gaps, mitigate conflicts, and ensure care for the whole child. This is the role, responsibility, and legal obligation of parents.

Unlike the natural village that develops around non-foster youth, there is a group of unrelated adults who share the major responsibilities for the care of foster children (Baker & Calderon, 2004). This is unlike the circle of care that develops around non-foster youth in that it is not based on familial or other social relationships controlled by parents. This unrelated group of adults, the circle of care, consists of individuals who are assigned to the child as prescribed by courts, child welfare agencies, and the law.

Identifying the Needs of the Child

This dissertation used the work of Maslow (1943) and his widely accepted theory of the hierarchy of needs to explain how the different members of the circle of care fulfill the needs of students who reside in group homes. According to Maslow's theory, there are five levels of need: physiological, safety, love/belongingness, esteem, and self-actualization. The first three are deficiency needs and the latter two are growth needs (Noltemeyer, Bush, Patton, & Bergen, 2012). The theory posits that people are not able to participate in growth need activities like academic development until deficiency needs are met. For example, the lowest level of need is physiological. This level pertains to our very basic needs as humans, such as food, water, and rest. For example, if a student experiencing food insecurity regularly comes to school hungry, he/she will have a difficult time focusing in a growth need environment such as school.

Maslow's (1943) theory was in line with the literature about foster youth and their lack of academic success. Much of the research was focused on the psychological and mental health needs of the students. This was in alignment with Maslow's theory because it purported that a person's psychological needs must be addressed before self-actualization goals like academic achievement. Research suggested that most foster youth have endured some level of trauma that

needed some attention from mental health professionals (Bruskas, 2008). Trauma was endemic in children who were removed from their familial homes by child welfare agencies. Children were removed only due to some type of severe neglect or abuse. Both the reason for removal and the actual removal itself caused trauma for the children.

When the children were removed from their homes, usually due to risks of health and safety, they re-entered the school setting adjusting to a change in their lives that may have redirected their focus from self-actualization goals to those of the lower levels in the hierarchy, the deficiency needs. Clemens, Helm, Myers, Thomas, and Tis (2017) stated that foster youth who move to a new school may prioritize making friends over their studies. This fitted in with Maslow's theory (1943) in that the need to feel a sense of belonging superseded the pursuit of academic success.

Level one in Maslow's (1943) hierarchy of needs was comprised of the physiological needs. For students who reside in group homes, their physiological needs of food, water, shelter, and sleep were addressed by the group home. Group homes were staffed and received funding to fulfill the responsibility of providing food, shelter, and clothing for their residents. All other levels of Maslow's hierarchy of needs were addressed by group home staff, as well as the other various service providers.

Maslow's theory could be used to frame how the members of the circle of care address the needs of the whole child, including the amount of attention paid to the academic development of the child. There was an overlap in the responsibilities of the members of the circle of care with regard to the various levels of the hierarchy of needs. This study focused on how the members of the circle of care addressed the growth need levels of the hierarchy of needs as they pertain to the

academic success of foster youth who reside in group homes. The next sections will examine in detail the roles of the members of the circle of care.

Group Home Staff

For children who are placed in foster homes, the foster parents, along with the children's social worker, become the children's circle of care. For children who reside in group homes, the circle widens. Instead of having foster parents, group home staff, such as school liaisons and childcare workers, enter the circle of care, but in a limited fashion in that they do not take on all parental responsibilities (Jones, 2008). According to the research by Jones (2008), the resident's relationship with the caregiving staff in a group home was the most impactful while in that placement.

In his study, Jones (2008) discussed two types of caregiving models, house parents and childcare workers. House parents try to replicate the familial home by having the live-in staff that provide full time care. Childcare workers, sometimes referred to as cottage staff, work in shifts and do not live on site. In either setting, Jones (2008) said that the format of staffing in group homes matter less than the continuity of staff members. Children who are in out-of-home placement may already be sensitive to breaks in relationships and other attachment issues. Childcare workers tend to have a higher turnover rate which contributes to the children's feeling of instability. Even though this fact may make the house parent model seem more favorable, it is sometimes rejected by the group home residents because of its contrived nature (Jones, 2008).

According to Cheung, Lwin, and Jenkins (2012), caregiver involvement from group home staff demonstrated a positive effect on the academic achievement of students who reside in group homes. The same study also credited caregiver expectations for higher academic

achievement in the residents. Yet, it did not find the same effect for school-based involvement. The authors stated that more research is needed to assess how the influence of coordinated efforts from home- and school-based involvement would affect an increase in academic achievement of students who reside in group homes (Cheung, Lwin, & Jenkins, 2012).

Results from a study by Farmer, Murray, Ballentine, Rauktis, and Burns (2017) showed that staff training was a factor in the success of students who resided in the group homes studied. Since they are employees, changes in the children's circle of care can occur due to high turnover in group home staff (Jones, 2008), which means that training must be readily accessible and ongoing.

Other Service Providers

Foster youth who are placed in foster homes can also have therapists and other service providers as well, but they all work through the foster parents as their main contact. With children who reside in group homes, there is not that singular individual to coordinate services and check in with service providers. Since group homes can be non-profit, private, or state-run facilities (Shostack, 1997), the expectations for how group home staff serve in their roles may vary. Because of this, foster youth who reside in group homes may receive care that is fragmented and inconsistent. Children who reside in group homes will still have a social worker, along with other service providers such as clinicians, therapists, psychiatrists, and court appointed special advocates (CASA), if the parents are no longer involved (Vacca, 2008).

Mental health providers. Mental health providers can be part of the group home staff, school-based, or court-appointed and include school psychologists, therapists, clinicians, or behavior interventionists. Mental health providers are important to the psychological and mental

well-being of foster youth. Foster youth are more at-risk for mental health disorders than their non-foster peers as they are dealing with stressors that originated with the reasons they were removed from their homes as well as those that are associated with being removed from their homes and adjusting to being part of the child welfare system (Burns et al., 2004; Clausen, Landsverk, Ganger, Chadwick, & Litrownik, 1998; Morton, 2018; Vulin-Reynolds, Lever, Stephan, & Ghunney, 2008).

Burns et al. (2004) discussed the lack of access to mental health services by foster youth. They highlighted through their study that very few foster youth receive support from mental health professionals, partially due to the lack of appropriate referrals by the other members of the circle of care. The study also spoke to a shortage of mental health professionals, especially those who serve children (Burns et al., 2004). The National Child Traumatic Stress Network (NCTSN) (2011) recommended that "children in the child welfare system should be systematically screened, assessed, and referred to appropriate trauma-informed services" (The National Child Traumatic Stress Network [NCTSN], 2011, p. 2). They also recommended that the partnerships between agencies that serve children in the Child Welfare System be strengthened (NCTSN, 2011).

Social workers. Foster youth have a child welfare representative, called a social worker, whose responsibilities include placement of foster youth and coordination and documentation of services. This is one type of social worker, but one that all foster youth have in common (Bruskas, 2008). Social workers can also provide mental health services as school- or district-based employees that work to support students.

Education rights holders. An education rights holder is usually a child's parent. When children reside in a group home, however, there is a high probability that their parents are no longer the education rights holder; most often a guardian or a court appointed special advocate (CASA) assumes this responsibility, which means that they are included in and make decisions about a child's education just as a parent would (California Judicial Council, 2020). This member of the circle of care is important because they must be consulted about any modifications to a child's educational setting, like an assessment for special education services or the addition of school-based mental health services.

School Personnel

Teachers, administrators, and support staff all play a role in the success of students. Ultimately, their role is the academic development of the students in preparation for graduation and life. School personnel are responsible for employing a variety of strategies that meet the needs of all students. When foster youth attend school, educators are often not prepared to meet their needs. School staff may lack the training to understand how to implement trauma-informed methods to support foster youth (Clemens, Helm, Myers, Thomas, & Tis, 2017).

To know when to implement certain strategies, educators would need to know which of their students are foster youth. There are times when teachers are not informed when one or more of their students are foster youth (Clemens et al., 2017). The dangers of informing teachers about students' status as foster youth sometimes caused issues of bias. According to Clemens et al. (2017), foster youth perceived being otherized by school staff when their files are flagged.

Teachers and administrators will often try to reach out to parents when students are having difficulties in school. Due to the lack of a familial head in many group homes, school

administrators have a difficult time knowing who to call when there are questions about the academic development or behavior of group home youth. This lack of coordination between the school site and those serving group home youth can be detrimental to the success of the student (Vulin-Reynolds et al., 2008).

The lack of communication between the many agencies and service providers that work on their behalf hurts foster youth's development and success. There is a concern of whether or not these different service providers communicate enough to ensure plans and needs are being monitored and addressed. Burns et al. (2004) discussed the need for child welfare agencies and mental health service providers to communicate more effectively in order to address the high need for mental health services in the foster youth population. Similarly, Clemens et al. (2017) commented on the lack of connection between the child welfare system and educational systems. It would seem that all three of these agencies would need to work together closely in order to support the development of the children in their care. Vulin-Reynolds, Lever, Stephan, and Ghunney (2008) discussed the need for not only the collaboration between educational, mental health, and child welfare agencies, but cross training for the representatives of these agencies so that the services provided to the children are less uncoordinated.

Since foster youth are more likely to be referred to special education (Vacca, 2008), special education teachers and support personnel enter the circle of care. The individualized educational plan (IEP) that is developed by the team is formulated to address any behavioral and academic needs of the student, which may include school-based mental health services and placement in an alternate educational environment. The team that develops an IEP is very similar to the student's circle of care, inclusive of school and child welfare service providers. This team

is legally mandated to meet at least annually. Close coordination of this team is essential to the success of the plan and the student's academic development (Vulin-Reynolds et al., 2008), even though they may not coordinate much during the time between meetings.

The configuration of the circle of care is problematic for foster youth in general because there are representatives from many different uncoordinated agencies, who are accountable to different governing bodies, like school boards and other federal, state, and local government departments, that must work together on behalf of this group of marginalized children. This becomes even more problematic for foster youth who reside in group homes and do not have a parental figure like a foster parent to coordinate and monitor the support given by various service providers. When individual members of the circle of care focus solely on their responsibilities in regard to the care of foster youth, each member of the circle of care will tend to "do his/her own part" when caring for the child without making sure that the whole child is taken care of. This is exacerbated by the lack of coordination between the members of the circle of care (Vulin-Reynolds et al., 2008). If this larger group of adults does not convene regularly to collectively address the needs of the whole child, there is a greater chance that a gap in the support will go unnoticed and create even more problems.

When confronted with the gaps in support, the members can claim that they did their part, and that they carry no responsibility for the overlooked parts of the child's care (Young, 2011). Bruskas (2008) discussed in her article that foster youth are further marginalized and oppressed by the systems put in place to support them. This occurs through the child welfare system through the trauma of being removed from their homes, the creation of dependency on

government agencies for care, and the lack of follow-through in the support needed for proper development towards adulthood.

Statement of Problem

Foster youth are not having the same educational experiences as their peers. Foster youth have higher rates of absenteeism, suspensions, and special education referrals (Zetlin, Weinberg, & Kimm, 2004). Approximately one third of foster youth change schools multiple times during a single school year (Alliance for Children's Rights, 2018a).

Foster youth, especially those living in group homes, attend non-public special education schools or continuation/alternative programs at higher rates as well. These types of school settings preclude students from having access to classes that will positively affect college admittance (Zetlin et al., 2004). Even though these settings are created to support students with higher needs, they usually do not have offerings such as Advanced Placement or AP courses or sports programs that help encourage college attendance.

Generally speaking, students who reside in group homes encounter many barriers to school success (Vacca, 2008). The limited educational experiences like those described in the previous paragraph lead to poorer educational outcomes for foster youth. In California, only 58% of foster youth graduate from high school.(Alliance for Children's Rights, 2018b). Only six percent of foster youth graduate earn an associate's degree (Alliance for Children's Rights, 2018a). As a middle school administrator, I am greatly concerned about the educational barriers that students who reside in group homes face and their negative effect on students' academic growth.

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Purpose

This study explored how members of the circle of care supported the academic success of the students who live in group homes. While students' psychological health has been the focus of prior studies about youth who reside in group homes (Trout, Hagaman, Casey, Reid, & Epstein, 2008, this study sought to contribute to the research that focuses on improving the academic development of youth who reside in group homes.

The purpose of this study was to develop a sense of how the members of the circle of care for youth who reside in group homes—as individual practitioners linked within a "loosely coupled" system (Weick, 1976)—understood their roles in supporting these students' academic success and leveraged resources in ways to support students' unique needs. Since the primary purpose of school is to promote academic development, this research ascertained information from the members of the circle of care who are directly involved in the students' access to educational goals. My research questions were the following:

1. What do members of the circle of care of a foster youth living in a group home believe about their role(s) in supporting the child's academic success?

2. How do members of the circle of care support the academic success of foster youth living in group homes?

3. In what ways does the structure of the circle of care enable or constrain members in providing support for academic success of foster youth living in group homes?

Significance

This research is significant because it contributes to the set of knowledge that the members of the circle of care have to make better decisions for the students who reside in group

homes. Prioritizing the academic success of students who live in group homes is also an issue of social justice. The lack of academic success marginalizes these students while in school, which can contribute to negative adult life outcomes. We must find ways to prioritize the academic development of students who reside in group homes so that they are less vulnerable and have a better chance at becoming functioning, self-reliant adults and productive citizens.

This study also contributes to the research on children who reside in group homes and their academic development. Currently, there is little research specifically on students who reside in group homes. When discussing their support, there is a focus on the children's social-emotional and psychological needs as opposed to their lack of academic success. Members of the circle of care must learn to support and address the academic needs of the foster youth in their care.

Theoretical Framework

Educational organizations, like districts and schools, have many separate departments and personnel figures who all work together for a common goal, educating our youth. We take for granted that there are ties that bind these different departments and personnel figures to the same goal of taking care of children and their academic development. However, these ties often are not as tight as we assume them to be. In order to conceptualize the ties between entities within the circle of care for foster youth living in group homes, I used the concept of loosely coupled systems as it was applied to educational organizations by Karl Weick (1976).

Weick (1976) stated that the term loose coupling refers to entities that are responsive to each other but preserve a distinct separateness. The connections between departments and employees in an organization are not always readily visible, but we know they exist. Loose

coupling is a theory that helps researchers see the unseen. For example, we understand and can point out the concept of school based on how people work together towards the goals of education (Weick, 1976). We assume that the principal and the teachers are connected and the teachers and students are connected. We take these connections for granted; yet, it can be difficult to explain how those connections exist beyond what we believe. The theory of loose coupling helps researchers "notice and question things that have previously been taken for granted" (Weick, 1976, p. 2).

I used Weick's (1976) theory of loose coupling to reveal what tied these different representatives within the circle of care together to support children who resided in group homes. According to Weick, one of the first steps in evaluating coupling is establishing the coupling mechanism within the organization. Examples of coupling mechanisms are the ties between the core of an organization and the authority of office, the goals and intentions of an organization, or the means and the ends of the work within an organization. This is respectively exemplified within a school district as the ties between the education of students and the superintendent's office, the increase of student achievement and the principal's leadership, or budget expenditures and student outcomes. Another aspect of coupling that must be considered when observing an organization is when, between the same entities, coupling is either loose or tight based on timing and context (Weick, 1976). Certain departments may work closely together at particular times of year like the principal's office and the budget department, who work together very closely when an annual budget is being developed at the beginning of the year. Then these two departments may not work together much until the end of the year when accounts are being reconciled.

One of the advantages of a loosely coupled system within education is that each department does not have to operate like every other department. There is room to adapt to cultural differences that may occur from department to department, school to school, classroom to classroom (Weick, 1976). Therefore, if something goes wrong in one department, it is not indicative that there is a problem system wide. Problem-solving can then happen within that department with the people who know it intimately.

The disadvantage of this loose coupling is that other departments are not aware of the struggles that may be occurring in the department next door. One department also may not know whether or not the effects of the struggles in the next department is inadvertently harming their department. In this configuration, the struggling department does not benefit from ideas that others outside of their department may have to help it improve (Weick, 1976). If we are looking at coupling from a hierarchical perspective, loose coupling also makes it difficult for the top, like the superintendent's office, to know that something is happening in another department that may need attention, leaving the superintendent in the dark and the struggling department feeling unsupported.

In my study, I identified the circle of care as the organization that is working to support foster youth who are residing in group homes. The circle of care was a loosely coupled system that had invisible ties that bound the members together in their common goal of supporting the foster youth who were in their care. The coupling mechanism seemed to be the goals and intentions of the organization in that the members of the circle of care all wanted foster youth who resided in group homes to be successful. Yet, there were differences in what success looked like. Even though the loosely coupled educational system has persisted for many years (Weick,

1976), my research identified ways the members of circle of care should change how they execute their duties to improve how they support students who reside in group homes so that they can experience more academic success.

Method and Design

I used qualitative methods to bring those invisible ties of loose coupling to light. Using qualitative methods was important for detecting loose coupling because Weick (1976) called for research that described loose coupling in various systems, but acknowledged a few methodological sticking points, including the need to see both what *is* and *is not* being done. In my interviews with the members of the circle of care, I captured contextual elements of their work and how they interact with the other members of the circle of care. I also chose qualitative methods because of my interest in the beliefs and perceptions of the members of the circle of care about their role in the academic success of students who reside in group homes. This was an exploratory study as little research has focused specifically on the academic needs of children living in group homes.

In order to better understand the roles played by the different members of the circle of care and the beliefs, practices, and policies that link them together, I conducted 11 semi-structured interviews with professionals who represent the different categories of service providers who represent a typical circle of care for a child living in a group home: teachers, administrators, counselors, social workers, and group home staff. I used purposive sampling by choosing participants from a professional work group within a medium-sized school district in a Southern California city, called the Foster Youth Consortium (FYC). The FYC works on improving the educational experience of foster youth, including foster youth that reside in group

homes, within the district. Members of the FYC include site staff and administrators, district administrators, mental health services providers, county social workers, staff members from various group homes, and volunteers from community partnerships.

