Educational Outcomes for Foster Youth in Congregate Care: What School Helping Professionals Need to Know

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Abstract
The purpose of this paper is to share the outcomes from the literature of youth residing in congregate care, commonly referred to as group homes. The outcomes for youth in this placement type need improvement, as evidenced by disproportionalities in education, behavior challenges, mental illness, life skills, and other issues faced by children in foster care. The paper provides recommendations for helping professionals in schools on how to respond to the unique needs of this population. It concludes with a discussion of evidenced-based practices to improve educational outcomes for youth living in congregate care.

Keywords: Foster youth, at-risk, school-based interventions, congregate care, group homes, school professionals

Overview

The recent focus regarding the negative effects of congregate care grips the attention of policymakers, researchers, and practitioners in the child welfare field. Several state governments expressed concern regarding the poor reputation held by group home placements available for foster youth (Stone, 2015). For example, to improve the appropriateness of congregate care, California and other states have enacted laws, setting the stage for other states to follow in an effort to improve services for foster youth nationwide. Additionally, within the last ten years, researchers focused their efforts on determining the merits of these concerns and investigating other factors that play a role in these poor outcomes (Annie Casey Foundation, 2015; Barth, Greeson, Guo, Green, Hurley, & Sisson, 2007; Lee, Bright, Svoboda, Fakunmoju, & Barth, 2011). The impact of congregate care placement on a youth in care often spills over into the educational environment, causing increased behavioral and academic challenges, along with social and emotional difficulties (Annie Casey Foundation, 2015). School helping professionals are on the front lines of providing support for youth at high risk for these concerns. School helping professionals can also be vital in advocating for placements that build home-school connections, fostering success for this population. The current paper explores the educational outcomes of youth in congregate care and provides evidence-based practices to support these youth.

Background

Within child welfare, there are a variety of placements that house children living in care, including family settings such as non-relative foster family homes, relative foster family homes or pre-adoptive homes, or supervised independent living situations (National KIDS COUNT, 2017). In addition to family settings, some youth are placed in congregate care, which can include residential treatment centers or group homes, and are the most restrictive placements for youth in care. For the purpose of this paper, the term ‘congregate care’ will be used to refer to group home placements. Research indicates that there is a wide variance in the use of congregate care amongst foster youth. More specifically, some counties use non-family settings very little, while other counties place nearly nine out of ten children in a group home setting (Wulczyn, Alpert, Martinez & Weiss, 2015). On a national level, approximately one in seven foster youth are placed in a group setting, and amongst teens, one in three are placed in congregate care (The Annie E Casey Foundation, 2015). In 2017, six percent of foster youth were placed in congregate care, and 83% resided in family-style foster settings, with the remaining percentage living in supervised independent living situations or considered runaway youth

(U.S. Department of Health and Human Services, Administration on Children, Youth, and Families, Children's Bureau [USHHS], 2017). In an effort to discuss the differences in outcomes for youth placed in family settings versus congregate care, this analysis will focus on congregate and foster homes, inclusive of non-relative and kinship.

Various studies have questioned the appropriateness of congregate care placement for foster youth (Barth et al., 2007; Bingham, Parrish, Graczewski, Stewart-Teitelbaum, Van Dyke, Bolus, & Delano, 2003; Lee & Thompson, 2008). Researchers have investigated if congregate care settings are appropriate for the youth in which they serve. Current data shows youth residing in congregate care generally have behavioral issues, poor educational outcomes, higher likelihood of involvement with the justice system, and difficulty developing independent living skills (Barth et al., 2007; Bingham et al, 2003; California Department of Social Services [CDSS], 2015; Lee & Thompson, 2008). These behavioral and emotional challenges lead to difficulty in the school environment, providing unique challenges for the education system in working to find solutions to best serve these youth.

