

Testimony Supporting

S.B. 842: An Act Concerning Foster Children and the Designation of Surrogate Parents

Kenneth Feder
Committee on Children
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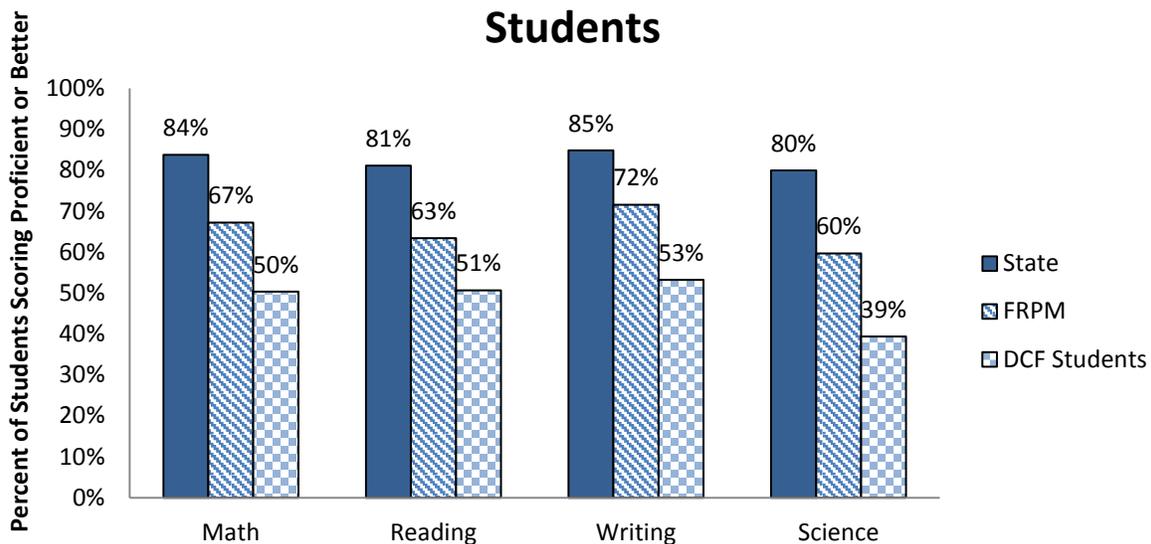
Senator Bartolomeo, Representative Urban, and distinguished members of the Children’s Committee:

I am a Policy Analyst testifying on behalf of Connecticut Voices for Children, a research-based public education and advocacy organization that promotes the well-being of Connecticut’s children, youth, and families.

Connecticut Voices for Children supports S.B. 842, which would provide a surrogate parent to every child in foster care and every child attending school in a Department of Children and Families (DCF) or Court Support Services Division (CSSD) facility. This would offer much needed individualized educational support to these children, who often struggle chronically in school and who frequently have unmet educational needs.

Research shows that children in Connecticut’s foster care system are struggling in school. A recent Connecticut Voices for Children report documents an alarming, but previously invisible, “academic opportunity gap” between children in foster care and their peers.¹ In fact, children in foster care are not only far less likely to score proficient on state standardized tests (CMT and CAPT) than average Connecticut students, but are also far less likely to score proficient than low-income students eligible for Free or Reduced Price Meals (FRPM) (Figure 1).

Figure 1: Standardized Test Performance of All Connecticut, Low Income, and DCF-involved Students



Source: Connecticut Voices for Children’s analysis of State Department of Education data.

A robust body of research shows that unmet special needs often contribute to the academic woes of students in foster care.² In Connecticut, as of September 2013, nearly half of all students in foster care had an identified special education need.³ Children in foster care are more likely to have special education needs than children in the general population, as a history of childhood maltreatment greatly increases the risk that children will experience developmental delay. Research shows that nearly a quarter of children in foster care have motor delays, and nearly half exhibit cognitive or speech impairment.⁴

However, national research suggests that the special education needs of children in foster care frequently go unmet. This may in part be because parents of children in the foster care system are not always able to advocate effectively for their children, and in part because social workers may not have adequate training in navigating educational bureaucracy.⁵ It may also be because there are relatively few foster children in any given school district, and so school districts may not have invested sufficiently in meeting the needs of this uniquely at-risk but small population. In the 2012-2013 school year, 155 different Connecticut school districts enrolled at least one student in foster care, but in no school district did students in foster care make up more than 1 percent of the student population (Figure 2).