Following the interviews, I used inductive coding to look for patterns in the interview data. Inductive coding was appropriate because, as an exploratory study, frameworks for understanding the division of labor and beliefs of the members of the circle of care did not already exist.

Limitations

This study used qualitative methods and was limited to one school district. Because of this, the results from the study may not be generalizable beyond the context of the study. This study was further limited by its focus on members of the FYC. Limiting study participants to members of this group may have narrowed the perspectives and experiences discussed in the interviews. Further, the answers given in the interviews may have been influenced by my presence as both the interviewer and a member of FYC. Finally, there was potential for bias in participants' responses to the interview questions, as they asked participants to self report on the perceptions of their practice.

Delimitations

While the decision to recruit study participants from the FYC was a limitation to the study, it was also an intentional choice. As a member of this group, I had preexisting relationships with the other members, which may have increased their willingness to participate in the study. At the time of the research, the group had been meeting for more than two years with the purpose of improving the learning environment of foster youth within the district.

Therefore, I knew that all committee members were committed to solving the problem that was the focus of the study and had experiences and perceptions that they were willing to share and discuss during the interviews.

I purposefully focused the research on the adult members of the circle of care rather than on the students who resided in group homes. The students who resided in group homes were minors and did not always have access to a guardian who could provide consent to participate. Secondarily, students who resided in group homes were a vulnerable population who might have experienced more trauma if asked about the topics concerning who was supporting them and how that support was taking place. Even though I believe that the voice of the child is important, the focus of this study was how members of the students' circle of care saw their roles in promoting academic success.

Conclusion

All educators who come into contact with students who reside in group homes must understand the sense of urgency that should be employed when a student such as this enrolls in school. The students must be seen as people who deserve the opportunity to thrive without the obstacles of low expectations and the lack of proper support systems. As these children move throughout school and social service systems, they should get the chance to experience success with the full support of their entire circle of care.

In the next chapter, I present literature that explored the academic achievement of students who resided in group homes and the barriers that obstructed their success in school. I also discuss through the literature the effects of trauma and what can be done to counteract those effects in schools. Lastly, I delineate the relationships between the people who were charged

with supporting children who resided in group homes, as well as the relationships between

organizations that worked on behalf of the students.

CHAPTER 2

REVIEW OF LITERATURE

The academic achievement levels of foster youth who reside in group homes is difficult to ascertain. The challenges began with the fact that there was very little current research that studies this specific subset of children in relation to their academic success. Since state academic performance data is not disaggregated by placement within the child welfare system, the data from state test results referred to all foster youth as one group (California Department of Education [CDE], 2018). Because of this gap in research and data about youth who reside in group homes specifically, I referred to literature that discussed the academic achievement of all foster youth in general.

Secondly, of the existing literature, researchers have focused on the psychological, mental health, and social emotional aspects of the students who are foster youth (Trout et al., 2008). If academic development was discussed, it was with the idea of how students' mental health impacts their academic growth. Under current state law, the state has a responsibility to address the mental health needs of foster youth, while at the same time making sure they are educated (Zetlin & Weinberg, 2004). Yet, the research showed that we are not being successful in the latter goal.

One focus of this study was to discover ways to enhance the engagement of foster youth in the school setting so that they can develop the necessary skills to be successful adults. Even though they were dealing with the effects of trauma in their past and separation from their familial homes, the expectation for foster youth to perform in school as their non-foster youth peers persisted. During these crucial developmental years in the lives of children, school can be

challenging even for children who reside in their family homes. The challenges are greater for children who have been separated from their families (Ferguson & Wolcow, 2012).

In this chapter, I review research related to the experiences of children who are living in foster care. When possible, I focus on research that was directly related to the experiences of students who reside in group homes. The chapter begins by examining the literature on trauma and the educational practice of trauma-informed care. It then transitions to the literature that explores the other barriers to the academic success of students who reside in group homes. Lastly, I discuss how the members of the circle of care are currently supporting foster youth in their academic endeavors.

Stress and Trauma

Foster youth experience high levels of stress as they move through the foster care system (Morton, 2018). The stress begins with the experiences that led to their removal from the family home. The purpose of removing children is to keep them safe from harm or potential harm and relocate them to a safe and healthy living environment (Neal, 2017). Yet, in the system's effort to protect children, more trauma can be created (Bruskas, 2008). When children must move to a foster home or congregate care facility, a change in schools is likely to occur. These acts contribute to cumulative trauma where foster youth are having to endure losses everytime they move placements and/or schools (Riebschleger et al., 2015).

These two huge changes, home and school, which are usually the two most stable and consistent aspects of most children's lives, create a vulnerable existence for a child. Bethell, Davis, Gombojav, Stumbo, and Powers (2017) posited, "Social emotional skills, along with school attendance and engagement, are important predictors of lifelong health and well-being for

children." Separation from the family can negatively affect a child's social emotional well-being and participation in school. The presence of parental involvement and the influence of one's community affect a student's aspirations and, therefore, their academic achievement (Neal, 2017). Without this supportive network, foster youth experience the lack of a consistent and familiar living situation, which can make it difficult for the children to focus on their schoolwork.

Since children are removed from their homes due to negative home life issues such as neglect and abuse, trauma is endemically a part of the foster youth experience. According to Riebschleger, Day, and Damashek (2015), service providers and the members of the circle of care tended to focus on the trauma that foster youth incur prior to an out-of-home placement rather than trauma that occurs during and after coming into the child welfare system.

Chronic Trauma

Chronic trauma in a child's life, unlike acute trauma that is a reaction to a one-time event, is more likely to contribute to negative outcomes in adulthood (Riebschleger et al., 2015). The three types of chronic trauma, intense, composite, and cumulative, can occur within the context of being a foster youth. Intense trauma is an egregious act of neglect or abuse like a lack of access to food and/or housing over a period of time or sexual abuse involving a parent or a trusting adult. Composite trauma manifests through the child's experiences of multiple types of abuse and/or neglect. Cumulative trauma occurs with continuous exposures to traumatic situations over time.

Complex Trauma

Children in foster care may also experience complex trauma. This type of trauma happens when children have many, overlapping kinds of chronic trauma present in early childhood by parents or caretakers (Riebschleger et al., 2015). The data from AFCARS indicated that children are often removed from their homes for multiple negative home life factors, thereby indicating that complex trauma may have been taking place (HHS, 2018). Complex trauma is further documented by foster youth who say that being separated from their families is traumatic along with the occurrence of further abuse in out-of-home placement (Riebschleger et al., 2015).

Biology of Trauma: Post Traumatic Stress Disorder

With recent brain research available, neurodevelopment of children has been documented. Children exposed to trauma may experience alterations in their neurodevelopment (Cook et al., 2005). When trauma occurs in children during their formative years, the brain adapts. The hippocampus is a part of the limbic system that controls how we react to our emotions (Cook et al., 2005). When a child experiences chronic complex trauma, the hippocampus may not develop to the intended size due to the damage created by the exposure to cortisol, a hormone produced when we are stressed, thereby making even more difficult for children to self-regulate in stressful situations, as well as in normal life.

Many children in foster care are suffering from post traumatic stress disorders. They have endured many traumatic experiences, like physical or sexual abuse, substance abuse in their parents, and the absence of a parent, in their past. Agencies screen for adverse childhood experiences (ACES) to assess the types of support a child may need (Center for Disease Control [CDC], 2019). Experiencing a high number ACES in children leads to higher rates in

suspensions, absenteeism, and high school drop-out rates as well as long-term negative health outcomes reaching adulthood. (Felitti et al., 1998; NCTSN, 2017).

The National Child Traumatic Stress Network (2010) stated that parents and family play an integral role in supporting children through the process of learning to live with trauma. They stated that younger children will report somatic ailments like headaches and stomachaches, while older children and adolescents will have thoughts of revenge or externalize their feelings through negative behaviors (NCTSN, 2010). Foster youth who reside in group homes do not have the support of their parents to help them work through the trauma they have experienced, some of which came by the hand of their parents. Therefore, their feelings must be worked out at their group homes and in school.

The members of the circle of care need to be prepared for this type of work. The fact sheet from The National Child Traumatic Stress Network also stated that "The involvement of family, physicians, school, and community is critical in supporting children through the emotional and physical challenges they face after exposure to a traumatic event" (NCTSN, 2010, n.p.).

Emotional Trauma

Clemens et al. (2017) also discussed the idea of emotional consequences that foster youth are dealing with as well. They are still dealing with the emotions of the trauma they experience prior to and because of the removal from their home. The trauma compounds due to the movement from one placement to another and the changes in schools. One of the students in the research of Clemens et al. (2107) stated that she was not able to focus in class because she was

constantly thinking about everything that had happened to her since being removed from her home.

Education and the Circle of Care

When considering the support of the whole child, one must consider how living in an out-of-home placement affects a child's education. Schooling comes with a host of new service providers that become part of all children's circle of care. Being enrolled in school adds teachers, school counselors, and school administrators to the list of individuals who have a part in their care. For a non-foster youth, these new members of the circle of care communicate directly with their parents. For foster youth, school representatives communicate directly with the foster parents, if the foster youth are placed with a foster family. When foster youth who are placed in group homes enroll in school, school staff are left to interact with many different agencies, including the group home staff, social workers, and mental health professionals.

When a child welfare agency has decided that they will be removing a child from their family home, it can happen at any point during the school year. When it is deemed that it is unreasonable or inappropriate for foster youth to remain enrolled in their school of origin after removal from their homes, they must be enrolled in their new school as quickly as possible (HHS, 2016). One of the few ways group homes are evaluated in relation to school is whether or not children are enrolled within three days upon arrival (DCFS, 2017).

Not only must the children be enrolled quickly, but they must be enrolled even if the foster family or congregate care agency does not have school records from the school of origin (HHS, 2016). Without school records, the new schools can not effectively prepare and address student needs that may have already been identified. Children are enrolled before their new

caregivers have a chance to get to know them. Oftentimes, that means a need will usually not be recognized until after there is a problem that caused a disruption. This can mean that the child has to experience or exhibit some type of trauma before someone tries to help.

Sometimes the help only comes when the members of the circle of care are having to deal with the negative behaviors as opposed to trying to proactively support the child. This type of reactionary protocol for supporting students who reside in group homes only contributes to a situation that is already traumatic, keeping in mind that children who are living in an out-of-home placement are usually removed from their homes for negative and possibly traumatic situations (Zima et al., 2000).

Nationally, only nine percent of children are removed from their homes due to child behavior problems (HHS, 2018). If the rest of the children removed from their homes exhibit negative behaviors, it may be a likely reaction to the trauma experienced due to the cause of their removal or the act of being separated from their families (Zima et al., 2000). This type of complex trauma can have a negative effect on foster youth. This is especially true when the trauma is either unaddressed or continuing in their out-of-home placements (Riebschleger et al., 2015). Since we know that any child residing in a group will have experienced some type of trauma, school staff should be better prepared to support the children as they are adjusting to the school setting.

School administrators usually prepare themselves to be more involved in the circle of care of students who reside in group homes. This reaction can manifest itself in the form of increased support or impending disciplinary actions because there is a higher expectation of problematic behavioral issues, a lack of engagement in class. and an obviously decreased level of

parental support (NCTSN, 2017). Even when parents are still the education rights holders for their children who reside in group homes, parental support is still decreased because of the foster youth's separation from the familial home and the lack of daily interaction between the parents and the children. Schools often reach out to the group homes, just as they would reach out to parents of non-foster youth, when they are seeking support for their residents.

According to Zetlin and Weinberg (2004), schools are not providing the types of supports that would address the academic, emotional, and behavioral needs of foster youth. It is common for foster youth to demonstrate need by exhibiting negative behaviors such as aggressive behaviors toward other students or staff members, lack of engagement in their studies, inability to form positive relationships, eloping from school, self harm, and defiance (Morton, 2018; Zetlin & Weinberg, 2004). Engagement in these behaviors usually lead to consequences such as office referrals, suspension and expulsion, which all mean time spent outside of class (Morton, 2018). Instead of leading to increased levels of support and appropriate attention from the members of the circle of care, these negative behaviors lead to a lack of educational development because the student is communicating his/her needs in a fashion that contradicts the hegemony of the traditional school system (Darder, 2015). We should not force children to demonstrate need through undesirable behaviors before we offer support.

One of the other issues around youth who reside in group homes that contribute to a lack of educational development is the high transiency rate of the students. In an effort to place students in the least restrictive environment, students experience high mobility rates (Vacca, 2008). They are, at times, in and out of different foster homes. In between those times, some foster youth spend time in group homes waiting for a new placement.

Because of this type of movement, it is not uncommon for students to enroll in a school and leave the school within the same school year, only to return at some point within the same school year or during the next school year. This makes it easy for these children to fall through the cracks in school because of the lack of consistent recordkeeping (Trout et al., 2008. The school records which would inform us about class completion, special education assessments, or interventions implemented are often not maintained accurately making it difficult to quickly create the environment the students may need to be successful.

This also continues to make it difficult for students to form positive relationships, which thwarts the students' ability to fully engage in their learning environment (Rabley, Preyde & Gharabaghi, 2014). Gaps in the students' academic development occur due to the constant movement and the children's need to deal with the trauma of being away from their families in ways that detract from a focus on educational benefit.

Another issue that negatively affects students who reside in group homes is the issue of funding and resources. Group homes receive funding in the form of reimbursable costs or cost sharing from the placement agency, usually the state government, for each child that is under their care (Shostack, 1997). The students also receive resources in the form of medical care, psychological care, and educational funding, if the children attend the schools that some group homes have on site. When the students attend public school, the educational funding goes to the school district in the form of Average Daily Attendance (ADA) dollars. But the school often wants access to some of the other resources, like therapeutic services, that can support the students' academic and behavioral needs while on campus. According to Shostack (1997), this same type of struggle exists between the group home and the placement agency when

reimbursements for services are being assessed. This example gives validity to the existence of the same struggle between the group home and schools when sharing the resources between the two organizations.

Schools seek resources for students who reside in group homes when they demonstrate need while on campus. Students who reside in group homes are often systematically assessed for Special Education services through the school district (Vacca, 2008). Referrals to the special education department happen because the schools can experience difficulties in addressing the students' behavioral and academic needs within the general education setting. If the students qualify for Special Education services, new resources are allocated and, subsequently, new members are introduced to the circle of care. Special education teachers, school psychologists, and district/site case managers now become responsible for the students' academic and psychological well-being.

The newly allocated resources are constantly being questioned by the various members of the circle of care, creating a new struggle over how resources are allocated. If it is decided that the school cannot offer the appropriate services, the child can then be enrolled in a non-public school, which can be located and run by the student's group home. Some congregate care settings have schools as part of their facilities. That educational agency will then collect the ADA for the student. With so many members of the circle of care, there exist many different motives for choosing one educational placement over another. This jockeying for funding and other resources can cause the members of the circle of care to be in opposition.

Young (2011) discussed the idea that if individuals who are working towards a goal feel that they have completed their specific tasks in earnest, the outcome is acceptable regardless of

whether or not it is effective. When working with students who reside in group homes, teachers, counselors, and administrators can all do their part in the care of students, but then can blame the lack of academic development on the students' circumstances, thereby relinquishing the members of the circle of care of any responsibility. Since the members of the circle of care are not in control of the students' family structure and the negative effects of not living in the family home, members of the circle of care can relinquish the responsibility for the lack of effectiveness in addressing the academic needs of the children while still feeling morally and socially just.

With the possible negative outcomes for foster youth such as homelessness and incarceration, I wondered if the placement of foster youth along the continuum of care somehow correlates to negative outcomes. One point of data about incarceration rates in California shows that, of the inmates who were once in the child welfare system, over half were placed in group homes as a child (California Senate Office of Research, 2011). How does this statistic about child welfare placements in a group home correlate to other outcomes for foster youth such as graduation rates and unemployment rates? As a principal, I would like to know how low levels of academic achievement affects these outcomes. Does education make any difference in the outcomes of foster youth, and more specifically, for those who reside in group homes?

Trauma Informed Care

It is well-documented through research that children who enter school as foster youth suffer from barriers to success in schools (Zetlin & Weinberg, 2004). Most who enter a new school will exhibit behaviors that signify mental health and psychological concerns due to the trauma they have experienced. Based on a study by Clausen, Landsverk, Ganger, Chadwick, and Litrownik (1998), approximately 50% to 65% of school-aged children scored in the clinical or

borderline range of the Child Behavior Checklist (CBCL) for social competence problems. The CBCL is a part of the Achenbach System of Empirically Based Assessment developed by Dr. Thomas Achenbach to take an inventory of behavioral issues in children (Achenbach & Rescorla, 2001). Other mental health issues that foster youth may face are Post Traumatic Stress Disorder (PTSD), Attention Deficit Hyperactivity Disorder (ADHD), conduct disorders, communication disorders, and attachment related disorders (Clemens et al., 2017).

In a study by Burns et al. (2004), it was shown that almost 50% of youth who were investigated by a child welfare agency fell in the clinical range of the CBCL. This study also included children who were not placed in out-of-home care after being investigated. With further analysis, it was shown that the statistics were significantly higher for those placed in non-relative foster care. The percentage of children that fell in the clinical range of the CBCL was 63.1% for all non-relative foster care and 88.6% for foster youth who resided in group homes (Burns et al., 2004). Slightly more than 65% of adolescent participants in the study fell in the clinical range as opposed to 32% of preschoolers (Burns et al., 2004). Burns et al. (2004) posited that policies around screening, evaluation, and referral to mental health agencies need to be executed with fidelity in order to address the needs of children who come into contact with the child welfare system.