Educational Outcomes of Youth in Congregate Care

Youth in congregate care have behavioral difficulties, difficulty in academic performances, and lack advocacy, all which have long-term effects. Research has clearly indicated that placement consistency and school stability are highly correlated with more positive outcomes for youth in care (Casey Family Programs, 2018; U.S. Department of Health and Human Services, Children's Bureau, 2015). However, for youth in congregate care, ensuring educational success can be daunting and met with extreme challenges. Wiegmann, Putname-Hornstein, Barrat, Magruder, & Needell, (2014) found that youth in congregate care were more likely to have attended more schools and have a higher number of placement changes. More specifically, 72% of children placed in kinship care attended one school, 21% attended two schools and 7% attended three or more schools. For youth placed in group homes, 49% attended one school, 29% attended two schools and 21% attended three or more schools. Youth in congregate care, on average, were three times as likely to attend three or more schools, which has been highly associated with poorer educational outcomes. Youth in congregate care are also less likely to have an adult (e.g., foster parent, parent, guardian) to assist in making special or general education decisions, check on their academic progress, and participate in important school meetings to ensure that their educational needs are being met (Legal Center for Foster Care and Education, 2014).

As a result of the instability and variability within foster care, youth in congregate care often have a more difficult time performing successfully in the academic setting and are more likely than youth in a family setting placement to receive special education services (Bingham et al., 2003). While all youth in care encounter significant academic challenges, youth in congregate care have poorer educational outcomes. McCrae, Lee, Barth, and Rautkis (2010) conducted a three-year study comparing the outcomes of youth residing in foster care with those living in group homes. Educational data showed that youth entering congregate care had lower test scores than those in foster homes; however, neither group improved scores more than the other over time. Discussion of this study states that educational outcomes for both groups are poor; however, students in group homes have a larger gap in achievement to overcome. The research conducted by Wiegmann et al. (2014) also found similar outcomes and reported that the achievement gap for youth in congregate care was much larger than for youth living in a foster family setting. Children in foster home settings were more than twice as likely to test proficient or advanced in mathematics than youth in a group home setting, and 66% of youth in group placements tested far below basic on English Language Arts.

Pecora (2012) found several protective factors that increased the likelihood of a youth in care completing high school. Youth with extensive employment experience were over four times more likely to graduate high school than youth with no employment experience, having a positive relationship with a foster family increased their likelihood of graduating high school by two times, and placement stability had one of the largest positive effects. Youth who had an average of one or fewer placements per year were almost twice as likely to graduate from high school. Unfortunately, many youth placed in congregate care have high numbers of placements changes and may not have a positive relationship with a foster family, especially if they were placed immediately into a group home setting after removal. Only 35% of youth in a congregate care setting will graduate high school, compared to 49% of those residing in foster homes (CDSS, 2015). Additional data confirms that graduation rates decline as the length of time spent in congregate care increases (Wiegmann et al., 2014).

Researchers have also focused efforts on studying the long-term effects of congregate care on youth as they become adults. Of these outcomes, one of the greatest concerns tends to be the application of independent

living skills. With only 35% of youth in congregate care earning a high school diploma, many youth experience difficulty in securing a job when they age out of foster care (CDSS, 2015). Additional data shows that 39% of youth who lived in congregate care experience unemployment and government assistance, while youth who resided in foster homes experience a 20% unemployment rate and a 17% rate of receiving government assistance (Bingham et al., 2003; Pecora et al., 2006).

As evidenced above, the literature suggests congregate care produces negative outcomes for youth, resulting in inadequate education, lack of independent living skills, and intensified behavior concerns. While research produces very little evidence to promote congregate care, one study by Lee and Thompson (2008) provides positive outcomes regarding the Teaching-Family Model (TFA). This model is a model of care for youth who experience challenging behavior and trauma. TFA views the root of youth challenges as the result of the absence of essential interpersonal relationships and skills. It is designed to remove emotion in order to allow youth to take ownership and control over their actions. Thompson found that when TFA was utilized within a group home setting it resulted in favorable discharge, reunification, and lessened likelihood of experiencing another placement following discharge. Despite these findings, researchers list several explanations and limitations that may account for skewed results. In James' (2011) literature review of treatment models for group homes within the child welfare system, she states that the current literature is insufficient and does not adequately provide group homes with the ability to serve youth well. With few studies producing positive results and many studies citing negative outcomes, some researchers have discussed other factors present among this population that may contribute to outcomes for youth living in congregate care. Researchers have questioned whether congregate care leads to poorer outcomes, or if in fact, a selection effect exists in which children with greater and more severe needs are more likely to be placed in congregate care versus foster homes.