Figure 2: School Districts with Highest DCF Enrollment

District	Pre-K to 12 Enrollment	DCF Enrollment	Percent DCF
Hartford	21,487	151	0.7%
Waterbury	18,389	126	0.7%
New Haven	21,183	92	0.4%
Bridgeport	20,155	73	0.4%
New Britain	10,217	61	0.6%

Source: State Department of Education.

Furthermore, students in foster care are often pushed out of school because of exclusionary discipline. For children in foster care, trauma and distractions at home can spill over in school in the form of disruptive behavior. Distracted or disruptive behavior, in school and elsewhere, is a natural adaptation to adverse childhood experiences, which are nearly ubiquitous amongst children in foster care.⁶ Unfortunately, many schools do not respond to this behavior with positive behavioral intervention that helps address underlying needs; rather, students are pushed out of class through suspension and expulsion. In the 2011-2012 school year:

- Students in foster care were three times more likely to be suspended in-school than the average Connecticut student;
- Students in foster care were six times more likely to be suspended out-of-school than the average Connecticut student.

It is likely that children attending school in DCF or CSSD operated and contracted facilities – because of a child welfare placement, because of a juvenile justice placement, or because of severe mental health needs – face similar academic woes. There are many reasons children may be committed to and unable to leave a State operated facility: A child might be committed as a juvenile justice placement to a facility like Connecticut Juvenile Training School (CJTS); might be in pretrial detention in a CSSD detention center; might be hospitalized in DCF’s Solnit Center South Campus (formerly Riverview) psychiatric hospital for children; or might be placed in a congregate Connecticut Voices for Children

care facility as a foster care placement and have medical needs which prohibit attending school in the community. While not all these children have experienced abuse or neglect, most of these children – especially those in the juvenile justice system – have experienced significant childhood trauma. One study found that more than 90% of students in the juvenile justice system have experienced a traumatic event, and 1 in 10 suffer from Post-Traumatic Stress Disorder (PTSD).⁷ Furthermore, it is often difficult for the parents of these children to be advocates for their children’s educational needs because their education is provided in a facility rather than a traditional school. Troublingly, in the 2011-2012 school year, fewer than a third of tenth grade students attending USD 2 schools (the school district operated by DCF for students who cannot leave the facilities operated by the Department) scored Proficient or better on Connecticut’s CAPT exam in any subject. This proficiency rate is even lower than that of students in foster care.

In short, every child in the State’s care has unique educational needs, but these needs often go unaddressed because of a lack of individual educational advocacy from a parent or caregiver, and because these students make up such a small share of Connecticut’s student body.

Connecticut’s surrogate parent program is an important program ensuring that the individualized special education needs of children in foster care are met. The State Department of Education’s (SDE) surrogate parent program provides students in foster care who require or may require special education with a representative to fill the role of an absent parent in all special education proceedings.⁸ A surrogate parent is familiar with a child’s individual case and needs, and can advocate for those needs to be met in the development of an Individualized Education Plan (IEP), just as a parent would do for a child who is not committed to the state. This type of individualized education support helps ensure that, in spite of the fact that the parents of students in foster care usually cannot advocate for their children’s needs, and in spite of the fact that foster-care related needs are rarely a priority for school districts, the special needs of these vulnerable students are still met.

Appointing a surrogate parent for every child in foster care and every child in a state-operated facility will ensure that these students are not allowed to fall through the cracks. Currently, a surrogate parent is only appointed when a child in foster care is referred because of a special education need;⁹ some students may go unidentified. Students attending schools in CSSD operated facilities are not eligible for surrogate parents at all. Because of the atypical circumstances of their childhood – frequent contact with trauma and removal from the home – *every* child in foster care and *every* child in a state operated facility has unique educational needs. Appointing a surrogate parent for each of these children will help ensure that, during their time in State care, any special education needs are identified and a plan is developed for meeting them. Furthermore, surrogate parents can be educational advocates for students who have often been pushed out and disenfranchised in academic settings.