According to the NCTSN (2017), approximately 66% of children are exposed to a potentially harmful traumatic event by age 16. The trauma informed care framework was built to combat the negative effects of trauma that many students face. Even though utilizing trauma informed care in schools was created to support the majority of students, it has the potential to be highly effective for students who reside in group homes. According to the data above, students

who reside in group homes are vulnerable to many different social and cognitive disorders because of their exposure to trauma. The trauma informed care framework suggested a three-tiered approach to support students that addresses how school staff should implement on-going strategies daily to create a safe environment as well as strategies that address Tier 2 and Tier 3 indicators such as provides spaces for de-escalation, access to mental health services, and referral to community agencies for help. The framework also suggested support for school staff to address Secondary Traumatic Stress which can occur in those working closely with students experiencing trauma (NCTSN, 2017).

Academic Standing and Foster Youth

Foster youth, in general, are struggling academically (Clemens et al., 2017; Trout et al, 2008). Foster youth are some of the most academically vulnerable populations in our schools (Zetlin & Weinberg, 2004). If we use the statistic from the Alliance for Children's Rights (2018b) that stated only 58% of foster youth graduate from high school, the struggle for foster youth to experience academic success is evident. In Los Angeles county in 2014, over a third of foster youth neither attained a high school diploma or a General Education Diploma (GED) (CLC, 2014). The lack of a high school diploma or equivalent sets up the students to have a difficult time continuing their education beyond high school or obtaining employment (Pecora, 2012).

In terms of academic achievement based on standardized test scores, approximately 75% of foster youth perform below grade level in both reading and math (Zetlin & Weinberg, 2004). Low academic achievement and/or serious behavior issues lead to special education referrals. Between 25% and 52% of foster youth are placed in special education programs as compared to

10% of the general population (Zetlin & Weinberg, 2004). Zetlin and Weinberg (2004) reported

that in a national study, approximately two-thirds of foster youth dropped out of high school.

Lack of School Records

The literature reviewed for this study reveals the problematic issues that exist around the

academic development of foster youth during their time in K-12 education. The problems start at

the beginning, during enrollment. When students are removed from their homes, they often do

not remain at their same school (Ferguson & Wolkow, 2012) and must be enrolled in a new

school and/or school district. When students are placed after being removed from their homes,

school enrollment is often delayed due to reasons such as the loss of school records (Pecora,

2012).

After enrollment, the loss of records can also cause a delay in placement into school

programs. If students are designated to receive special education support or other intervention

programs, students are at risk of having a negative experience in school by being placed in

general education classrooms without the proper supports. Without the proper supports, both

academic and behavioral, students lose valuable instructional minutes because they are not able

to access the level of instruction being delivered. This can lead to undesired behaviors such as

lack of engagement or behavioral misconduct (Zetlin & Weinberg, 2004). These undesired

behaviors then can lead to class or school suspensions, which leads to more instructional time

lost.

School Mobility

School mobility is a barrier to the academic success of foster youth, because the problem

of enrollment may happen more than once during a single academic school year. According to

Child Trends (2104), the majority of foster youth in California experienced more than one placement while in the child welfare system with 21% experiencing four or more placements. Since these placement changes do not conveniently line up with the beginning of school years, foster youth can miss large portions of the school year, lose credits for courses and have incomplete school records (Zetlin & Weinberg, 2004).

Another effect of school mobility is the lack of access to specialized programs such as Advanced Placement (AP) classes and extracurricular activities (Vacca, 2008). Many of these programs are part of a school culture or a district's scope and sequence of class offerings. When entering into a new school in the middle of the span of grades, like sixth to eighth grade, or 9th to 12th grade, or in the middle of a school year, it is difficult for foster youth to participate in programs that either have prerequisites that were supposed to take place in earlier years or tryouts that occurred before they enrolled. Many of the extracurricular activities also require a certain level of support that foster youth may not have access to or do not want to address (Shostack, 1997).

College Access

A lack of participation in extracurricular activities and AP classes can have a negative effect on college acceptance. In fact, foster youth are less likely to be programmed into college preparatory courses at all, even when they are as capable as their grade level, non-foster peers (Blome, 1997). This partially may be due to the lack of parental involvement of foster youth. Foster youth usually do not benefit from having parents/guardians attend parent-teacher conferences, back-to-school night, open house events, nor other school events. Homework and

other curricular items are not monitored as frequently as that of other non-foster peers (Blome, 1997).

Teacher/Student Relationships

There is no teaching without the mutual action of learning by those who are in our charge. Teaching without the mutual action of learning represents a lack of relational caring (Noddings, 2005). Relational caring is the interaction between one who is caring about another (i.e., the teacher) and the one who is being cared for (i.e., the student). Osterman (2000) also discussed that schools are social organizations that need to develop a sense of community in order to engage students. She says that the community is built on the sense of belongingness and personal relatedness of its members (Osterman, 2000).

Developing this sense of belongingness and relatedness with youth who reside in group homes is even more difficult because of damaged parental ties, constant moving, feelings of being unworthy or misunderstood (Cook et al., 2005). Even with its difficulties, relationship building is essential to the success of foster youth in the classroom setting (Zetlin & Weinberg, 2004). Zetlin and Weinberg (2004) posited that a teacher can promote student success by being a consistent adult mentor in the life of a foster child.

There are some prejudices within the ranks of teachers about how they feel about foster youth (Shostack, 1997). Because of this, teachers may set low expectations for the type of work that the students from group homes can produce. Negative interactions with teachers can be triggers for foster youth, causing the classroom environment to become toxic (Shostack, 1997). Teachers may fear investing too much energy in building relationships with foster youth because the students often have short stays at any one school (Sullivan, Lones, & Mathiesen, 2009).

Conversely, in trying to build relationships with the students, teachers can overextend themselves and create stress in their own lives. Teachers may experience secondary trauma when working with students who have experienced trauma. Students often have needs that teachers simply cannot address.

Trauma Informed Care

Trauma Informed Care is an approach for working with students who have experienced trauma, mild or strong, in their lives. Clemens et al. (2017) recommended teachers should be trained in trauma informed strategies to support foster youth and their academic development. A trauma informed care approach recognizes that students may have triggers that cause them to react to certain situations or topics in negative ways. The use of trauma informed care strategies can help students overcome the negative effects of the trauma that some children are exposed to (NCTSN, 2017). Teachers need to be aware that a negative reaction from a student may be because of an unknown trigger that was inadvertently unearthed while in class. This knowledge can lead teachers to create safe and supportive learning environments for students, especially foster youth (Clemens et al., 2017). According to the NCTSN (2017), trauma informed care relies on four concepts: a) awareness of the impact of trauma, b) recognizing the signs of trauma, c) integrating trauma informed practices in all facets of school, and d) decreasing the possibility of re-traumatization in the school setting.

According to the framework provided by the NCTSN (2017), secondary traumatic stress in teachers should also be screened on the possible effects of trauma. Trauma informed care reinforces the idea of self-care so that teachers can stave off the feeling of burnout. Teachers and

other service providers experience secondary trauma through working with children who are dealing with the effects of trauma, like students who reside in group homes (NCTSN, 2017).

Local Control Funding Formula (LCFF)

Assembly Bill 97 (2013) established the Local Control Funding Formula (LCFF). Beginning in the 2013 -2014 school year, the formula used the number of unduplicated youth and other data points to calculate the amount of funding given to local educational agencies (LEAs) to support academic achievement. An unduplicated youth is defined as a student who is identified as an English learner, a low-income student, or a foster youth. The count of children is unduplicated because each child is only counted once even if they fall into more than one of the designated groups. The funds provided by the LCFF are used to support the academic development of all students. Additional funding above the base funding is given for students who fall in the unduplicated youth category.

The unduplicated count of students who are reported as English learners, foster youth, or from low income families was used in the new funding formulas. Districts with students from these groups will receive 20% more funding per pupil in what was called *supplemental funding*. If a district had a high concentration of at-risk youth, defined as more than 55% of the targeted, at-risk students in their district, it would receive another amount totaling half of the base amount to support those students. This is called *concentrated funding*. The sum of the three funding sources, base, supplemental, and concentrated, is what adds up to the total amount of monies the district will receive in LCFF funding. This new funding formula attempted to offer more resources that would support the academic achievement of the district's highest risk students.

The LCFF funds provide materials, intervention, and other supports that would help at-risk students raise their achievement levels and close the achievement gap that exists. The LEA, which usually is a school district or county education office, creates a plan that delineates how the funding will be used to support the unduplicated population of students. The documentation of that plan is called the Local Control and Accountability Plan (LCAP). The district LCAP is a three-year plan that describes how the LCFF monies will be used to support student achievement. The plan must not only show how funding will be used to support all students, but how students from low-income families, English learners, and foster youth will be supported by the supplemental and concentrated funding.

Foster Youth are one of the highest risk student groups. Foster Youth are children who are a vulnerable group of students because they have many obstacles that thwart their academic development (Vacca, 2008). State data shows that foster youth are often the lowest achieving subgroup according to the California Dashboard (CDE, 2018).

The California Dashboard is the tool that maintains the many school districts' disaggregated data from the results of the California Assessment of Student Performance and Progress (CAASPP), the state achievement test given once per year in the spring. According to the State Performance Overview (CDE, 2018), there were 6,220,413 students assessed by the CAASPP, with approximately 37,000 being foster youth (0.6%).

The ranges of data points are coded by different colors that indicate achievement levels. The colors are ordered red, orange, yellow, green, and blue, with red being the lowest and blue being the highest. Green signals proficiency. According to the results from the CAASPP assessment as demonstrated in Figure 2, foster youth of California are coded in the red in the

areas of English language arts, math, suspensions, and graduation rate. They are in the orange

range in the areas of College/Career Readiness and Attendance. According to this data, the

subgroup of foster youth do not have enough students reaching proficiency in any area. This

validates the reason why supplemental and concentrated funds are provided to support this

subgroup of students.

Performance Area	Achievement Level
ELA	Red
Math	Red
College/Career Readiness	Orange
Suspension	Red
Attendance	Orange
Graduation Rate	Red

Figure 2. Achievement levels of foster youth in California based on CA Dashboard 2018. Achievement levels are ordered red (lowest), orange, yellow, green, and blue (highest). Adapted from the California School Dashboard by California Department of Education (CDE), 2018. Retrieved from https://www.caschooldashboard.org/

With monies from the supplemental and concentrated funds coming into districts, the real

question is whether or not those funds are being allocated to properly support foster youth.

Secondarily, are the supports effective in their efforts to raise academic achievement in foster

youth? As discussed by Kaplan (2018), it is difficult to ascertain whether or not this is true because of the complexities of the funding. Districts must prove that they are providing resources that are proportional to the amount of funding received for the designated groups. Yet, the money is entangled with supports that are being offered for foster youth, along with the supports for English Learners and for students from low-income families. It is also enmeshed with the base funding that the district receives for all children.

Group Home Youth

Students who reside in group homes are a subset of the larger marginalized group, foster youth. Group Homes are on the continuum of care for children who live in out-of-home placements. It is a significant change of placement style on the continuum of care.

Focussing on the academic needs of group home youth is important because, even though no one would argue that it should be a top priority, it still gets overshadowed by other issues that surround the children. If the children do not acquire basic skills like reading, writing and mathematical computation, they will struggle in adulthood (Trout et al, 2008), especially when trying to find work.

Mastering basic skills is even more important in this day when jobs require proficient reading, writing, and math skills (Trout et al, 2008). Basic skills are no longer enough to attain a job that will allow a person to support oneself, like the factory jobs of the past. If when first entering adulthood the youth are not able to attain employment, it can lead to negative adult outcomes like crime, homelessness, and dependency on government sponsored services (Ferguson & Wolkow, 2012; Trout et al, 2008).

According to the CLC (2014), over a quarter of foster youth will experience incarceration within the first two years after exiting the child welfare system. Almost one quarter will report that they experienced homelessness and over a third will receive some sort of public assistance quickly after exiting the child welfare system (CLC, 2014). For these reasons, academic achievement cannot take a backseat to any other areas of need of foster youth.

Success in school is often presented as an antidote to the negative effects of adverse childhood experiences, the kind that often land children in foster care (Pecora, 2012). A sound education has a huge effect on the success of the students when they reach adulthood. A focus of education cannot wait until adulthood. The academic needs and mental health needs of foster youth must be addressed concurrently while the child is in his/her formative years in order for the children to be prepared for independent living.

Conclusion

The research literature related to the academic success of foster youth living in group homes reveals the diverse types of stress and trauma experienced by this population of young people, as well as the significant challenges these youth face as a result of trauma. Additionally, the literature indicated the importance of support from various service providers within the circle of care to attend to their needs, including physical, emotional, mental health, and academic needs.

The efforts of the circle of care map on to Maslow's (1943) hierarchy of needs, which specifies five levels of needs—physiological, safety, love and belonging, esteem, and self-actualization. As in practice, much of the research on foster youth focuses on efforts to meet their

mental health needs, which are deficiency needs. As the theory goes, these needs must be met before the students can move towards academic achievement.

Maslow (1943) stated that one's desire for knowledge is an expression of the growth need of self-actualization. But in the case of foster youth who reside in group homes, will those needs ever be accessible? According to Cook et al. (2005), it is possible that children who are exposed to trauma, like foster youth, may have to deal with the psychological effect for long periods of time, well into adulthood. Foster youth cannot wait until these negative effects of trauma are addressed before engaging in their academic development. If we rely solely on Maslow's (1943) theory, children who reside in a group home may not get the opportunity to focus on growth needs while school-aged because of the presence of the trauma. How can we better address the students' deficiency needs so that they can participate in self-actualization? Or, which type of supports do they need to be able to tackle both their mental health (deficiency needs) and academic development (growth needs) at the same time?

The members of the circle of care must have a sense of urgency around both of these needs if they are preparing these children to be productive adults and avoid the predicted negative outcomes of homelessness, incarceration, unemployment, and dependence on government subsidies (Shin, 2003). In theory, social work, mental health, and group home professionals should focus on the deficiency needs while school personnel work on the growth needs, which would result in a child whose needs are met and can successfully access self-actualization. Unfortunately, the roles and duties of services providers are not that specific. The members of the circle of care, at the very least, need information from each other to carry out certain duties.

In this study, I posited that the loosely coupled systems of support around a student who resides in a group home, that is the circle of care, are not effective. Weick (1976) described education as a loosely coupled organization because change in one department does not really have a large effect on the whole organization. He also spoke about how difficult it is to see the elements of its loosely coupled status from an outsider's point of view because the outsider would need more context (Weick, 1976). Based on the lack of academic achievement, low graduation rates, and data that describes the high percentage of negative life outcomes of foster youth, I believed that the circle of care, the organization working to support the children residing in group homes, is not effective because it is operating as a loosely coupled system, which does not adequately serve the needs of students who reside in group homes.

The literature above discussed the need for the members of the circle of care who work for these varying agencies to work more closely together, as a more tightly coupled organization. In the work of Clemens et al. (2017), interviewed youth commented on how they did not see evidence of the child welfare system and the school system working together for their benefit. To make the adjustments to the circle of care, we have to first examine what is there. What are the coupling mechanisms that currently exist? This study seeks to answer that question.

Many of the researchers mentioned in this chapter have worked to highlight the needs of foster youth and the lack of academic progress and achievement. The research is compelling but does not show where the needs of foster youth who reside in group homes is different and, in some cases, even more dire. The research also highlighted the deficits of the children without taking into account the deficits in the supports that the children are receiving. This study

informed us about how the service providers and school personnel can be better prepared to address the needs of students who reside in group homes.

  In the next chapter, I outline the methodology for a qualitative study that examined topics such as these through interviews with educators and other practitioners who worked with students who resided in group homes.

CHAPTER 3

METHODOLOGY

Being removed from a family home by a child welfare agency is a traumatic event for a child. It adds to the original trauma of the abuse and/or neglect that caused the removal from the home. If children are not placed in a familial setting along the continuum of care after the removal, they are usually placed in a congregate care setting like a group home.

Children are enrolled in school within three days of their placement in a group home. The children are left to participate in the school setting just like all other children who are not living outside of their family home. Even though group homes must be equipped with services like therapists or clinicians to support the children's psychological well being, those services do not automatically extend or transfer to the school setting. When students enter the school setting, they are still working through the trauma of being separated from their families (Bruskas, 2008). Studies have shown that students who reside in group homes often do not experience academic success (Vacca, 2008).

Foster youth have many barriers that make it difficult for them to experience academic success (Vacca, 2008). Along with the trauma of separation, students who reside in group homes must contend with moving schools, usually in the middle of the school year. They are suspended and expelled from school at a rate higher than their non-foster youth peers (Vacca, 2008). It is possible that these students will move schools more than once within a single school year. Foster youth are referred for special education services at a rate five times that of their peers (Ferguson & Wolkow, 2012).

The purpose of this study was to explore how the needs of students who lived in group homes were being addressed in the public school setting and how the members of the circle of care could improve their methods for supporting their academic success. As stated above, there is not a considerable amount of research around the academic success of group home youth (Chama & Ramirez, 2014). Current research that does exist disproportionately focused on behavioral and psychological needs (Trout et al., 2008). This focus did not go without merit.

Maslow (1943) said that people have a difficult time attending to growth needs, such as self-actualization goals like academic development, when they are experiencing psychological and mental health issues and do not feel safe. The lack of focus on school can also be attributed to other obstacles like transiency, incomplete school records, and the lack of communication between the members of the students' circle of care that group home students face when in school (Vacca, 2008).

However, as a school administrator, I feel I must hold children's academic success as a high priority, regardless of their home life. The academic achievement of students who reside in group homes must be more than just a passive goal for me and the other members of the circle of care. The child welfare system and schools must work together to ensure the academic development of students designated as foster youth who reside in group homes (Vacca, 2008). In order to begin the process of improving practices around the collaboration between schools, group homes, and other agencies, this study sought to unearth how these organizations work together. I examined the ties that exist between the varying representatives that work together on behalf of the students.

Research Questions

The research questions were as follows:

1. What do members of the circle of care of a foster youth living in a group home believe about their role(s) in supporting the child's academic success?

2. How do members of the circle of care support the academic success of foster youth living in group homes?

3. In what ways does the structure of the circle of care enable or constrain members in providing support for academic success of foster youth living in group homes?