Disparities in Foster Youth Placement

While research suggests that family-based foster homes tend to yield better results than their counterpart, some studies provide evidence to show congregate care placements are impacted by youth who encountered poor outcomes and behavioral challenges prior to admission. According to a study conducted by McCrae et al. (2010), foster youth displaying signs of behavior difficulties are three to five times more likely to be placed in congregate care. Furthermore, Lee and Thompson (2008) report 75% of foster youth residing in congregate care are twice as likely to be diagnosed with conduct or oppositional defiant disorder compared to youth residing in other settings. Some researchers have found that youth in group homes have been unsuccessful in adjusting to other, less restrictive settings, utilizing congregate care as a last resort (Barth et al., 2007). Data collection conducted by Lee and Thompson (2008) show youth in this setting to be more likely to have behavioral issues when compared to their peers living in family-based foster care. Additionally, youth residing in group homes report more frequent clinical depression symptoms than their peers living in foster homes (McCrae et al., 2010).

Literature also indicates that congregate care serves significantly more adolescent boys, minoritized foster youth, and youth who have higher risk factors (e.g., child maltreatment, sexual risk behavior, and substance abuse) (Chapin Hall Center for Children, 2008; Child Welfare Information Gateway, 2016; Hill, 2013; Strack, Anderson, Graham, & Tomoyasu, 2007; U.S. Department of Health and Human Services, 2018).These characteristics are similar to the findings of Chow, Mettrick, Stephan, & Von Waldner (2014), who conducted an exploratory research study of characteristics of foster youth residing in group congregate care. Chow et al. (2014) found that the majority of youth who lived in congregate care were older, male, minoritized, youth with developmental delays and/or learning disabilities, and youth with mental health and physical needs.

Baker and Curtis (2006) conducted a study comparing two samples of youth being served in residential treatment centers, also known as group homes or treatment foster care. Treatment foster care, considered to be the positive alternative to group homes, is a foster home placement in which the caregivers have been trained and provided with great amounts of support and resources to care for youth who may pose unique behavioral challenges (Breland-Noble, Farmer, Dubs, Potter, & Burns, 2005). While treatment foster care and residential treatment centers are considered the be the highest levels of care for youth with behavioral and emotional challenges, little research has been conducted to investigate the behaviors presented prior to the youth entering care (Baker & Curtis, 2006). After the completion of data collection, researchers found that over one-half of the participants entered the child welfare system after receiving other residential services, such as juvenile justice settings or mental health facilities. Out of these participants, 40% were living in residential treatment centers and 20% living in treatment foster care. This evidence suggests that residential treatment centers house more youth who have a prior history of mental health challenges, involvement with the juvenile justice system, and behavioral concerns than alternative placement options (Baker & Curtis, 2006).

Cederna-Meko, Koch, & Wall (2014) investigated placement options of children diagnosed with Oppositional Defiant Disorder (ODD). They found one in five youth to be diagnosed with ODD prior to their entrance into a group home or residential program, resulting in significantly more children with this diagnosis than other placement types. Characteristics of the youth included older age, a child in need of services, neglected, verbally aggressive, and school truancy. Similarly, Robst, Armstrong, and Dollard (2011) utilized propensity matching scores to compare youth in group homes and treatment foster care six months before and after care. Researchers found that youth residing in group homes had higher rates of involuntary examinations, encounters with law enforcement, and other outpatient treatment visits prior to entrance than those in treatment foster care. Youth in treatment foster care, as opposed to youth living in group homes, were much less likely to return to treatment after discharge, and they were less likely to be charged with felony crimes. In an effort to compare the services received by youth in these two settings, Breland-Noble et al., (2005) found youth residing in group homes to be two to three times more likely to receive services in specialized schools, juvenile justice settings, or in outpatient facilities than youth living in treatment foster care. This research supports the suggestion that youth residing in group homes enter with prior behaviors and continue to require services in these areas, unlike those in treatment foster care who receive a more individualized approach (Breland-Noble et al., 2005).