Students currently in DCF care have expressed support for providing a surrogate parent for every child in foster care and every child in a State operated facility. At a forum hosted by Connecticut Voices for Children last January, a student currently committed to DCF care told a story about how she had a surrogate parent, but her siblings did not, and this undercut her sibling’s ability to catch up in school. This student argued that every student in DCF or a State facility has special needs, and every student should have a surrogate parent. (The entirety of this forum can be seen on CT-N, at <http://ct-n.com/ctnplayer.asp?odID=9814>).

Placement in DCF or in a State facility should be an intervention that *improves* educational outcomes for maltreated children, not undercuts their learning. The placement in foster care or in a State facility offers the State a unique opportunity to help reorient these children – whose academic experience so often has been disrupted by abuse, neglect, or a toxic environment – toward academic success. Appointing a surrogate parent for each of these children will help ensure that unique educational needs that may have gone unmet can be addressed, and students receive the high quality education they need for success in adulthood. **For all these reasons, Connecticut Voices for Children supports S.B. 842, so no child in the State’s care is allowed to fall through the cracks, and every child receives a high quality education.**

Contact Information

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¹ See, Kenneth Feder, “Connecticut’s Invisible Opportunity Gap: Academic Challenges Facing Children and Youth in Foster Care.” *Connecticut Voices for Children*. September, 2014. Available at <http://www.ctvoices.org/publications/connecticuts-invisible-opportunity-gap-academic-challenges-facing-children-and-youth-fo>.

² For a more detailed discussion of national literature, see, Kenneth Feder and Tamara Kramer, “Raise the Grade: Improving Educational Opportunities for Youth in State Care,” *Connecticut Voices for Children*. January 2014. Available at <http://www.ctvoices.org/publications/raise-grade-improving-educational-opportunities-children-state-care>.

³ See, Kenneth Feder, “Connecticut’s Invisible Opportunity Gap: Academic Challenges Facing Children and Youth in Foster Care.” *Connecticut Voices for Children*. September, 2014. Available at <http://www.ctvoices.org/publications/connecticuts-invisible-opportunity-gap-academic-challenges-facing-children-and-youth-fo>.

⁴ Research shows that around one quarter of children in foster care have motor delays, and nearly half have cognitive or speech impairments. See Kenny Feder, “Testimony Supporting S.B. 652: AAC Referrals from DCF to the Birth-to-3 Program,” *Connecticut Voices for Children*. February 2013. Available at http://www.ctvoices.org/sites/default/files/021413_childrens_sb273_sb652_sb653_birthtothreereferrals_outofstateplacements_internships.pdf.

⁵ See e.g., Advocate’s for Children’s Project Achieve: A Model for Providing Education Advocacy for Children in the Child Welfare System, *Advocates for Children of NY, Inc.* March 2005. Available at http://www.advocatesforchildren.org/tracker?utm_campaign=pdf&utm_medium=pdf&utm_source=internal&utm_content=sites/default/files/library/projectachieve_2005.pdf.

⁶ See, Vincent Felitti et al., “Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study,” *American Journal of Preventive Medicine*. May, 1998. Available at <http://www.ajpmonline.org/article/S0749-3797%2898%2900017-8/fulltext#section19>. It is increasingly well understood that such distracted and disruptive behavior arises from biological arousal mechanisms that kick in to defend against highly stressful situations. In short bursts, these mechanisms are adaptive, because they allow for heightened defensiveness in an emergency. However, when this natural response is activated over long periods of time in response to chronic stress such as child maltreatment, it can become toxic, and beget destructive behaviors.

⁷ See, Karen Abraham et al., “Post Traumatic Stress Disorder and Trauma in Youth in Juvenile Detention,” *Arch General Psychiatry*. April 2004; 61(4): 403 – 410. Available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2861915/>.

⁸ See, DCF Policy Manual 45-10. Available at <http://www.ct.gov/dcf/lib/dcf/policy/pdf/45100000.pdf>.

⁹ *Ibid.*