Rationale for Qualitative Approach

This study used qualitative methods to explore the topic of academic success for students living in group homes. I chose to engage in a qualitative study because I was interested in collecting data in the form of lived experiences of those who interact with students who reside in group homes. By hearing directly from those who work with students who live in group homes, I collected data concerning each participants' beliefs about their role in the academic development of students who reside in group homes. Secondarily, I collected contextual data that revealed coupling mechanisms between these different professionals. The findings of the study shed light on how service professionals can improve their practices in serving foster youth who reside in group homes.

The study data revealed the successes and challenges members of the Foster Youth Consortium (FYC) experienced in supporting foster youth who reside in group homes in their academic pursuits. This was important because few previous studies detailed these particular

experiences, apart from studies that spoke to supporting foster youth as the larger demographic group.

<div align="center">

Method

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Setting

This study took place within a medium-sized school district in Southern California. The school district had an unusually high number of congregate care facilities within its boundaries. Because of this, many students who resided in group home facilities enroll in the district's schools. The student population of this district includes 1.6% of its students designated as foster youth, almost three times the state's percentage of foster youth at 0.6% (CDE, 2018).

The foster youth count for the 2018 - 2019 school year in this district was 415. Of the 415 foster youth, 221 were counted as foster youth who reside in Licensed Children's Institutions, another term for congregate care facilities. The students were enrolled in all schools in the district, requiring that staff members at all of the schools interact with foster youth. Almost all classified and certificated staff members at school sites within this district were considered members of the circle of care for students residing in group homes.

Participants

Participants in this study were chosen using purposive sampling and came from one of two groups: (a) staff members from schools in the target district, including teachers, site administrators, school counselors, and school psychologists; or (b) district level staff and other service providers who participate in the FYC, including group home staff, group home administrators, mental health providers, the foster youth liaison, district level administrators, and

school site staff members. Table 2 shows the participants and the roles they play in the circle of care when serving students who reside in group homes.

Table 2
Participants

Job Title	Work Location	Duties related to residents of group homes
Senior Program Specialist	County Office of Education	Trains the foster youth liaisons from schools and school liaisons from group homes on supporting the students
Principal	Specialized Therapeutic School Site	Manages school site that is a special education placement that supports and educates students who need more support than comprehensive sites can offer
Assistant Principal	Middle School	Supports teachers in instruction and implements site's discipline policies, participates in IEP meetings
School Liaison	Group Home	Manages the interactions between the school and the group home concerning the students
School Psychologist	Middle School	Assesses students for special education services and provides counseling.
Clinical Social Worker	District Office	Supervises the Masters of Social Work Interns that are on school sites throughout the district
Coordinator of Child Welfare, Attendance and Safety	District Office	Supervises the foster youth liaisons, attends district level meetings, gives input for student discipline, placement and district policies concerning students
Special Education Teacher	Middle School	Provides instruction for special education students, creates and implements IEP goals
Interim Assistant Principal	High School	Implements school site discipline policies, participates in IEP meetings
Foster Youth Liaison	Multiple Middle School sites	Supports foster youth on middle school campuses including case management, support groups and facilitation of meetings with service providers
Coordinator of the Foster and Kinship Care Education Program	Community College	Supports foster youth who enroll in community college, provides training for foster parents and group home staff, communicates with foster youth on high school campuses to support transition to college.

At the time of the study, the FYC met quarterly to discuss ways to support all students identified as foster youth in the district. Participants were chosen because of how they currently serve students who reside in group homes or how they served those same students in previous positions.

Data Collection

Data collection included individual interviews with 11 professionals who are members of the circle of care for foster youth living in group homes. Interviews lasted between 30 and 50 minutes and took place either face-to-face, by telephone, or through video conferencing. The interviews were audiotaped and transcribed to facilitate coding and analysis.

In the interviews, participants were asked to respond to five to seven semi-structured questions such as: "How do you interact directly with the foster youth that you support who reside in group homes?" and "How does your role intersect with the child's educational goals?" (See Appendix for list of interview questions.) Following the interview, participants were given a gift card in gratitude for their time.

Analysis

When analyzing the data, I followed the structure suggested by Creswell (2009). First, I transcribed the interviews and organized my interview notes. I then read through all of the data to get a general idea of what was said by the participants. Then, I hand-coded data to identify common ideas related to the research questions and theoretical framework for the study, as well as ideas that emerged as important in the coding process. This coding process required multiple passes through each transcript in order to identify and compare excerpts to ensure consistency in coding.

I then used the coded data to identify patterns in the participants' responses. These larger themes combined responses from multiple participants in different positions within the circle of care and joined concepts to provide a deeper understanding of the work of the circle of care. I present these themes in Chapter 4.

Limitations

This study had limitations in its generalizability due to the small sample size and its focus on a single school district. However, as a qualitative study, the purpose was not to generalize, but to provide a rich description of the work of the circle of care and to identify needs of the members of the circle of care in their efforts to support the students who reside in group homes.

Another limitation was gathering data through interviews. The answers from the participants were self-reported, and therefore may have been biased by their particular opinions and experiences or by their desire to provide the "right" answers to my questions.

Delimitations

Children who reside in group homes are foster youth and therefore a fragile demographic. For this study, I deliberately chose not to speak directly to the children. As stated above, many children who are foster youth have experienced some form of trauma, be it acute, chronic, or complex. Gathering the information needed for this study could have caused the children to be triggered or otherwise dysregulated, therefore, I only interviewed adults closest to the students to gain insight into the challenges of the students' academic development.

CHAPTER 4

FINDINGS

Study Background

The purpose of this study was to explore how foster youth who live in group homes are supported by the many different service providers who are responsible for the student's academic development. I called this group of service providers the *circle of care*. Looking through the lens of Karl Weick (1976) and how he applied the concept of loose coupling to education, I researched how the members of the circle of care work together to foment the academic development of foster youth who reside in group homes.

Along with the idea of loose coupling, I used Maslow's hierarchy of needs (1943) to help explain how the academic needs of foster youth who reside in group homes are prioritized in the work of the members of the circle of care. It was clear through research that students who reside in group homes live with trauma and have mental health and social emotional needs that must be addressed (Burns et al., 2004; Clausen et al., 1998; Morton, 2018). In other words, the students' deficiency needs must be met before taking care of students' growth needs such as academic development. Even though group homes are charged with making sure that their residents are enrolled in school and engaging in educational goals, research revealed that foster youth are not progressing academically at the same rate as their non-foster youth peers (Vacca, 2008; Zetlin et al., 2004). The data showed that the lack of academic achievement was a function of both education being prioritized lower than mental health needs and the lack of cohesive work between the members of the circle of care.

In order to gather the data being presented in this chapter, the research questions focused on how the members of the circle of care currently work together in support of the academic achievement of students who reside in group homes. Therefore, the research questions were:

1. What do members of the circle of care of a foster youth living in a group home believe about their role(s) in supporting the child's academic success?

2. How do members of the circle of care support the academic success of foster youth living in group homes?

3. In what ways does the structure of the circle of care enable or constrain members in providing support for academic success of foster youth living in group homes?

The method used for collecting data was semi-structured interviews. I interviewed 11 professionals who serve as members of the circle of care in different capacities. The interviews lasted approximately 30 to 50 minutes each. After transcribing the interviews, I hand-coded the data highlighting different phrases and excerpts from the data in different colors as they answered the three different research questions. I also noted data that reflected elements of the theoretical framework as well as any emergent themes coming from the data. In concurrence with my coding method, I organized the results presented in this chapter by research questions. Taken together, the data presented in this chapter revealed the benefits and challenges of working within the circle of care in an effort to support the academic achievement of students who reside in group homes.

Research Question 1

According to Maslow's hierarchy of needs (1943), deficiency needs of students, such as mental health needs, must be effectively addressed before they can engage in their growth needs

such as academic development. Research supports this as the psychological needs of students who reside in group homes receive more attention than their academic deficits (Trout et al., 2008). Therefore, my first research question explored what the members of the circle of care believed about their role in the academic progress of students who reside in group homes. My first question was: What do members of the circle of care of a foster youth living in a group home believe about their role(s) in supporting the child's academic success?

Through the analysis of the interview data, I identified three recurring themes in the participants' answers: (a) members of the circle of care see themselves as advocates for the academic needs of foster youth living in group homes; (b) members of the circle of care saw one of their roles as supporting a uniquely vulnerable population of students; and (c) members of the circle of care believed they needed more training to be able to properly meet students' needs.

Advocacy for Academics

According to Maslow's hierarchy of needs, people must attend to their deficiency needs before engaging in their growth needs (Maslow, 1943). As I discussed in Chapter 2, it was well documented that interventions for foster youth have focused on providing for their mental health and social emotional needs opposed to their academic development (Burns et al., 2004; Clausen et al., 1998; Morton, 2018). This practice was in alignment with Maslow's theory (1943).

The participants in my study discussed their efforts to support students in meeting both deficiency needs and growth needs. The members of the circle of care who participated in my study believed that the academic development of the students who reside in group homes is important and that it is part of their jobs to support these students' academic development. One example can be seen in this excerpt from my interview with a special day classroom (SDC)

teacher who previously worked as a group home staff worker. She was inspired to become a teacher through a successful interaction with one of the residents of the group home where she worked.

> I became a teacher because of one kid in particular. . . . He could not read. He was 12 or 13 at the time. He could not read at all. And he decided he wanted to learn how to read. And so we worked on it together and the cottage, and we'd buy Dr. Seuss books and read them together. And it was a really rewarding experience.

She became a teacher because of the rewarding experience of seeing a child learn. This group home resident was able demonstrate progress in reading despite the trauma he was experiencing. According to the SDC teacher, this experience inspired her enough to go back to school and earn the credentials needed to become a special education teacher. She then returned to teach students who resided in group homes.

The principal of the specialized therapeutic school site said in his interview that the most important thing to his high school aged students is dual enrollment. His site did not provide some of the extracurricular activities like sports or performing arts programs like the comprehensive high school sites. Nor did his site have advanced placement courses or career and technical education (CTE) courses. His students, 90% of whom who were residents of group homes, wanted to attend comprehensive sites so that they could take advantage of the programs available there.

> Once we're able to get them to where they can self-regulate. Then we get started talking about dual enrollment option to probably take some courses at a comprehensive site. If they feel like they're ready for it. We want to at least expose them to the comprehensive site because there's so much to offer out there for them. And we have to offer it to them. We have to show [them] because a lot of these students, they're really stars.

This example showed how even though the ability to self-regulate, a deficiency need, came first, the overall goal was to be able to return to a comprehensive school site, where the student could engage in academic endeavors.

The coordinator of the Child, Welfare, and Safety (CWAS) department, who stated that she did not have much direct contact with students in this position, stated that when she does make direct contact with students, it is usually focused on their academic standing. She stated, "When students come in themselves, it's academic. . . . They're trying to figure out how they're going to graduate." Graduation rates were important to the school district for the sake of the students, but also for the district's ratings. The graduation rate was used to score school districts on the California Dashboard. The graduation rate specifically for foster youth was important to the district's LCAP, because of the plan's focus on the achievement of foster youth. Therefore, beyond the personal desire to see students achieve, the academic achievement of foster youth was a funding priority for the district.

The Foster Youth Liaison, who was supervised by the coordinator of CWAS, said that she feels successful when the students she supports are happy to be in school. Again, "being happy" has social emotional implications, but the ultimate goal is that the children are in school. The participants also implied that a large part of their jobs was advocating for the resources and supports the children need to stay in school. The children needed the members of the circle of care to fill in any gaps in communication or service that the students may experience while adjusting to school and its expectations. The school liaison stated the following about advocating for students to stay in school:

> And so when we advocate for them and really try and meet them where
> they're at, we've seen kids be more successful versus not advocating and

letting them be. They'll continue to get suspended and they fall out of placement.

The SDC teacher stated the importance of education clearly and concisely, "I just really believe that education is the key. Without that education, their future is gonna be even more bleak than it would be if they [did not have] that education." How the members of the circle of care currently supported the academic development of the students who resided in group homes will be discussed in more detail in Research Question 2.

Vulnerable Population

Foster youth who reside in group homes are a subset of a larger, vulnerable demographic group of foster youth. One of the foundational premises of this study was that students who resided in group homes were even more vulnerable than foster youth placed in family settings because their placement along the continuum of care was an institutionalized setting. As the Coordinator of the Foster and Kinship Care Education Program stated, "If you take a child from a dysfunctional family system, putting them into an institutional setting is not a replacement family system."

Foster youth who reside in group homes lack the coherence of care that foster youth experience in family placements. The foster youth liaison noted that "it requires a different type of work" to support foster youth living in group homes, calling attention to the unique needs that arise from experiencing trauma along with the lack of an established parental figure to help guide them. As the foster youth liaison went further to say, foster youth living in group homes "need just one person" who was invested and would provide consistent guidance and support for the whole child.

Other members of the circle of care expressed a sense of the uniqueness of the

vulnerability in students who were foster youth who reside in group homes. The SDC teacher

from the middle school site stated,

> I really wanted to work with group home kids, when I got out of grad
> school because those are the kids that had inspired me [to pursue the
> graduate degree] in the first place and I knew those were kids that had so
> many other barriers that were being focused on.

She previously worked within a group home setting as cottage staff, caring for the students

before and after they went to school. She was one of the few members of the circle of care who

expressed deliberately seeking the opportunity to work with this group of students. Most of the

other members of the circle of care reported that they began their work with children who reside

in group homes by happenstance. This spoke to a lack of deliberateness in working with this

group of children which makes the lack of preparedness seem logical.

Another interviewee spoke about the fact that foster youth who reside in group homes

miss school regularly in part because of the many placement changes that they experience. As

someone who worked in group homes, the school liaison stated, "They [students] miss so much

school between placements." With changes to placement often came changes in schools. A

senior program specialist from Los Angeles County Office of Education (LACOE) who worked

to support those who serve foster youth in Los Angeles county schools stated the following about

placement changes.

> Sometimes when I work with students, some of them have transferred (to)
> 10 - 12 schools in just 3 - 4 years. So, sometimes they don't even know
> what school they have attended. So we kind of have to go back and kind of
> write down on a piece of paper . . . between this year and this year you
> were attending 8th grade, where do you go next? . . . And sometimes they
> cannot remember so we need to just look at the system . . . the system says
> that you attended the school. Do you remember attending that school?

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Sometimes they do and don't because probably was just a short period of time.

This high mobility rate has been exacerbated by the new law, *Assembly Bill 403* (2015), that has shifted group homes to convert to short term residential therapeutic programs (STRTPs). The law dictates that foster youth placements in these facilities must be reconsidered at least every six months. Even though this new law was put in place to prevent foster youth from remaining in group home care for long periods of time and move students to a more familial setting as soon as possible, it intensified the probability of higher levels of traumatization in these students due to high mobility rates. According to the senior program specialist, she stated "[The new laws are] so complex, right, with that population so what the law says sometimes doesn't really work in a sense with reality."

This district had a specialized therapeutic school site that served students with IEPs who were not ready to handle attending school on a comprehensive campus. The principal of this school stated:

> Ninety percent of my students are from group homes. I can see how these students get lost. And when they get into a big environment, it's really really scary for them. And they just don't know how to react. And you know, it's hard on them because they don't have someone that they feel that's theirs, their mom, their dad, their brother, their sister, their aunt, their uncle, that's guiding them.

This was another indicator of the vulnerability of this group of students. The composition of the student population at this specialized campus demonstrated that foster youth who resided in group homes had needs that must be addressed with specific strategies and programs that are available at this site because it is a special education placement. The principal went on to say the following.

> We're getting students everyday and some of the students that they tell me
> that we're getting they said, no other place will take them. No NPS will
> take them.

An NPS, non-public school, was a school that was privately run, but publicly funded. They were designed to meet the needs of students whose disabilities were so exceptional that they could not be supported within the public school setting.

Finding the right setting for students who resided in group homes was another barrier if they are being turned away from various school settings. Students must be placed in a school setting that is able to meet their social emotional and academic needs, what would be considered their least restrictive environment (LRE). This can be difficult, especially for students who reside in group homes that do not have an IEP which would guarantee that their needs are taken into consideration. The school liaison who usually registered students who resided in group homes in school stated the importance of finding that right school setting for the children:

> I think that if we are able to get or I am able to get the kid into the right
> setting, least restrictive, and be able to get the child an education, we are a
> thousand steps in the right direction.

Even when students enroll in schools that meet their needs, those placements are always threatened by the probability of movement to a foster family placement or to another group home.

The issue of high mobility in students who reside in group homes sets up another barrier in their lives, the disruption of their relationships. The coordinator of CWAS stated in her interview, "I think foster youth are most at risk because . . . if I don't have that one person that was supposed to guide me, love me, show me the way . . . how can I make it." As group home youth move placements, they lose connections to people that are willing to fill the role of being a

guiding figure in their lives. People who are willing to fill that role can be group home staff,

teachers, counselors, or even a security guard. When students move placements, these losses are

not always considered, thereby causing more trauma. The trauma is felt by the children and by

the members of the circle of care who then misses that child. The SDC teacher discussed her

experience with this type of loss.

> So, I could have a student who suddenly moved to a foster home over the
> weekend. And we had no idea that they were even going to, and they
> suddenly leave our school. And we had no say, and their educational needs
> we had no way to like report or request or advocate for our students in that
> manner, at all. And they would just disappear. We would never see them
> again.

Members of the circle of care see themselves as advocates for this vulnerable population

because of the awareness of how often these students fall through the cracks. One of the

participants stated that, at the beginning of her career as a school counselor, she found herself

unable to focus on students like those who reside in group homes. As the coordinator of CWAS,

she was able to channel all of her efforts into supporting high needs students, like those who

lived in group homes.

> I see this department as the department that advocates for students who are
> underrepresented, who are experiencing the most challenges and traumas,
> who need the additional support. So we are foster youth. We are homeless.
> We are all those groups that are, that can be lost in kind of the general
> education, that really need that special attention.