Additional studies make note of the caseworker biases that play a role in assigning youth with significant behavior challenges to these types of settings. Leathers (2006) studied the effects of behavior in regards to placement type and disruption. Leathers found that the caseworker's reports of the child's behavior significantly predicted a placement change, often resulting in group home placement, while the caregiver's report had much less predictability. In relation to biases among caseworkers and their relation to placements in group homes, Leloux-Opmeer, Kuiper, Swaab, & Scholte (2016) emphasize the need for evidenced based guidelines and assessment tools when placing children. Within the authors' literature review, much focus is directed toward the high amount of placements and typical characteristics of children in group homes, calling for more research and development of tools to assist caseworkers in objectively placing children in appropriate placements.

As evidenced by previously discussed studies, there are contradicting views within research when asked to determine the cause behind poor outcomes for youth in group homes. While some place blame on congregate care, others claim the characteristics and experiences of youth prior to these placements make it difficult to produce positive outcomes. Perhaps McCrae, et al. (2010) highlighted the challenge of the child welfare system best, stating the need to not only serve families presenting with maltreatment concerns but also identify and assist the product of abuse: youth with significant behavior concerns. This provides a unique challenge for the system and adds the dynamic that has created difficulty in caring for youth that many residential placements encounter today. Moreover, this poses an even greater challenge for helping professionals in schools who are responsible for ensuring that all youth, including foster youth, have positive educational, social, and behavioral outcomes.

School-based Interventions for Youth Living in Congregate Care

There is a wealth of literature on the interventions that youth receive within congregate care settings (Breland-Noble et al., 2005; James, 2011). However, we know little about how these services transfer to schools and how schools can support youth in being successful in a congregate care setting. To understand the unique and complex needs of this population more closely, schools must consider how the congregate care environment might influence the school environment. Schools must also consider how they can work together with congregate care placements to ensure that the student can successfully function and excel in both environments. This paper is timely, as there are limited research-based, school-focused interventions specifically targeted for youth living in congregate care who attend public schools.

It is not uncommon for a school's response to mirror congregate care when challenging behaviors arise. Researchers found that school professionals (teachers and principals) referred students involved in the child welfare system more often to school social workers for academic and aggression related issues than any other students they were serving. Children in foster care received special education services at higher rates than other populations found on a school social worker's caseload. Additionally, children in the child welfare system were most likely to be served the longest and have the greatest amount of services provided by school personnel (Jonson-Reid et al, 2007). While school experiences are understood to be a critical mediating factor for foster youth, these challenges further inhibit success within the school system.

Often, foster youth with behavior or academic problems, are segregated with peers that demonstrate similar behaviors (some even more severe). This exposure and association with peers with similar behaviors

may exacerbate and escalate the negative behaviors. Several studies found that when well-intentioned programs and interventions placed youth in programs and settings populated with deviant youth, it resulted in an adverse main effect (Busching & Krahé, 2018; Dodge, Dishion, & Lansford, 2006; Lavallee, Bierman, & Nix, 2005; Rohlf, Krahé, & Busching, 2016). This outcome suggests that we may be doing more harm than good. These results open the door for schools to implement effective ways to support vulnerable youth who are living in congregate care without segregating them. In the next section, we discuss three promising school-based interventions known to be effective for foster youth, and their significance for youth residing in congregate care. The first two interventions were listed in the Substance Abuse and Mental Health Services Administration National Registry of Evidence Based Programs and Practices [SAMHSA] (n.d.).

Trauma-Focused Cognitive Behavior Therapy (TF-CBT), is widely used across facilities, organizations, and schools to treat and respond to emotional and behavioral problems associated with trauma (Cohen, Deblinger, & Mannarino, 2018; Knutsen & Jensen, 2019; Ladderud et al., 2018). TF-CBT is designed to treat children who experience a wide array of traumas including post-traumatic stress disorder, sexual abuse, domestic violence, loss, war, sexual trafficking, and severe and multiple traumas experienced by children who are in foster care. Evaluation studies indicate that youth who participated in TF-CBT reduced depression, trauma and stress-related disorders (Cohen, Deblinger, & Mannarino, 2018; Cohen, Mannarino, & Iyengar, 2011; Jensen et al., 2013). TF-CBT was effective in increasing youth's social competence (Cohen et al., 2018; Ladderud et al., 2018; McMullen, O'Callaghan, Shannon, Black, & Eakin, 2013; O'Callaghan, McMullen, Shannon, Rafferty, & Block, 2013) and general functioning and well-being (Jensen et al., 2013; Murray et al., 2019). The program is promising for reducing anxiety and disruptive behaviors (Cohen et al., 2018; Cohen, Mannarino, & Iyengar, 2011; Jensen et al., 2013) and improving cognitive functioning (Cohen, Mannarino, & Iyengar). While TF-CBT has been shown useful for many different types of clients, Cohen and Manarino (2013) propose that it can be very effective for foster youth in congregate care, pending appropriate accommodations. Given that disruptive and aggressive behaviors are one of the main indicators for youth who move into residential placement (James, Landsverk, & Slymen, 2004), this treatment modality has been shown effective in assisting youth to manage and minimize maladaptive behaviors. Additionally, youth in congregate care often display more depressive symptoms than their counterparts (McCrae et al., 2010), proving this method may be even more attractive for schools and group homes to use in partnership. While all foster youth may encounter one or more traumatic experiences, youth in congregate care are more likely to encounter multiple traumas (Pecora & English, 2016), requiring an intervention, of this caliber to address the multifaceted concerns. While studies show that TF-CBT is a successful treatment model for youth requiring this level of care (Cohen, Mannarino, Jankowski, Rosenberg, Kodya,& Wolford, 2016), it is important the school collaborates with the staff members in the residence, ensuring utilization of the same strategies and implementation of interventions in the most effective manner.

Skills Training in Affective and Interpersonal Regulation for Adolescents (STAIR-A) (National Child Traumatic Stress Network, 2002) is another promising school-based intervention. The program uses Cognitive Behavioral Therapy to improve emotional regulation and provides support for interpersonal and social problems for youth ages 12-21 exposed to trauma. SATIR-A is an eight to 12 session curriculum-based program, that can be used as an inpatient, individual, or group treatment. The group version has been implemented most often in schools. STAIR-A's primary goals include: (a) help youth identify their fears, triggers, emotions, and behaviors; (b) identify maladaptive responses to trauma triggers; (c) provide emotional regulation strategies through breathing techniques and positive self-statements; (d) to identify and tolerate negative emotions linked to trauma; and (e) to foster new behaviors that improve interpersonal and social skills. The program was found to be effective in reducing depression and anxiety and increasing social-connectedness and self-concept among a diverse group of adolescent girls (Cloitre et al., 2010; Gudiño, Leonard, & Cloitre, 2016; MacIntosh et al., 2018; Trappler & Newville, 2007; van Vliet, Huntjens, van Dijk, de Jongh, 2018). School professionals can easily implement a STAIR-A program into their school that includes foster and non-foster youth as participants. To avoid, potential deviant peer influence, school professionals should work to include students that demonstrate positive behaviors to provide peer models and encourage group success. Given this model's success in teaching new behaviors and identifying inappropriate responses, STAIR-A would support students in managing emotions and challenging behaviors that often inhibit placement in less restrictive environments (James, Landsverk, & Slymen, 2004). This model focuses specifically on social and emotional regulation, necessary skills in which youth in congregate care tend to be lacking (Pecora & English, 2016). While these students are more likely to be diagnosed with conduct and behavioral disorders (Lee & Thompson, 2008), this program would give them much needed opportunities to develop social skills and spend time with positive peers.