Foster youth have a difficult time forming relationships with others while in their

placements and new schools due to the effects of trauma (Rabley et al., 2014). Foster youth lose

their familial foundation when moved from their homes, and then again when they have to

change placements while in the child welfare system. This causes even more trauma for them to

manage. Therefore, moving them around to different STRTP's facilities and/or schools only heightens their vulnerable dispositions.

This lack of relationship building affects how students engage in school (Zetlin & Weinberg, 2004). Foster youth who reside in group homes often arrive in schools after the regular school year has begun. This means the classroom norms have already formed and joining the class may be intimidating to new students. For non-foster youth, this is challenging. For foster youth and their challenges with relationship building, this can be even more difficult. They must also overcome any prejudices that teachers may carry about their status as a foster youth (Shostack, 1997; Sullivan et al., 2009). The school liaison discussed her disappointment with the schools that have negative responses to having the students on their campuses.

> We expect the school to be compassionate, but they're not because they don't know the trauma. We can't disclose the trauma because of HIPAA. And so they're like, well, these kids just bad kid. . . . So then it's suspension after suspension, more and more school missed. They never received an actual education.

This quote referred to "HIPAA" which stands for the *Health Insurance Portability and Accountability Act* (1996) which stated that a patient's, or in their case a resident's, protected health information might not be disclosed. Therefore, there were times when schools were not aware of key diagnoses that students had, which limited the school's ability to address any needs based on the diagnoses. This law's purpose was to make individuals with certain diagnoses less vulnerable. Unfortunately, in this case, it made it more difficult for schools to address students' needs.

Research Question 2

Ideally, the educational system should provide all students with the opportunities to develop the skills they need to be productive citizens in their adult lives. Yet, according to data, the current system is not producing the environment where foster youth are experiencing success on a consistent basis. The research in this section showed that often, in the cases where there was some success, individual members of the circle of care worked beyond their established duties or work requirements to create those positive opportunities.

Foster youth living in group homes do not have consistent access to the possibility of success in school due to high mobility rates, the effects of trauma, and the lack of familial support. I began this study with the premise that only the educators who are a part of the circle of care prioritized the academic development of children who reside in group homes, thereby limiting the coupling mechanism of a common goal that would make loose coupling functional. Contrarily, as the previous section demonstrated, many of the non-educator members of the circle of care believed they had a responsibility to support the academic success of foster youth living in group homes; however, as their comments about the lack of training indicated, they did not always know how to lend this support.

The second research question of this study aimed to understand the scope of activities and resources members of the circle of care currently bring to supporting the academic success of foster youth living in group homes. The second research question was: How do members of the circle of care support the academic success of foster youth living in group homes?

Creating Connections with Students

In accordance with Maslow (1943), most of the service providers discussed addressing the deficiency needs when beginning to support a student who resides in a group home. They discuss ways that they give students a safe place to go to when they need help. As the students discovered that they could depend on these spaces and the people that they encountered there, they began to establish trust. The school psychologist stated, "If they have any type of issues or concerns or problems or they just need someone to vent with, they do come to me. And I do have an open door policy for them to come and see me." School psychologists usually work with students who are being assessed or who already have an IEP. This participant expressed during the interview that she extended her services to all group home youth, regardless of their IEPs, because she knew that the student had trauma to process.

The clinical social worker reflected on the time she worked at the school site and how she established safe spaces for students who reside in group homes.

> When I was on the individual elementary school campuses, I helped with kind of the welcoming committee. . . . I [was] that safe person for some of the students to go to, you know. They would come to my office, take a break, even if it was to call their therapist. I was the person that they could come to.

All schools in the district did not have a clinical social worker on site to offer this type of support. Like the school psychologist, providing safe spaces for students was an important part of the service currently being offered to students dealing with the effects of trauma like those who resided in group homes. Schools without clinical social workers on site had to find another staff member who was willing to establish a place the student could go when they sought support.

The principal from the specialized therapeutic school site stated the following when I asked what part of the students' lives were most impacted by his work:

> Knowing that they have somebody that they can talk to, that a leader is
> going to listen to them and he's going to give them some good sound
> advice and going to tell them that he loves them. And everything's gonna
> be alright. And I'm not going anywhere. You know, I'm here for you. Just
> tell me what you need.

With approximately 90% of his students living in group homes, it was evident by this statement that he understands the importance of a trusting relationship with his students. He also referred to having an open door policy with the students, giving the students full access to him when they need to talk.

The foster youth liaison coordinated the STARS Program, which offered support to foster youth in the middle schools. She had a room where she facilitates weekly group meetings for the foster youth on campus. She also engaged in case management for those students who need more support. Her office was another safe space for group home youth to enter when they were having a bad day. The foster youth liaison said this about an interaction with a student on a middle school campus:

> He would come to my office, his place that he felt comfortable and, you
> know, would kind of give him the space to talk or write or draw, whatever
> he needed to do to kind of de-escalate. And so he shared some things that
> were happening in his group home.

Even though talking to students and counseling students may seem like a normal part of the duties of the interviewees quoted above, the idea of an open-door policy still denotes the idea of going beyond what is normal. An open-door policy means that these professionals are extending themselves in a way that removes certain protocols and procedures in a manner that avails access to their time more immediately. This shift in how these students are received seems

to be key to building trust between member of the circle of care and students who have experienced trauma like those who reside in group homes. Even though this is an admirable practice, it may have negative effects on the other duties that the service providers must complete.

The interim assistant principal shared about her experience supporting a student who resided in a group home when she was a counselor at a middle school:

> Our relationship developed over time, but it took a long time. . . . In the beginning, he really didn't want to talk to me either. But I was like okay, you don't have to talk to me. You could just sit in my office. So after sitting in the office for a while and me not, like, trying to force him to talk to me, he started opening up.

The interim assistant principal felt successful in that she was able to establish a positive relationship with this student. When this student enrolled in school, he was very troubled. He was angry, engaged in self-destructive behaviors, and suicidal. The interim assistant principal discussed being concerned for his safety which is why she originally allowed him to sit in her office all day. She was able to counsel him in a way that he stopped engaging in self harm and began participating in classes, going long enough to get the lesson, but then returning to her office to complete the assignments. With time, she became even more involved in his care.

With the help of her husband who worked for the same group home where this student resided, she learned how to gain access to his child family team (CFT) meetings and acquire permission to take him on excursions in the community. She admitted that she never intended to get that involved in this child's life but the relationship developed and continued until he returned to his family. His return to his family was a big success. She stated, "It would be nice if

every kid in a foster home or group home had that one person to talk to, to build that relationship with, but I don't know how realistic that is in a [comprehensive] school setting."

The special day teacher who worked in a group home in the past also discussed how relationship building is the foundation of school success. Yet, she discussed how the system was not built to support that very necessary and hard to attain connection with the students.

> It's nearly impossible to build a relationship with someone, and then
> extend that into school success in 30 days or 90 days, or a half a year. . . .
> Education is not really considered in that system. . . . Maybe they're
> really, really successful in their current school placement, and now they
> have to leave that successful placement and start over again, build those
> new relationships. And it's really hard for these kids to build relationships
> because of that experience, because they know they're going to leave.

This iterative process of building relationships, then losing the relationships, and then building new relationships made it increasingly difficult for students experiencing trauma to engage in relationship building every time they change placements, which strengthened the barriers that the children experienced to participation in academic endeavors. Based on the data, relationship building was important to this subgroup of students, yet the system was not created in a way that addresses this need.

Advocacy for Students

As mentioned in Research Question 1, a large part of what the members of the circle of care did was advocate for foster youth who resided in group homes. Much of this advocacy work focused on removing barriers that prevented students from participating in their education. Depending on the position held, the advocacy work can be on a systemic level pertaining to the law, on an organizatinal level in forming alliances between departments, or on an individual

level when collaborating between two service providers. We will begin with how members of the circle of care advocate for students on the systemic level.

Systemic advocacy. The Local Control Accountability Plan (LCAP) written by school districts must show how resources will be spent to reach their goals. Foster youth were one of the demographic student groups whose needs were supposed to be explicitly addressed in the LCAP. According to the LCAP, one way this school district was supporting its foster youth was by spending resources on the foster youth liaisons. The job of the foster youth liaisons was to advocate for these students and the supports they needed to stay engaged at school. The coordinator of CWAS supervised the foster youth liaisons.

Even though there were two foster youth liaisons, the coordinator of CWAS requested more support personnel to help the students. For example, she asked for the establishment of a goal to create and monitor individual learning plans (ILP) for each foster youth in the district. Each student who was a foster youth would have needed to have a plan created as soon as they entered the district. The coordinator of CWAS felt that the ILPs would be documents that would help bridge the knowledge gap that can exist between the members of the circle of care. These documents would provide a common plan that all could follow. She would need more personnel to execute this goal with success. Additional personnel would require more funding from the LCAP plan.

Along with the suggestion of ILPs, the Coordinator of Foster and Kinship Care Education at the community college developed another document that she hoped would establish the importance of education. She stated, "There's a sheet that I created called a School as a Priority Agreement. And so I started using it at the beginning of the term instead of waiting when they

come to see me in crisis." She expected that the addition of this document to the students' files could help shift the thinking of all service providers who were making decisions for foster youth to prioritize academic achievement.

Child family team (CFT) meetings, usually organized by the child's social worker, were where members of the circle of care discussed the children's behavior goals. The senior program specialist spoke about a systemic change made in a different district that helped make school a priority.

> They are choosing to have those CFT meetings by a special arrangement with DCFS at the school district. So that seems to be working out good especially for the academic success because the schools are more involved as to what's happening with the youth.

As Maslow's hierarchy of needs (1943) indicated, the students' mental health needs must be addressed before engaging in academic growth. Having representatives participate in the CFT meetings was a move to bridge the gap that could exist between the behavioral and academic goals. The CFT meeting gave space to get everyone on the same page.

Having consistent and well-communicated goals was a concept that was discussed in many of the interviews. This was one example of a making systemic changes to benefit the development of foster youth. The Foster Youth Consortium (FYC), a group of service providers from various school district departments, group homes and other civic agencies like the Department of Children and Family Services and Department of Mental Health, met to discuss ways to support foster youth. This group advocated for systemic changes as well as ways for departments and agencies to work together to enhance practices around serving foster youth.

Interdepartmental/interagency advocacy. The FYC was an example of interdepartmental/interagency advocacy for foster youth. Since the members represented

different departments and agencies, they could work on strengthening the ties that allowed them to better serve the students. It was also helpful in that it was an opportunity for members to share practices and learn from one another. Committee membership and involvement were voluntary and represented a group of individuals who were willing to work beyond normal duties to create positive change for this group of students.

An example of a change in protocols that the FYC produced was the inclusion of newly enrolled group home students in the triage meetings. Triage meetings were originally a function of the special education department that was now being used for students who resided in group homes as a way to find the best school placement with the appropriate programs and resources for the students. According to their interviews, the coordinator from CWAS, representatives from the special education department, and the school liaison from the group home all participated in this meeting. The school liaison who worked for the group home discussed how she was now able to advocate for the students in regard to school placement through participating in the triage meetings:

> We meet with the district every Tuesday and we present all of the new intakes. I try my best to meet with them [the students from the group home]. Understanding like, what their concerns are, what their triggers are, what their safety concerns are. We bring it back to the team and make an informed decision of what would be the best fit for that kid.

Once placed, the students might want to change to another school, especially if the original school placement was at the specialized therapeutic school site. As an advocate, the school liaison coached the student on the changes he/she should make in their behavior so that the change might be possible partially based on the discussion that occurred at the triage meeting.

On the school side, the foster youth liaison also advocated for foster youth: "Most of my students that I do case management with are students who live in group homes." Since the foster youth liaison was a district employee and worked on school campuses, they could easily check in with the school counselor and made sure the students were in the right classes. They could also check in with the students to monitor the implementation of the strategies that the students needed to practice in order to reach their goals. This was especially true for students who were doubly identified, for example, those designated as a foster youth and as English learners or as foster youth and as special education students.

Another example of an interdepartmental/interagency meeting was the Best Interest Determination meeting (BID). The foster youth liaisons facilitated the BIDs that occured when students change placements. At the BIDs, members of the circle of care from different departments, agencies, and/or school sites determined whether staying at the school of origin was more beneficial to the student than moving to a new school that was closer to the new placement. These meetings were an example of when the advocacy of different members of the circle of care could conflict.

The senior program specialist, who at times attended the BIDs, advocated for the student by reminding everyone that the student had the legal right to stay in the school of origin. Some might have advocated for this because there were established relationships between the student and members of the staff at the school of origin. Some also advocated for this because they were avoiding the problems that high mobility rates contributed to low levels of academic achievement in foster youth. Others might have believed that a change would be good for the student, especially if the student had experienced negative school interactions at the school of

origin, especially those that caused suspensions or other disciplinary actions. The school district of origin might have advocated for the student to change schools because the distance from the student's new placement to the school of origin might have been too far to accommodate, not to mention the cost of transportation. The group had to work together to come up with what would be best for the student, taking into account the laws that guided these decisions.

Need for training. Another reason that foster youth who resided in group homes were vulnerable was because many of the key members of the circle of care were not well-versed on the laws surrounding the rights of these children. The school liaison who worked in the group home stated that she still did not know all of the laws even though her job was advocating for the resources that her clients needed. As children, this left the foster youth vulnerable because they were often not in the position to advocate for themselves. The Foster Youth Liaison, whose job it was to advocate for foster youth, but from the public school side, stated the following:

> Unfortunately, a lot of adults tend to skip over, you know, information that a lot of our students don't have so that they're able to advocate for themselves. So I'd say that's like the bulk of my job. Like case management aspect is kind of zeroing in a little bit more on those students, most of my students that I do case management with are students who live in group homes.

According to the interview data, some of the topics that were influenced by laws were which resources a foster youth could access and where they could be accessed. For example, could state paid therapeutic services be used at the child's school or only at the group home? If a child opted to stay at their school of residence when there was a placement change, were their mental health and other services affected? These were issues that laws and policies determined or designated with whom the power of decision lay. Without knowledge of the law, these decisions were made by one of the members of the circle of care based on referent power. The senior

program specialist from LACOE stated that, when she attended Best Interest Determination meetings for foster youth, she was constantly "going back to the law and reminding them (of the) educational rights of students in foster care." The lack of common knowledge of the laws that pertain to students who resided in group homes led to the need for training.

One of the questions during the interview process asked the participants to reflect on the training that they had received that directly related to supporting foster youth who resided in group homes. The responses generally fell into three groups. The first group was on the job training and/or personal experience. Many of the participants spoke about learning through experience with these students. One of the participants who was serving as an interim assistant principal, but was formerly a counselor, spoke about the large number of group home youth in this district, "In [this] district, you cannot avoid working with group home kids." Yet, this same participant stated that she has not received training specifically for supporting students who resided in group homes.

Other participants also stated that there was a lack of training that would support how they work with students who resided in group homes. The clinical social worker stated that her formal training was not effective in relation to specifically supporting foster youth who resided in group homes. She said, "So [formal] education was not enough. I think, as the years went on and I had that actual in live experience, I felt a little bit more equipped." The senior program specialist stated, "So, it's not the bachelor['s], the master's. It's just the hands on, you know, experience everyday experience that really has equipped me to help me to do what I do."

The foster youth liaison reported that a large part of her workload is working specifically with foster youth who resided in group homes. She also expressed a lack of training for her

position: "So I feel like most of my training has kind of been on the job and I do think that that's problematic." This lack of training was problematic because, as described above, this population was so needy yet the service providers were not systematically developing the skills needed to improve how the children were being supported.

Other service providers talked about relying on their training from previous positions that they have held to help guide their interactions with students who resided in group homes. Therefore, the support that the students received depended on the perspectives of the previous or current positions held by the members of the circle of care, and not on a set collection of knowledge that informed all on how to properly support this student demographic.

Therefore, as these members of the circle of care work with students who resided in group homes, they were pulling from past knowledge, which one would argue happens in all jobs. Even though the dependence on past positions can be a good thing, the difference here was that the reliance on past knowledge of individuals did not assure that the children received an appropriate and consistent level of service for the duration of the time that they spent in the child welfare system.

When asked about being prepared to support students who resided in group homes, some of the participants reported having adverse childhood experiences personally that have led them to empathize with students who resided in group homes. Having a disposition that was sensitive to the needs of children with traumatic backgrounds could be a benefit to foster youth. The coordinator of CWAS explained how her background gave her insight into how to approach supporting high needs students.

> This is like I, you know, I was raised by my grandmother, you know, my
> dad was an alcoholic, my mom's schizophrenic. So I have my own story

and my own, you know, and so it just makes me the person that totally,
like, gets what's going on. You know, but then I'm also the person who
understands that those are challenges, but also understands that, hey, but
you gotta like buckle through.

Even though service providers felt that they could be more compassionate because of their

experience with their own personal struggles, that still did not take the place of informative and

consistent professional development.

Learning to be compassionate or understanding the need to try to be was a large part of

trauma informed care trainings, which led to the second group of responses. Many of the

participants referenced attending trauma informed care training, but also expressed some

frustration with the training's effectiveness. The school liaison referred to trauma informed care

as the current shift in education but expressed that she was more interested in learning how to

identify and address unmet needs in children. She said, "It's all about underlying needs that stem

from trauma." This was consistent with research, which said that students exhibited undesirable

behaviors as a method for communicating that they needed help (Morton, 2018; Zetlin &

Weinberg, 2004).

The school liaison also revealed in her interview how she had learned to gain information

about the laws about children in group homes and their access to resources:

It has been consulting with that educational liaison with the Department of
Children and Family Services. It's been through consulting with the
Educational Alliance, our group of attorneys . . . That's how I, like,
slowly, like, gathered my knowledge . . . as I sit in, I pick everybody's
brain. So every principal I meet, the school psychologists, [I] have asked
them like okay, so what next? What's the game plan? Like, what happens
if this or what happens if that?

According to this study, the members of the circle of care did not have confidence in trauma

informed care strategies and its effectiveness in meeting their needs.