For younger children, Peacemaking Skills for Little Kids (Peace Education Foundation, 2002) shows promise

in reducing disruptive behaviors and increases social competence and connectedness. The program is a school-based curriculum that can be delivered by the classroom teacher and can also involve the parent or caregiver. The program builds on the Five I Care Rules, which includes: (a) listen to each other; (b) hands are for helping, not hurting; (c) use I-Care language; (d) we care about each other's feelings; and (e) we are responsible for what we say and do (Peace Education Foundation, 2002). The program encourages cooperation, understanding, responsibility, management of emotions. Youth living in congregate care might come to school with limited skills in managing emotions and may have had limited opportunities to developing many of the "I Care Rules." Teachers can help them develop these skills and work to help to continue these skills in their living environment (Pickens, 2009). As children under the age of 12 make up 31% of those who reside in congregate care (Pecora & English, 2016), it is important that schools have access to interventions proven successful for younger children.

School helping professionals, such as school social workers, school psychologists, and school counselors are trained professionals who provide both academic and behavioral interventions in schools. In the next section, we discuss practical implications that include the implementation of school-based practices to increase foster youth's mental health outcomes and academic achievement.

Practical Implications

Even with the disparity of outcomes between youth in congregate care and youth in foster family settings, school helping professionals can effectively intervene and utilize their expertise to advocate for students in congregate care, creating a positive impact on their success. While studies above have shown possible solutions to foster success among youth in congregate care, there are also a variety of practical steps that can be taken by school helping professionals to assist youth in overcoming the adversity of his or her situation.

School Social Workers

School social workers receive specialized training as mental health professionals and serve as a link between the home, school, and community (School Social Work Association of America, 2012). They support student success in four major ways: (1) early intervention; (2) problem solving between home, school, and community agencies; (3) early identification of students at risk; and (4) work with collaborative teams to develop coping, social, and decision making-skills (National Association of Social Workers). With many unmet educational needs, school social workers serve as a collaboration tool for youth living in group homes. Zetlin, Weinberg, and Kimm (2004) investigated a program implemented within an urban city in the United States, aiming to enhance collaboration between the school system and Child Welfare Services (CWS). An education specialist was hired to work within CWS and the local education agency to provide case management specifically for school related concerns. In addition to increasing academic scores in reading and math, this program also alleviated half of all case issues with only one to three attempts per case (Zetlin et al., 2004). With many unmet educational needs (McCrae et al., 2010), school social workers can close the communication gap between the school system and caregivers, advocating for students in congregate care and managing their case to solve arising concerns.

In addition to advocating for students living in congregate care, school social workers have the potential to educate school staff, administration, and interested parties regarding the challenges that foster youth residing in congregate care face. Most significant among these issues tend to be behavior concerns. It is important to provide ongoing training for school staff on how to handle behavior challenges and ensure students receive the appropriate school care. Cohen and Mannarino (2013) emphasize this point, stating specifically for TF-CBT, all support personnel should be educated and informed on possible triggers, mismanagement of behaviors, and trauma reenactments. School social workers are capable and trained in this area, providing support to schools in understanding how to better support these students in the school system.

With many students presenting significant social and emotional challenges, a school social worker is a perfect fit to educate teachers while providing mental health services within the school setting. To assist students in building relationships and demonstrating appropriate behaviors, Greenberg et al. (2003) discussed the values of implementing a social emotional curriculum within the school system. In an additional study, Altshuler (2003), created focus groups to understand the necessary collaboration between all systems serving the youth. Focus groups shed light on students' behavior issues, with students sharing their inability to express emotions within their placement, feeling they had no choice but to demonstrate their frustrations in the school environment. School social workers are important professionals to seek when providing social and emotional services, assisting students in demonstrating frustrations in appropriate manners while empowering teachers to handle behavior challenges.