This revealed the third group of answers around training. Many of the participants discussed that learning how to serve students who resided in group homes happened by talking to colleagues. This informal manner of acquiring pertinent information about serving students who resided in group homes is popular. There were many answers that pertained to the natural and intentional ways service providers acquire information from their colleagues.

The interim assistant principal at the high school talked about relying on her husband who worked in a group home for information. When asked if she felt she would have been able to navigate the system to advocate for students without the help from her husband, this was her response: "I don't. I definitely wouldn't have known on my own, but I would have been annoying enough to the group home people to find out."

The school psychologist, who worked with students who resided in group homes through IEP support also discussed that her formal education did not prepare her to address the needs of students who resided in group homes. She responded, when asked about how she learned about working with group home youth:

> It's more with collaborating and working with my team, with the RSP
> Teacher and the special education teachers and the SDC teachers and we
> collaborate . . . We just communicate and we just exchange ideas that way.
> So, it's more of like I'm learning from them.

There were some downfalls in relying on colleagues for information. The clinical social worker discussed a time when incorrect information led to insufficient service to a student.

> We had a DMH [Department of Mental Health] representative to have
> them come to our meeting, and we were able to ask a lot of questions to
> some of the barriers that we get on our school campuses. Such as, you
> know, we're being told by a group home that we therapists cannot come
> on to the school sites. TBS [Temporary Behavioral Support] workers
> cannot come on to the school sites, because they cannot bill for services
> that are [not] to be provided in the group home. It turned out [that] was

incorrect for a lot of those situations. I think it's that lack of
communication. You know group homes are hearing something, [then]
telling us something on the school sites when in reality DMH is saying no.

If service providers were mostly depending on this type of informal training, it is highly

likely that false, incorrect, or situational information will be passed on to the different members

of the circle of care which hurts the ability to advocate for a child and can result in valuable

services being withheld from a child in need. The accuracy of information gathered from others

would have to be consistently challenged and validated, risking the relationships being built

between service providers.

One of the other drawbacks of depending on this informal style of training was that it was

built on relationships. How much a person was willing to share depended on how close he/she

was to the other person who needed the information. The coordinator of CWAS shared this

comment when talking about working with other departments in the district:

Okay, so [I] work with [the] special education department just because
there are a lot of foster youth [who have IEP's and have special education
services assigned to them]. So trying to build that relationship with special
education to have a positive one so that we can communicate and I think
it's going well so far.

This related to the idea of information not being communicated consistently since the link

between the two departments depended on relationships being built between individuals within

those departments and not an expectation of knowledge in all and expectations set for how the

departments would work together to serve the children.

Both the Coordinator of Foster and Kinship Care Education at the community college and

the senior program specialist from LACOE reported receiving formal training but were not the

professionals who were working directly with the students daily. Both of them offered training to

service providers who worked directly with the students from group homes, but based on the interviews, few were gaining access to the information that these two service providers had.

Members of the circle of care interviewed in this study believed that their roles in supporting the academic success of youth living in group homes was that of advocate. They expressed their understanding of the unique vulnerabilities of this group of students. Further, they believed that in order to be an educational advocate, they also needed to advocate and provide for students' physical and emotional needs. Participants also expressed the shared belief that they could be more effective in their role as advocate if they received additional specific trainings on how to best support youth living in group homes.

Self-advocacy in the students. The student's voice was important to this decision but was not always present. The promotion of self-advocacy in students who resided in group homes was brought up in the interviews.

> But one of the things that I do to try and empower them [foster youth], I asked them the question directly no matter who shows up with them, whether we're doing a group session, whether a counselor is there, a group home staff, a CASA worker, no matter who was there. I will look at the students [and say] I'm asking you because you're the one that's going to be sitting in class. . . . Sometimes I've asked the adults to leave the room.

It was important that students learned how to speak up for themselves because of high mobility rates and having to inform the service providers in their new placements of their needs.

The school psychologist, in her interview, spoke specifically about supporting students from group homes through problem solving protocols so that they were ready to come up with solutions for themselves. She stated that this was an important skill that they needed because of the same reasons stated above. They may not always have had someone who would advocate for

them, especially if they were not receiving special education services. Ultimately, it was a skill they will need for adulthood.

The special day class teacher discussed how she had to engage her students in self-advocacy in a very specific way in her past position as a teacher at a non-public school who was connected to a group home:

> Because I taught ninth grade, we also did individualized transition plans
> with our students. So what we did with ninth graders was like awareness
> of their own disability. So, what disability do you have. Why are you in
> special ed? What does that mean? What are some things you need to learn
> at the level that you can learn? So we do just like a lot of like disability
> awareness I guess you call it. And then we also talked about learning
> styles and again that like advocacy piece.

Special education services. Many members of the circle of care, like the school liaisons and school counselors, advocated for students who resided in group homes to be assessed for special education services. If students qualified for special education services, they had access to a different funding pool that allowed them to acquire more services to support their behavioral needs and their academic development, like counseling, extra teacher support, smaller, specialized classes, and placement in specialized school sites. These services were determined by a team, members of the circle of care, and communicated through an individual educational plan or *IEP.* At the IEP team meetings, any member of the IEP team could advocate for modifications in the services that a student received, but the educational rights holder, be that a parent or a court-appointed educational rights holder, like a CASA, had to be the one that signed and approved the IEP.

According to the foster youth liaison, approximately 40% of the foster youth in this district had IEPs. According to the principal of the specialized therapeutic school site, 90% of his

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students were from group homes and they had to have an IEP to be placed at his site. This site had wrap-around services for its students who were not available at the comprehensive school sites. In his interview, the principal talked about the varying services such as a mental health team and behavior interventionists. The class sizes were smaller, the student-to-adult ratio in the classrooms was lower, and the teachers and school psychologists were trained to preventively give students breaks and space to de-escalate.

The principal from the specialized therapeutic school site was constantly advocating for his students to return to comprehensive sites so that his students could take advantage of the many programs, classes, and activities that were available on those sites. When asked about a success, he talked about a student's recent transition to a comprehensive site:

> I have a student who started his dual enrollment today. I [was there] to greet him at [the new school], to introduce him to the principal, to the counselor, to the office manager, to the security guard to custodians because I already know all of them personally. Then I got a chance to meet the teachers . . . So that transition for that student, it meant a lot to him because now he knows he's got somebody over here.

This type of advocacy made a student feel safe, like he had people in his corner. This was not a part of the principal's job, but he knew that seeing him on the first day at the new site was important to the student. This type of extended support was important to whether or not the student would have academic success at the new site. This was an example of when school change is celebrated. In most other instances, a change in school placement is not this welcomed.

Research Question 3

Research Question 3 focused on how the members of the circle of care work together to support the foster youth who resided in group homes. Using the theoretical framework of loose

coupling, I will discuss the ties between the members of the circle of care and their work. Weick (1976) stated that identifying the ties, or coupling mechanisms, between entities was like seeing the unseen. Using the data collected through the interviews, I will reveal what tied the members of the circle of care together and whether or not these ties provided sufficient structure to promote the academic development of students who resided at group homes at the highest levels.

Based on the data, the coupling mechanism that was employed seems to be the goals and intentions of the members of the circle of care. They have a common goal of supporting the children and have good intentions to do their part. Each member played a particular role in the care of group home youth, but did the members work closely enough to make sure that the students were successful? During the interviews, the participants seemed to all understand that they were working with a vulnerable set of students and that the stakes were high for their academic success. Yet, the students were not showing academic progress that was similar to their non-foster youth peers (Vacca, 2008).

The members of the circle of care were employed by many different organizations and departments. The participants of this study represented six of the different organizations and departments, individual school sites, special education department, Child Welfare, Attendance, and Safety (CWAS) Department, Los Angeles County Office of Education (LACOE), a group home, and the local community college, who worked together on behalf of foster youth who resided in group homes. What brought these individuals together was the common goal of supporting foster youth. Therefore, Research Question 3 was the following: In what ways does the structure of the circle of care enable or constrain members in providing support for academic success of foster youth living in group homes?

Benefits

Each member of the circle of care might attend meetings in order to collaborate with other members to determine supports for the students. Along with Student Study Team meetings (SSTs), Individual Educational Plan meetings (IEPs), Child Family Team meetings (CFTs), and Best Interest Determination meetings (BIDs) that discussed individual students, some of the members of the circle of care attended the Foster Youth Consortium that was established along with the LCAP.

Foster Youth Consortium. The Foster Youth Consortium was a group of service providers, members of the circle of care, who volunteered to meet and discuss issues around the care of foster youth on a more interdepartmental and systemic basis. The foster youth liaison, who coordinated the FYC, discussed the meeting in her interview:

> But in the district, we have a couple other levels of kind of more formal
> meetings. So that includes the Foster Youth Consortium, where we get
> together group home staff, as well as school site admin or representatives
> to talk collectively about what the struggles that we're experiencing are
> and to collectively come up with solutions.

The foster youth consortium was an example of when the members of the circle of care worked in a more tightly coupled manner in order to improve practices. It supported the relationship building between service providers neededed to support our foster youth.

Relationship building. Based on the data, relationship building was important to cutting through the bureaucracy involved in supporting students who resided in group homes. In their interviews, both the senior program specialist and the Coordinator of Foster and Kinship Care Education Programs talked about how relationship building contributed to getting their emails answered and their phone calls returned. The coordinator of CWAS department commented in

her interview that she worked hard to establish a relationship with the special education

department so that she could be more involved in certain processes, like the triage meetings

discussed under Research Question 2.

When students had a CASA worker that held the child's educational rights that joined the

circle of care, it could be a great benefit to the foster youth, because they had to be involved in

all decisions concerning the child. They were the person who learned about the whole child and

built relationships with other members of the circle of care, filling in any unnecessary gaps. The

assistant principal at the middle school suggested the same benefits of working with a CASA in

his interview:

> CASA's are not just necessarily involved in education. CASAs are
> involved in all aspects of the student. I have had great success with some
> of my students who had CASAs because there was one person who was
> trying to coordinate everything.

The CASA established relationships with group home staff and school staff. The CASA then

made it possible to enmesh the goals of both organizations and make sure they were aligned in a

way that best supported the student. The assistant principal tempered his comment by saying that

the benefits were only seen when the CASA was invested, meaning he/she effectively advocated

for the student, making sound connections with all of the student's service providers.

An example of a good connection between the members of the circle of care was the

connection between a student's therapist and a site-based clinical social worker. As stated by the

school liaison, oftentimes there was information about the child's social emotional background

that could not be shared due to HIPAA laws, which prevent the sharing of diagnoses. But

between the therapist and the site's clinical social worker, there could be conversations that

therapists would not have had with other school site staff. The site clinical social worker commented on this in her interview:

> At the group home, I was able to talk to the therapist. They were able to give me information that they may have not been able to give the teacher or the principals, because of confidentiality reasons. So just the language piece was there. We kind of understood each other. We were on the same page. I think that was a pretty important piece. I was able to get them.

Therefore, without sharing too much information, the site clinical social worker could make sure that the site was on the same page as the group homes in regard to the goals and strategies that were being worked on in therapy.

The concept of being on the same page was mentioned in many of the interviews. The members of the circle of care referred to wanting other members from different departments or agencies to understand the varying perspectives of the goals for the students. There seemed to be a desire to connect more with the other members so that there could be a common understanding and a common path that everyone was following to support the students who lived in group homes.

The SDC teacher, who used to work for a school that was connected to the group home, discussed how much collaboration existed then with her, the teacher, the cottage staff and the therapists. They worked together to get the students from the group home to class, to implement strategies to keep the students engaged in their work, and to help the students manage their trauma. Since that she worked for the school district in a comprehensive middle school, she explained how it was different.

> We did a lot of work with the therapist and staff and the group homes on meeting and talking about strategies on trying to help them be successful in school. . . . Currently, there's no link really between the group home

and the school. So it's not like there's a cohesive plan that we're all on the same page regarding the students' education.

An example of when two agencies were not on the same page was expressed by the foster youth liaison who worked for the school district. She was trying to reach out to other members of the circle of care to advocate for a student who resided in a group home who wanted to move into a foster family placement:

> I reached out both to the group home and his social worker to kind of let them know look, this is what's going on. His social worker basically told me, well, if he doesn't want to live with those conditions, then he needs to do better in school. And if [he didn't] see any improvement, [he's] not going to move him.

The group home did not respond to her email. This type of lack of collaboration negatively affected the child.

When there was strong collaboration, there was a likelihood that the child will move in a more positive direction. This was a comment from the interview from the interim assistant principal after being asked about the benefits of working with other service providers.

> The benefit is everybody's on the same page, and then there's no wiggle room for the student. And so sometimes the student has to, you know, kind of fall in line and do things if we're all working together for a common goal. That's the best thing, if we're all working for the benefit of the kid. And it takes a village.

She experienced this type of success when she began to attend the CFT meetings for a student that she took special interest in. That student has now returned to family members and was placed in kinship care.

Another benefit of collaboration was finding ways to share resources that could result in better support for students. The Coordinator of Foster and Kinship Care Education shared in her interview the satisfaction she felt when departments and agencies found ways to join their

available monies together for the benefit of hiring personnel or providing needed programs for students. This was in contrast to Shostack (1997) who discussed how departments and agencies at times struggle over whose resources will be used to pay for personnel or programs.

Dealing with secondary trauma. Secondary trauma is felt when exposed to someone else who is dealing with trauma. The members of the circle of care experienced secondary trauma through their work with foster youth (NCTSN, 2017). The clinical social worker expressed in her interview that, even though she no longer worked with students from group homes directly, she still felt secondary trauma when she heard their stories. When asked about secondary trauma, many of the participants brought up leaning on one another for support. The school psychologist stated, "[I] decompress [by] talking, either to a counselor or also with friends who also school psychologists."

Many of the participants discussed the need to talk about the cases that they were involved with in order to process their emotions. Confidentiality and HIPAA narrowed the number of people with whom they could speak freely. Based on the data having a supportive community of job-alike colleagues seemed important to self-care.

Some had their supervisors to talk to about the cases that created unease. Having that space to vent with supervisors without judgement was important to self-care as well. The site clinical social worker talked about needing to seek space to vent about her caseload:

> [The] past experience on the elementary campuses . . . was challenging. It was difficult. I did feel that vicarious trauma, a lot of the time. There were certain cases that were a lot more difficult than others. I think that because of my background and my department within CWAS, I did have. . . my clinical supervisor to go to and discuss and kind of talk about what I was feeling. So that helped to minimize that secondary trauma.

Challenges

The challenges of working with each other within the circle of care were naturally occuring due to the circumstances. The members of the circle of care, as stated before, worked for various departments and agencies. They were not sitting in the same buildings and did not have an ample amount of common time to discuss students. Therefore, communication was a huge challenge. Unfortunately, everything that needed to be discussed could not happen at the regular meetings that occured. The challenges that will be discussed were issues with communication, lack of training, the need for more mental health professionals, and the culture of martyrdom.

Communication. Communication between the members of the circle of care has been identified as one of the largest barriers to filling the gaps in the care of foster youth living in group homes. The senior program specialist from LACOE identified communication between the school and the group homes as the missing link that prevents these two agencies from maintaining a tightly coupled relationship. When trying to encourage academic achievement in the students, it was important that the group home was involved in the children's schoolwork in lieu of the parents, even if they do not have educational rights. The school psychologist had a similar opinion about the communication between the two organizations. She stated, "Having some type of communication between the group home and the teachers . . . because it's [academic achievement] not just the school's responsibility."

The group homes wanted the communication, according to the school liaison, but it was difficult to establish the line of communication when there were so many people who worked for the group home. When schools called, they might speak to cottage staff, those who worked with

the students taking care of their daily needs. Cottage staff work in shifts, so if the message was

not relayed to the night staff, it might not be addressed or communicated to the school liaison.

This was a huge break in communication because there was not one person in the group home in

charge of communication. This was also an issue because the group home had to communicate to

several different schools about several different students. This was a barrier to daily, or even

weekly communication.

The interim assistant principal, in her prior position as a counselor, worked to maintain

the lines of communication with the group homes when there was a concern about a student. She

spoke to the issue of slow response time and how that creates a need for multiple callbacks and

persistent follow-up:

> I will call. I will email. And I will go to the group home if I still don't get
> a response. Then, I'll go to the group home and start looking for, start
> asking. [I'll say] I'm from such and such school and I'm here to talk to
> somebody about this person. And then usually when you show up, they
> don't really like it, but then they have to deal with you when [you] show
> up.

Even though this participant held herself accountable for communicating with the group home,

that was not always the case with all service providers.

The communication between the members of the circle of care focused on acquiring

resources, monitoring the implementation of resources, or the need to modify a resource. One of

the challenges that the participants discussed was the lack of accountability for follow through on

agreed-upon tasks to carry out any of the above. As mentioned at the beginning of this section,

the members of the circle of care worked for different organizations or departments within

certain organizations like school districts. For that reason, there was not a hierarchy within the

group that would allow one member of the circle of care to hold another member accountable.

The coordinator of CWAS discussed the challenge of holding others accountable for completing the tasks that they were responsible for.

> And so we've said that something needs to occur and then it doesn't occur. So there is no follow up . . . Who has the authority to say to you, you were supposed to do this and it didn't get done.

How were members of the circle of care held accountable for the following up on the tasks was a challenge. The foster youth liaison stated the following when discussing challenges: "Even though they [foster youth who resided in group homes] may have teams of people, the details sometimes get kind of lost in the shuffle."

Lack of training specific to the needs of group home youth. Many of the participants stated that foster youth who resided in group homes have unique needs. All foster youth have experienced some form of trauma due to being taken away from their familial homes, but foster youth who lived in group homes were not put back into family-like settings after being removed from their homes. The Coordinator of Foster and Kinship Care Education, who was a former foster youth, stated this in her interview.

> I just wish we could find a better way than the group home route for our kids. Because if you take a child from a dysfunctional family system, putting them into an institutional setting is not a replacement family system.

Since these students were not in familial settings, the type of care and resources that they needed was different. The school psychologist discussed the need for more training in the area of counseling in order to support students who resided in group homes. School psychologists spent most of their time assessing students for special education and then making recommendations for accommodations. Their time was spent completing paperwork to address legal and compliance demands. A small part of their day was spent on counseling students.

It would have been a little more helpful if they would have said . . . you're going to see who come from group homes and they do come with a lot of trauma, and some of the things that you could do are.

The school psychologist also talked about learning more about the laws that pertain to students who resided in group homes. She stated that it would make it easier for her to ascertain whether or not the student was in the right place and received the resources that were permitted by law. She felt it would improve her advocacy for this group of students.

Being up-to-date on the laws pertaining to group homes and their residents was a topic presented by many of the participants. There were so many federal laws, state laws, county regulations, special education laws, and board policies that were constantly changing. I believe the members of the circle of care wanted this knowledge to be able to work with each other with more consistency, to know when to advocate for the child, and to be able to more readily identify gaps in services.

The senior program specialist from LACOE talked about meetings that she facilitated called the Regional Learning Network (RLN), where she trained service providers like school districts, the Department of Children and Family Services, and the school liaisons from the group homes on the laws and how they were being put into practice. When asked about the group home staff and how that training affected them, she commented that she should probably have a meeting that included just the cohort of group home staff and foster liaisons to provide technical assistance because their training needs were unique.

Lack of mental health personnel. Even though this section could have been included in the section above concerning specialized training, it deserves its own section because of how important well-trained mental health personnel was to the well-being of foster youth who reside

in group homes. The availability of mental health support was crucial to the care of students who reside in group homes who were experiencing some level of trauma. Schools should have been prepared so that our approach was more preventative and less reactive. But the services were not always available at the moment of crisis or at all.

> It took us six weeks to try to figure out even who his ed Rights holder was which was just really a disservice to that kid. He needed help in that moment and we could not provide it because we didn't even know who we were allowed to talk to. And that was like the courts and DCFS and the group home, like, all kind of dropping the ball and putting the importance on it.

The Coordinator of Foster and Kinship Care Education spoke about the lack of mental health services. She stated, "We don't have the level of immediate mental health or psychiatric support that our students need in that moment of crisis." She then went on to discuss how situations involving students who were in crisis were escalated to the point when disciplinary actions were taking place. If the students accumulated a high number of suspensions, they then would get recommended for more restrictive settings, taking the focus away from their academic development. Both of the assistant principals expressed dismay about the reactive disciplinary actions that were part of the protocols in place. These protocols did not help students see them as support personnel.

The clinical social worker was able to be that front-line mental health professional that could support students in crisis when she worked on school campuses. In order to fill that gap in service on all campuses, she recommended the following: "I would want a social worker on each campus. I think that it was effective, or more than one on the bigger campuses, to have that kind of middle person be that communication, be that liaison."

I do not think anyone would argue that having a clinical social worker on every campus would benefit students who reside in group homes. The issue comes down to money to pay for those positions. The coordinator of CWAS discussed the high level of need in regard to the mental health of students today.

> We're all short on money. Sometimes . . . the funding is restricted that we can't use it for that or there's not enough. And . . . there's still not enough human capital to do everything that needs to be done. And then we do so much stuff on grant funding it's not sustainable. . . . The mental health of foster youth is just on a whole other level. And the kids get depressed and anxious about what I feel were kind of normal things when I was growing up like you just kind of dealt with.

She further explained that school stressors like bullying and peer pressure used to be things that you could leave at school. Now, students were involved in these annoyances 24 hours per day due to social media. It was more difficult for children to find safe spaces. It was even more difficult for students who resided in group homes. Without the proper mental health services, students were even more prone to anxiety disorders and depression.

There is a need for more mental health personnel to be a part of the circle of care. Their advocacy is often a missing link when discussing how to address the needs of students who reside in group homes. Yet, due to high levels of need and limited resources, it is difficult to meet the demand.

Culture of martyrdom. When working with such a vulnerable population, it can be difficult to complain about working too hard. The school liaison worked in a different position at the group home that involved working late hours, being on-call, and exposing herself to large amounts of vicarious trauma. This was the case because they needed to be available when students arrived at their new placement, which could be anytime of the night, or to meet with

parents based on their schedule. The school liaison talked about this stress taking a toll on her home life.

The clinical social worker spoke of this same demand when she worked as an on-call therapist that would do threat assessments, determining whether or not the child in crisis was safe or needed to be hospitalized. Her stress stemmed from not feeling equipped to handle this type of trauma and being exposed to the stories behind the trauma of the children.

> But whenever I go do trainings on school campuses and hear these difficult cases and just the support and the needs on the campuses, I do feel compelled to want to help and offer suggestions and that does take a toll on me because there's only so much that I can do within my new role.

The foster youth liaison commented on the work culture.

> You're supposed to take on everything, and work as hard as you can all day, not taking lunches, no time for breaks. And that's something that's valued. . . . I think that's shifting a bit in my office where I feel like there's space to talk about what's been going on, to check in. . . . But I don't think that it's really baked into what we do. . . . I feel like that really contributes to the burnout that I know that I feel a lot.

This culture of martyrdom causes people to overwork and not ask for help when they need it. When I asked about self-care, many of the participants realized the need and knew that they needed to actively seek ways to take care of themselves. Even though trauma informed care was not indicated as supporting the students, it was indicated as the reason the members of the circle of care were more willing to engage in self-care.

Conclusion

The academic development of students who reside in group homes is important not only for high school graduation but because they will be entering adulthood with less support than their non-foster youth peers. Non-foster youth usually enter adulthood with higher levels of

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academic achievement (Zetlin & Weinberg, 2004) and with some familial ties in tack for support through those first years of adulthood and beyond. This support allows young adults to experience some level of success in their first job, their first relationships, and their becoming parents. Non-foster youth have someone to call when they have questions about adult activities such as filling out a job application, filing their taxes, and opening their first bank accounts. Each one of these endeavors are more difficult if there is a deficit in a person's ability to read, write, or do simple arithmetic. And in the case of some of our foster youth who age out of group homes, it is even more difficult when there is not a trusted family member to call to ask for help.

This is why I believe we must do our best to make sure that foster youth who reside in group homes receive the best education that we can give them. Therefore, what can we do to make this happen? Before we could ask that question, we had to find out how students who reside in group homes are currently being supported by the members of the circle of care whose job it is to support these students through their academic journey. In the following chapter, recommendations will be made for improving the support of students who reside in group homes based on the findings.

CHAPTER 5

DISCUSSION

Foster youth who reside in group homes are a vulnerable group of students who have unique needs. Understanding this set of unique needs becomes more important when discussing the lack of academic achievement of this group of students. Through this study, I was able to discover how this group of students was being supported by the various service providers that were responsible for their care and academic development, or as I referred to them in this study, the circle of care. I interviewed 11 members of the circle of care using a set of semi-structured questions that corresponded to the study's research questions, which were:

1. What do members of the circle of care of a foster youth living in a group home believe about their role(s) in supporting the child's academic success?

2. How do members of the circle of care support the academic success of foster youth living in group homes?

3. In what ways does the structure of the circle of care enable or constrain members in providing support for academic success of foster youth living in group homes?

The data collected from these interviews were hand-coded and then presented based on the themes that emerged through analysis. The results of this study will help us understand how the members of the circle of care currently support the academic development of students who reside in group homes and give us insight on how that support can be improved.

Discussion of Findings

Finding 1: Members of the Circle of Care See Themselves as Advocates for Vulnerable Students, but Need More Training in Trauma Informed Care

Members of the circle of care communicated through their interviews their awareness of the vulnerabilities of students who resided in group homes. They spoke about issues that interrupt their academic development, such as high mobility rates, reluctance to form relationships, gaps in their academic progress and their struggle with the effects of trauma (Morton, 2018; Riebschleger et al., 2015; Zetlin & Weinberg, 2004). The members of the circle of care expressed that part of their job is to advocate for these students. They advocate for services, better school placements, and the right to be involved in decisions that affect their lives.

When I asked the members of the circle of care about the training that they received that prepared them to do their jobs, most of the answers involved a discussion about the lack of formal training. Trauma informed care (TIC) was mentioned by multiple interviewees, but with the caveat that they did not see the effectiveness of the approach. Based on the data, trauma informed care was not seen by those who work directly with students from group homes as effective in helping the students reach academic goals. It was not being regarded by the members of the circle of care as an integral part of their advocacy for children who resided in group homes.

Both assistant principals and the foster youth liaison interviewed for this study reported attending the trauma informed care trainings provided by the district. Some of the participants indicated that they had attended multiple training sessions and still did not see the value. For example, one participant described the training as watching a video. The school liaison from the group home referred to trauma informed care as a rehash of the same training that she has

received repeatedly over the years, which she identified as how to address unmet underlying needs. Based on this study, members of the circle of care were not connecting their current practices to what trauma informed trainings present.

Members of the circle of care detailed some of the strategies that they currently implement such as engaging in relationship building and giving students safe spaces to de-escalate and seek support. However, when the interviewees talked about why they use these strategies, they referred to their past experiences in life or in a different position and not the benefit of trauma informed care training. Even though the data from this study demonstrated that the members of the circle of care understand that they are working with a vulnerable population that has experienced trauma, they were not leaning on trauma informed care to direct how they support the students.

Since trauma informed care is a framework, not a program, members of the circle of care were struggling with the operationalization of the concepts. Implementing the trauma informed care approach requires changing certain beliefs about children who have experienced trauma and their ability to grow (NCTSN, 2017). This corresponded with the data presented by Burns et al. (2004), that almost 90% of children who lived in group homes tested in the clinical range on the Child Behavior Checklist (CBCL), which assessed for social competence problems. Members of the circle of care must believe that the children can work toward successful outcomes and that the strategies presented by trauma informed care trainings can be effective in that pursuit.

It also points to a person's sense of efficacy, meaning whether or not they believe that they can actually do something that will change the outcomes for the students they are trying to support (Clemens et al., 2017). According to Raymond (2020) there was a "science to practice

gap" in the implementation of trauma informed care practices within residential care facilities. He says that the categories of implementation are awareness, skill, and mindset (Raymond, 2020). Based on the data, it seemed that the members of the circle of care have the awareness, but lack skills and the appropriate mindset.

Based on the NCTSN (2017), trauma informed care is a systemic approach that must be consistently implemented at all levels within a school district. In order to advocate for students who need support, like students who reside in group homes, service providers need to see how all are working together to provide the various resources and implement the strategies. When the participants spoke of trauma informed care, they only spoke about the trainings. They did not discuss the how agencies worked together by implementing consistent approaches and strategies as a part of a trauma informed network. They also did not discuss which resources were available to them because of the commitment to a trauma informed network. This may be an effect of loose coupling (Weick, 1976) and how the departments and agencies were not working together closely enough to calibrate the implementation of strategies in the different contexts of school and the group home.

The district should create a document that explains its trauma informed care framework and expose it to all of the members of the circle of care. The document should communicate which resources are available and from which department or agency. This would create a culture around trauma informed care within the circle of care that people would buy into. It has the potential to build the ties necessary to tighten the structure of the trauma informed care network to allow for higher levels of advocacy for the students in need.

Only one participant reported using the trauma informed care framework at his site with success. The principal of the specialized therapeutic school site explained how everyone on his site uses trauma informed care strategies every day. These strategies were not skills that required special training. The strategies he reported were greeting students every day with a positive attitude, informally assessing students to see whether the students might need attention paid to their social emotional needs before engaging in schoolwork, and giving students space to decompress and de-escalate when needed. The principal maintained an open-door policy for students to discuss issues that were bothering them and seek mental health support on site. All staff members were expected to use these strategies throughout the school day every day. This environment, according to the principal, was what supported the students on a consistent basis and not necessarily the presence of wrap-around therapeutic services, even though those services were vital to his programs.

Even though general education sites are not equipped with the mental health services that would support psychological and social emotional needs of students who reside in group homes (Zetlin & Weinberg, 2004) like the specialized therapeutic school site, the other strategies listed by the principal can all be implemented at the comprehensive sites without additional monetary resources; and yet, implementation seems inconsistent at best at the comprehensive education sites according to this study.

The special day class teacher alluded to a similar setting when she worked for a non-public school that was attached to a group home. She spoke of having stronger connections with other members of the circle of care, like the therapist and group home staff. This more tightly coupled environment between the service providers helped this participant feel more successful

with the implementation of strategies needed by the students. As a special day class teacher on a comprehensive school site, she did not feel as successful without these connections.

In reference to Raymond (2020), the difference between the specialized therapeutic school site and the comprehensive general education school sites is that the therapeutic site has the awareness of the intervention as well as the skill and the mindset. What the principal also described was his site's commitment to the entire trauma informed care framework (NCTSN, 2017). The mental health wrap-around services were an integral part of the trauma informed care framework. The strategies and resources available through the TIC framework were available because all of his students were designated as special education students. This was consistent with Vacca (2008) who discussed how students were systematically assessed for special education so that they could gain access to the services, and in this case, placements that addressed their mental health needs that were not usually available on the comprehensive school sites.

The one aspect of trauma informed care that has penetrated the circle of care is the need for self-care. It has helped break down the culture of martyrdom and given permission to those who work with students who are dealing with trauma to take time to consider their own social emotional needs. When I asked about self-care, many of the participants talked about trauma informed care as it promoted the idea of self-care for the adults. Many were clear about the need to take care of themselves. They talked about doing this by talking to peers and family members, taking "mental health days" off from work to take a break, and seeking professional help in the form of formal counseling services to work through secondary trauma that arose from work with traumatized children, such as foster youth living in group homes.

This movement toward self-care is a positive indication of the health and sustainability of the circle of care. Burnout or "compassion fatigue" is a frequent experience among professionals working with traumatized populations. Research pointed to the importance of self-care for service providers in order to avoid burnout (NCTSN, 2017), and the participants in this study appeared to have embraced that advice, helping to protect their ability to provide services for students.

Finding 2: Circle of Care Members' Work is Constrained by Lack of Legal Knowledge

There are many laws and regulations around group homes (now called STRTP facilities). There are also many actors contributing to how resources are allocated for the care of students who reside in group homes. From state assembly bills to county laws to district board policies, those who support students who reside in group homes have to endure high levels of bureaucracy. This is in alignment with current research about foster youth in schools. Bureaucracy often stands between students and their services that they need to achieve. (Morton, 2015; Pecora, 2012). The participants in the study discussed how much time passes while the members of the circle of care tried to establish who held education rights, which classes a student had already completed without the benefit of school records, and whether or not a student had already been assessed for special education services.

Some of this delay was due to members of the circle of care not having a grasp of the laws that guided how to serve this population of students. Not knowing the laws made it difficult to know how to advocate for the students and from whom we should be demanding action. The school liaison alluded to that in her interview when she stated that she often had to appeal to upper management when she felt her students who were residents of the group home were not

being treated fairly in school. When the student had an IEP, it made it easier to advocate. Without the IEP, there was not a clear understanding of who within the district was responsible for the lack of support her residents were receiving.

There needs to be more training on the laws that pertain to the care of children who reside in group homes. Knowledge of the laws needs to be more ubiquitous within the circle of care. Vulin-Reynolds et al. (2008) referred to the need for cross training within the circle of care so that all members have common awareness about resources that were available to foster who reside in group homes. Having a common awareness about the laws that pertain to students who reside in group homes can help the members of the circle of care work together more seamlessly.

This knowledge will also help support when implementation of laws must be modified to fit the context of a district or the student. For example, in the past, when students changed placements, the student automatically changed to a school that was close to the new placement. *Assembly Bill 490* (2003) stated that the student has the right to stay at his/her school of origin. This way, the student can stay at a school site where he already has relationships and supports established. If a student is being transferred within Los Angeles county, this must be taken into consideration at the best interest determination meetings. There is a possibility that the school of origin could be 30 to 40 miles away. With traffic, a student could be on a bus for hours one way getting to his/her school of origin, which would be a detriment to the child's standard of living. Therefore, it is important to know the laws so that someone who is advocating for the students knows when to make a case for deciding against a law's recommendations.

At this point, it seems that the service providers who are being updated on the laws are those who do not work directly with the students. The senior program specialist from LACOE

and the Coordinator of Foster and Kinship Care Education programs from the community college eagerly provided trainings for group home staff and foster care liaisons, but the information was not getting to those who participated in the student's IEP meetings and CFT meetings where decisions were being made about their behavioral and academic development. Those service providers who were school liaisons, teachers, school administrators and foster youth liaisons all needed that same information to be made available to them so that they were all on the same page and were consistent in their advocacy for services.

Finding 3: Loose Coupling Lacks Structure Necessary for Vulnerable Students

Loose coupling in education does not work in the case of students who reside in group homes due to lack of communication between members of the circle of care, lack of accountability for the carrying out of duties, and the changes in the circle of care that high mobility causes. Even though loose coupling has worked in education, allowing for flexibility in how individual situations are handled, it lacks consistency for the care of students who reside in group homes. Both the foster youth liaison for the school district and the school liaison who worked for the group home expressed the need for a stronger connection between the school and members of the circle of care like group home staff and mental health providers.

The gap between the group home and the school is one that can greatly affect students who reside in group homes. According to Weick (1976), two departments that are working together will not be affected by each other's mistake within an environment of loose coupling. Even though that may be seen as a benefit, in the case of the circle of care, we need the members to be affected by each other so that someone is triggered when a mistake or gap in service

occurs. In the case of supporting students who reside in group homes, we need a more tightly coupled environment so that needs are not overlooked, causing lapses in care.

The loosely coupled environment causes misunderstandings between departments. As reported by the school liaison, group home staff felt that the schools did not understand the trauma and therefore were not patient enough with the students. She also believed that the schools used suspension too often with students and without reservation as a way to circumvent the hard work of implementing strategies that would better support students in the school environment. On the other hand, the assistant principal at the middle school stated that he was pushed by the group home to suspend students when he was actually reaching out for support from the group homes to send help to de-escalate students so that they could remain at school. The school psychologist expressed that the group homes did not understand that schools wanted support to help students from group homes stay in school. She also stated that her perspective was that group homes were not prioritizing schoolwork. The school liaison discussed how she wished schools had access to everything the mental health providers had so that school personnel could have a better understanding of what was going on with the students. These examples all pointed to the need for better communication, cross training, and information exchanges between the school and the group home, elements of a more tightly coupled work environment.