School Psychologists

In addition to collaboration with outside supports, the school psychologist can be a vital resource in explaining the effects of congregate care to teachers and staff. School psychologists provide direct educational, behavioral, and mental health services for youth, as well as work with families, school administrators, educators, and other professionals to create supportive learning and social environments for all students. They have particular expertise in data collection, analysis and interpretation for student achievement and school improvement. School psychologists play a critical role in reducing overrepresentation in special education by implementing non-discriminatory assessment practices. Given that many youth residing in group homes demonstrate inappropriate behaviors and lack of motivation in schools, educators and administrators should be encouraged to take on trauma-informed perspective (Bingham et al., 2003). Given their unique training and education, school psychologists are in an ideal role to inform school staff of the biological effects and the social pressures of residing with other children on a daily basis. This information allows school-based professionals to understand the actions of the child and respond appropriately.

As stated previously, foster youth are commonly placed in special education programs within the school setting (Bingham et al. 2003). School psychologists serve as the gateway in attaining these special education services. They also prove to be a vital resource in diminishing this overrepresentation. As reported by Skiba, Simmons, Ritter, Kohler, Henderson, & Wu, (2006) teachers and school professionals sometimes see referrals to special education as a resource rather than an intensive program. Many view this process as finding help for their students, and they are unaware of the long-term effects that special education can pose on any youth. McCrae et al. (2010) conducted a study finding youth residing in congregate care to have a larger gap in their achievement than other students residing in foster care. This requires special attention from school psychologists when assisting students or performing evaluations, remembering to consider past trauma, number of school transitions, home environment, and many other unique factors. School psychologists are well suited to educate the school community about the purposes of special education and ensure foster youth to receive an appropriate education based on their needs.

School Counselors

School counselors provide data-driven prevention and intervention services, aimed at improving attendance, reducing dropout, providing consultation services, guiding students towards college and career readiness and supporting social-emotional well-being. School counselors address general and special education students' academic, career and social/emotional development needs by designing, implementing, and evaluating programs that promote and enhance student success (American School Counselor Association, 2017; The Education Trust, 2011). As mentioned previously, the educational outcomes for foster youth in congregate care are lacking; however, school counselors can assist youth in attaining a well-deserved education. With a 35% graduation rate for youth in congregate care, school counselors are vital to ensuring students receive the appropriate resources necessary to gain a high school diploma. With a broad knowledge of graduation requirements and possible alternatives, school counselors are key to guiding students in career and related academic concerns. National Factsheet of 2014 reports that more than 75% of caregivers in the group homes report that students' educational needs are unmet (National Working Group on Foster Care and Education, 2014). With this information in mind, school counselors must put in time and effort to collaborate with students in care to find the best fit possible, whether university or another career focused route. Additionally, counselors can connect students to vital resources throughout their college/ career, providing the support necessary to complete their education.

School counselors can work together with other school professionals to design, implement, and evaluate effective social emotional programs that specifically target youth in congregate care that can result in the promotion of effective social skills, resilience, and protective factors (American School Counselor Association, 2018).

Recommendations for Change in Policy and Practice

According to the Youth Law Center (2015), regulations, policies, and requirements can be proclaimed; however, to see results of these decisions, enforcement must happen within the agency. Executing new licensing standards and program requirements are necessary to ensure all residential centers are complying with the change in action. If funding policies are dependent on the new regulation, there is a higher chance the change will take place and stick. Lastly, the literature recommends that states forbid congregate care from accepting children under the age of 13, due to a high risk of developing mental health concerns (Youth Law Center, 2015).

While most of the United States generates restrictions on congregate care, each state differs in regards to the type of constraints put into place (Youth Law Center, 2015). These restrictions can involve admission

requirements, funding sources, staff ratios, and other items relevant to each state. While the bulk of these restrictions relate to the age limit of children residing in congregate care, only three states took legislative action to limit the use of group homes within their state for all ages (Youth Law Center, 2015). In the next section, we highlight California, Oklahoma, and Rhode Island, to demonstrate the differences that may exist across states.