In the case of non-foster youth, the parents and/or guardian would be the one to bridge this gap between home and school. In the case of foster youth who reside in group homes, bridging this gap depends on relationships between individual representatives from the school and the group home. The gap can also get bridged if another member of the circle of care steps up, like the social worker, a counselor, or a CASA, if available. Within the circle of care, the job

of bridging the gaps is everyone's job, but assigned to no one. The foster youth liaison stated, "Even though they [foster youth who resided in group homes] may have teams of people, the details sometimes get kind of lost in the shuffle."

When supporting a student who resides in a group home, the members of the circle of care must be more tightly coupled in their work. Some participants in the study talked about CASAs and how their presence could improve how group home youth was supported. This was true because an effective CASA strengthened the ties between the members of the circle of care, especially between the school and the group home.

Unfortunately, all foster youth do not have a CASA assigned to them. In lieu of a CASA, one of the parents usually maintains the educational rights for a child living in a group home, which can create another gap in service. The school liaison shared that parents were not always easily contacted and may have been triggers for the students. The parents are were usually going through trauma as well, something large enough to cause them to lose the custodial rights of their children. Even so, without the approval of the parents, if they maintained educational rights, certain services could be provided for the students, even if they were in crisis and needed those services. Something needs to change so that the circle of care can close that gap when necessary in order to properly care for the child.

Limitations

This study was limited by its size and scope. This study took place in one school district therefore the results are not generalizable. The methodology utilized was qualitative interviews, therefore adding the limitation of self-reported data. So the findings presented represent how students were supported within one group of participants, one circle of care. This study was

supposed to include a focus group to help further explain the themes that arose from the

interviews and validate those themes. Due to the closing of the school district because of the

COVID-19 pandemic, I was not able to carry out that part of the study.

Future Research

In light of these limitations, future studies should include research in other school

districts that serve foster youth that reside in group homes. The research could focus on how the

structure of the circle of care exists in different districts and which aspects of the structure can be

customized to meet the needs of the varying contexts. Using Weick's (1976) application of loose

coupling can be utilized to assess and tailor the structure of the circle of care within the different

districts.

The Foster Youth Consortium (FYC) was a relatively new stakeholder committee within

this district. Its inception was a part of the district's Local Control Accountability Plan (LCAP)

to address the needs of foster youth, one of the subgroups indicated by the Local Control

Funding Formula (LCFF) designated as needing support. This voluntary committee brought

together representatives of the many agencies, district departments, and school sites that serve

foster youth within the community. The FYC had created an opportunity to encourage a stronger

coupling mechanism between these service providers. New forms and procedures had already

been recommended and implemented by the committee that had shown to be positive. A case

study of the Foster Youth Consortium would provide an example of success that can be followed

by other districts.

Furthermore, future research should include a more in-depth look at the academic

development of students who reside in group homes from the perspective of group home staff

specifically. This can give insight into why the gap between the group homes and the schools that is so detrimental to the success of students who reside in group homes exists (Vulin-Reynolds et al., 2008). Results from a study like this can inform the creation of a new configuration for the circle of care that can be more effective.

To further understand which changes in service that could help students who reside in group homes, a study should be conducted that collects data directly from the residents of the group homes. The voice of the students who reside in group homes often go unheard (Chama & Ramirez, 2014). As discussed, this particular subset of foster youth were members of a marginalized group that did not have parents or parent-like figures who were involved in their daily lives to speak for them. If we do not include the voices of these students when trying to improve their lives, we are not choosing a socially just way of approaching their marginalization. Excluding their voice allows us to dehumanize them and their experiences (Freire, 2000).

Few would argue that the statistics describing the disproportionality of African-American children living in congregate care is troubling (Child Trends, 2014; DCFS, 2016; HHS, 2018). Even though this study did not dive into how race plays out in the service and placement of children in foster care, it did surface questions about whether or not racism or a lack of cultural proficiency played a role in judgements made about the removal of children from their homes. The root cause for the high percentage of African-American children in foster care is definitely an area for future research.

Trauma informed care is the latest approach to supporting all students who may have experienced trauma in their lives. This approach can be an important piece in an organization's efforts to address the needs of students who reside in group homes. Yet, according to the data

collected in this study, it did not seem to be impacting the students as expected. A study into the efficacy of trauma informed care training and how it is being implemented by the different members of the circle of care would be an important topic for future research.

Lastly, a study on the laws at the different levels of government would improve the understanding of what support of children in group homes is supposed to look like from the perspective of the policy makers. In this study, there was much discussion around the lack of knowledge of the current laws and how the current laws were not always comprehensible in certain contexts. A comprehensive view of how students living in group homes/STRTPs are being supported would help with lobbying for appropriate modifications that would more effectively serve the students.

Recommendations

The recommendations from this study serve to humanize how we support students who reside in group homes. Making laws, rules, and procedures without considering the effects they can have on the people involved misses the point of their creation. The effects of the implementation of the current procedures not only take a toll on the students who reside in group homes, but also those who are working to support them. Taking care of students who reside in group homes means taking care of the service providers as well.

Support for and Empowerment of the Members of the Circle of Care

The data collected in this study held up Maslow's (1943) theory of the hierarchy of needs in that the members of the circle of care were concerned about the mental health needs of the students who resided in group homes because of its importance to releasing students to focus on academic endeavors. But what was unearthed was the need to pay attention to the mental health

needs of the service providers to prevent burnout due to secondary trauma. Therefore, school districts should provide access to counseling for all employees who are working with traumatized youth. Many of the participants in the study stated that they relied on each other to talk about and vent about the situations that arise when supporting students who are dealing with trauma. Along with providing counseling services, organizations/departments should organize systematic ways that their staff can talk to each other about cases as a part of regular meetings or an open-door policy with supervisors who can offer support. This can help stave off burnout within the members of the circle of care.

Even though the findings upheld Maslow (1943), they did not uphold the idea that loose coupling (Weick, 1976) worked in education for students who resided in group homes. Since all students in group homes do not have that one person, be it a parental figure or a member of the circle of care who chooses to work beyond his/her regular duties, that takes the whole child into consideration and thereby identifying possible gaps in service, loose coupling seems to contribute to increased levels of vulnerability in these students. Even though loose coupling sanctions the idea of reshaping the roles of the members of the circle of care to fit the unique needs of individual students, that same flexibility is what contributes to the lack of structure and responsibility for addressing the needs of these children.

When students enroll in school, delays in service for students who reside in group homes occur while searching for school records or the education rights holder (Trout et al., 2008). Until schools are able to locate documents and schedule a meeting with the education rights holder, they are not able to add services that the student needs to more easily transition into their new environment. Policymakers should assign a group home staff member, like the school liaison,

temporary education rights so that critical decisions about the care of their residents who newly enroll in schools can be made. With this change in protocol, students can be supported before negative behaviors are exhibited, therefore lessening the need for the use of suspensions and other punitive discipline tactics (Pecora, 2012).

Since students who reside in group homes move placements frequently (Vacca, 2008), we know that they experience interruptions in their educational journey. Because of this, policy makers should give the members of the circle of care the decision-making power to recommend that these students are given more time to finish high school. The circle of care should have the power to recommend that students who are of high school age and reside in group homes have the option to enact a fifth-year option to finish school and graduate with a full diploma. Students will have time to catch up on necessary academic skills and plan for their future after graduation. This will help deter students who emancipate from the child welfare system while in group home placements from falling into the negative adult outcomes (Ferguson & Wolkow, 2012; Trout et al., 2008).

Increased Mental Health Support

In order to support students and their mental health needs, school districts should staff someone who can provide therapeutic support at every school site to support students who are experiencing trauma, like those who reside in group homes. Just as in the framework provided by the NCTSN (2017), access to proper mental health services is a part of having a trauma informed care school environment. Students should not have to be assessed for special education services or placed at a specialized therapeutic site to gain access to mental health services. Since research told us that students who reside in group homes will have experienced some trauma, school sites

should be prepared to appropriately address that trauma upon their initial enrollment (Zetlin & Weinberg, 2004). This will help keep students on comprehensive school sites where they will have access to a wider scope of programs that may inspire them to engage in school, like art, music, sports, career and technical education (CTE) programs, and Advanced Placement (AP) courses.

If we take the time to address the trauma immediately and consistently, we can reverse the effects of trauma (NCTSN, 2017) and then more readily address the students' academic development. Along with access to mental health services, tutors and mentors should also be available to guide the students through their academic journey. These tutors and mentors can be existing staff, but they would have to be intentional about how they connect with these students and avail themselves to the students whenever needed.

Foundational Knowledge for All Members of the Circle of Care

The data revealed a lack of knowledge about the laws and the allocation of services around students who resided in group homes. This lack of knowledge creates gaps in services for this very vulnerable population of students. Educational and mental health preparatory programs should develop training that focuses specifically on students who reside in group homes and make that training available to all members of the circle of care. School districts should develop similar training as a part of their professional development plans that is offered to personnel who work with students who live in group homes. Having common knowledge will allow the members of the circle of care to work together more effectively. This can also improve accountability within the circle of care. Potential gaps in service can be more readily identified and ameliorated within a sense of group responsibility.

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Shared Leadership Within the Circle of Care

In Chapter 4, I mentioned the lack of hierarchical structure as a probable cause for the lack of accountability within the circle of care. I do not believe that the circle of care needs to establish a leader that holds all accountable for tasks and increased communication. Members of the circle of care should subscribe to the assumptions of constructivist leadership, especially the assumption that "Everyone has the right, the ability, and the responsibility to lead. Initiating and self-responsible behaviors can create collaborative approaches that allow the group to self-organize, thus freeing groups from the dependency on authority" (Lambert, Zimmerman, & Gardner, 2016, p. 18).

The Foster Youth Consortium that had been working towards creating ways to improve systematic changes in order to better serve foster youth was a great start. As mentioned in Chapter 4, the members of the FYC, almost all of whom were also members of the circle of care, were working together to create procedures and offer support to those who were serving foster youth, some of our most vulnerable student populations. The growth of this type of leadership will support capacity building in the members of the circle of care, thereby improving the lives of the students.

Based on this study, I recommend that a new procedure be created to support the strengthening of the ties between the members of the circle of care for each student. The recommendation of the FYC to have the records of each newly enrolled student who resides in a group home reviewed during a triage meeting is just the first step. During that meeting, all resources available to that student should be reviewed so that all members of the circle of care can be informed about the services that the students is receiving. The circle of care can have a

checklist that reviews the resources that are suggested by the various laws and agency protocols to make sure the student has what he/she needs to begin school feeling supported. The group can also make recommendations for amendments to the current services to customize for the student's new setting. This new protocol will fulfill the desire expressed by the majority of the participants of this study, which was that everybody, meaning the student's service providers, was on the same page in regard to the student's needs and how those needs are being addressed.

Review of Assembly Bill 403

Lastly, *Assembly Bill* 403, which shifted group homes to STRTPs, has created new pressures on those who support children placed in the STRTP facilities. Residents of group homes were already experiencing high levels of mobility, now a change in placement for students must be considered every six months as delineated in the law. This type of movement goes against Maslow (1943) in that the children can potentially lose any relationships that they have built every six months. This lack of a sense of belonging will contribute to the children's lack of engagement in relationship building if they understand that they will not be in one placement very long. This lack of relationship building then contributes to a lack of engagement in their academic endeavors. Policy makers should revisit the true purpose of this law and review the effectiveness of its implementation.

Conclusion

When I was a classroom teacher, it did not cross my mind that foster youth may be sitting in my classroom needing extra support. Not until I became an administrator did I become exposed to the presence of the unique needs of foster youth, and especially of those who live in group homes. After my experiences in trying to support multiple students from group homes, it

became clear to me that we were not adequately prepared to support these students. As a non-foster youth, I tried to put myself in their shoes, which gave me insight into the dearth of resources that are available to meet the needs of these students on comprehensive school sites.

As documented by research and this study, this was a highly vulnerable population that because of low numbers, could be easily overlooked from a district's standpoint. The district in this study had 221 students out of approximately 16,000 students within the district who resided in group homes. Even though foster youth who resided in group homes were a relatively small population within this school district, they required many resources to address their needs. The LCAP's focus on foster youth was instituted in part to make sure these students were not being overlooked when resources were being allocated as was happening in the past.

Students who reside in group homes are not easily overlooked on school sites if they have unmet needs. For many reasons, students experiencing trauma use other methods for communicating their needs. It is important that when these students express their needs through undesired behaviors such as elopement, aggression, drug use, isolation, refusal to participate in class, and self-harm, our response should reflect understanding, patience, and the desire to help.

The connection to social justice lies in the ability of the members of the circle of care to participate in shared leadership in an effort to care for this vulnerable population. I previously referred to the circle of care when speaking about the various adults that were responsible for the care of the students who resided in group homes. Each member of the circle of care must act as a leader when tending to the well-being and academic development of group home youth. Each member must have the capacity to reach out to each other and communicate, work beyond their delineated duties, fulfill different roles when other members of the circle of care are absent, and

fight for the rights of the child. We cannot be complicit in a child's lack of academic development.

We must also remember that even though this study can be perceived as asking for more systems, the underlying meaning that should be taken away is that we are working with human beings who are struggling within their circumstances. We must remember that doing just enough is not effective. These children, and in many cases their families, need competent, compassionate professionals that they can depend on while they figure out how to get their lives back on track.

We also cannot blame the victims for their circumstances. We have to work to decrease the probability that children who are living outside of their homes will fall through the cracks and not develop the skills to take care of themselves and contribute to society. We must challenge ourselves and society to support these children and make the changes necessary to better their lives.

EPILOGUE

As of 2020 and as a middle school principal working in this school district, I still had many students enrolled in my school who resided in short-term residential treatment programs (STRTPs). The Foster Youth Consortium have given recommendations that schools were slowly but surely beginning to implement. At my site, teachers were still apprehensive about implementing trauma informed care strategies and how successful they could be with students who resided in STRTPs. This change will be slow, but we will continue to push it for the sake of the children.

Since I began this dissertation with a vignette that described a situation that inspired me, I want to tell you about one of the highlights that happened at the same time as my research. My site's school counselor became a great example of how we should actively participate in the circle of care when working with students who resided in STRTP facilities. This case was generally discussed in the findings. Here is a more detailed account.

One of the students that enrolled in our school was demonstrating what we recognized as the effects of trauma. He was withdrawn and unwilling to attend classes. With this being said, he was still very polite and respectful. He was also willing to discuss what he was going through, which made it easier for us to help him. Throughout the school year, he initiated fights, participated in drug use, and eloped from campus. Most severely, he one day got on the roof of the school and threatened to jump. Because we all were so interested in seeing this young man succeed, we did not give up. We all worked together to try to connect with him, but he connected most with our counselor.

He spent time in her office when he was not in class. She made her office a safe haven for him. She established a relationship with him that kept him out of trouble for the last few months of school. He became her helper and began building self-esteem. Because he had turned it around so much, we allowed him to attend the eighth-grade activities even though he was failing most of his classes. Even at those events, he stayed close to our site counselor and helped her with set-up and clean up.

Our counselor was concerned about him at the end of the school year. She did not know if he would be prepared for summer, and then for high school. Because of this, she inserted herself more deeply into his official circle of care by advocating for him with his social worker and education rights holder. She attended his monthly CFT meetings and made recommendations for his future in school.

Because of *Assembly Bill* 403, this student was supposed to be transferred to another STRTP facility because he had been at his current STRTP more than six months and through one extension already. The school counselor advocated for him and said that pulling him away from this community where he was beginning to feel safe and connected was wrong. Her recommendations were honored. He was allowed to stay at the same group home and scheduled to attend the neighborhood high school where the counselor knew some of the staff members and could check up on him.

While planning with some staff members from my site in the summer, one of them let us know that they saw the counselor and the student at a neighborhood mall. They were shopping for school clothes and having lunch. This did not surprise me. The counselor told me that at the beginning of the summer she was given permission to not only visit with him but take him off

site. Confirmation of her follow through let me know that she truly cared and understood the importance of her role in his life at this time. This student had since transferred out of the group home and was now living with relatives in kinship care.

The expectation for every staff member to take this kind of interest in students who reside in STRTPs facilities is asking for a lot. But if each staff member at least understood the importance of making connections, our schools could more effectively support more students who are in these circumstances.

APPENDIX

Individual Interview Questions

1. Please state your name and your role/position/job title in regard to serving children who
   reside in group homes.

   a. Please describe your role in their care. Please tell me about the kind of duties you
      perform in support of children who reside in group homes.

   b. Which part of the child's life gets impacted the most by the completion of your
      job duties?

2. How do you interact directly with the foster youth that you support who reside in group
   homes?

   a. How do you consult the child when making decisions about his/her support?

   b. To your knowledge, are the youth who reside in group homes included in
      meetings that discuss their care and development, such as SST, IEP, Therapeutic
      services, or Permanency Plans?

3. How often are you involved in educational decisions?

   a. How does your role intersect with the child's educational goals?

   b. What training have you had that you feel informs you on how to support the
      academic development of students who live in group homes?

4. In completing the duties that support foster youth who reside in group homes, when do
   you feel successful?

   a. Please describe a time that you felt that you were successful within your position?

b. Please describe a time that you felt that you were not able to effectively complete a task or one of your duties. What were the challenges?

5. How do you interact with other support professionals who work with students who reside in group homes?

a. What are some of the challenges in working with other service providers? What are the benefits?

6. How/why did you decide to work with this particular group of children?

a. To what extent do you feel equipped to work with children who have experienced trauma?

b. How do you deal with issues of secondary trauma?

7. If you could improve in any area of your work with foster youth who reside in group homes, how would you change your role or the duties you currently complete?

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