In California, new legislation was enacted in 2015 to limit the length of time and amount of children within group homes. The Continuum of Care Reform (CCR or AB 403) utilizes three main goals to improve the outcomes of foster youth who typically reside in group homes (AB 403, 2015). The first goal aims to provide a least restrictive setting for children entering the welfare system, reducing the number of congregate care placements instead of the absence of a foster home. Second, group homes will be converted into short-term residential treatment centers, providing a short-term stay for children in need of intensive therapeutic intervention. Lastly, this reform puts an emphasis on recruiting foster families and relative caregivers by providing training and supports to maintain these families. This bill also aims to end the traditional group home setting within the state of California (AB 403, 2015).

Similar to California, Oklahoma has begun to designate certain group homes to be reformed for other purposes, decided by the Department (Youth Law Center, 2015). This policy also places emphasis on utilizing kinship and emergency homes when possible. To enforce this regulation, the Department records the group homes' clients, the number of children in emergency care, and the number of children in kinship for each county, holding local authorities accountable to utilize other services before proceeding to group homes.
Similarly, Rhode Island has also placed restrictions on the number of children placed in group home settings. In 2009, the state declared that no more than 1,000 children should reside in congregate care across the state. The prospective influx of funding, as a result of less spending on congregate care, was set to create community-oriented programs for children and families (Youth Law Center, 2015).

Interdisciplinary work among school social workers, school psychologists, and school counselors should focus efforts on educating school professionals regarding the variety of concerns confronted by foster youth. Ngo et al. (2008) report implementation of trauma-informed practices within the school setting to significantly reduce stress and trauma-related symptoms. Hodas (2006) proposes a framework, shown effective for students in congregate care among eight case studies, assisting the implementation of trauma-informed care. This framework includes organizing institutions to implement trauma-informed practices, demonstration of the practices, and youth and families engaged in the practice by staff.

In a review of the literature in regards to interdisciplinary work among human service professionals, Bronstein (2003) identified five commonly used components: interdependence, newly created professional activities, flexibility, collective ownership of goals, and reflection of the process. These concepts focus on creating a new, student-centered mindset that must remain at the forefront during practice. As professionals working to improve outcomes of foster youth residing in congregate care, we must become interdependent on the specialties of others and create a mutual goal.

Future Directions

The current state of education for youth in congregate care provides evidence for the need for school professionals who are highly qualified to deliver services of care that respond to the unique needs of this population. Currently, the literature is scant in school-based interventions for youth in congregate care, especially as it relates to fields in school counseling, school psychology, and school social work. Future directions could focus on empirical research on the effectiveness of evidence-based school-based interventions for youth in congregate care with youth in foster family settings, as a comparison group. The outcomes of this research could lead to increased awareness of what interventions work and how to implement them effectively to enhance the educational success of youth in congregate care. Additionally, we cannot overlook the importance of conducting a systematic literature review and/or meta-analyses to evaluate the current studies that have been published to combine the results of each study and consider the progress of the research in this area. This approach could help to answer the following questions: What school-based interventions have been proven to work for youth in congregate care? What does the literature say about the educational outcomes of youth in congregate care and how school professionals can support their needs? Are there interventions that are more effective for this population compared to foster youth in family-based settings? More importantly, how can we, as school helping professionals be trained to help. Training in this area is both a challenge and a critical need. Research that engages and addresses both the challenges of training and the critical need in this area could impact how we serve youth in congregate care and ultimately improve their educational outcomes.

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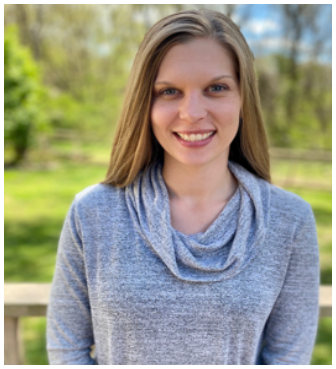

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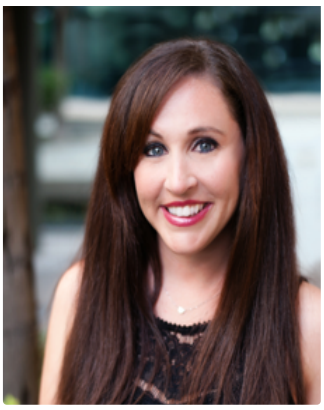

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