Educ. Treat. Child.
https://doi.org/10.1007/s43494-024-00132-1

ORIGINAL ARTICLE

Fostering Educational Success: Program Description and Descriptive Pilot Study

Jacqueline Huscroft-D'Angelo · Alexandra Hamilton · Emily Kunkle

Accepted: 12 August 2024

Abstract On any given day, around 400,000 youths involved in the child welfare system eventually prepare for the transition into safe and stable permanency placements. Although schools play an integral role in permanency planning and transition success, there are no evidence-based programs that focus solely on supporting and improving student educational outcomes. The purpose of this study was to conduct a pilot study of a newly developed education focused transition program, Fostering Educational Success (FES), to examine implementation, dosage, caseload size, acceptability, social validity, and program measurement. Fifteen out of 20 (75%) families completed the full 6 months of FES programming. On average, families received 3.02 direct and .89 indirect service hr per week. Family coaches reported the highest percentage of time spent in program implementation on FES related tasks (31%) such as collaboration, records gathering, family service and discharge planning, etc. Of those who completed the post-program survey, caregivers ($n=13$) and youths ($n=9$) reported high levels of satisfaction across core program components and support. Acceptability data were mixed with 76.9% of caregivers reported that they would be very likely to recommend the program to others and varying opinions on how long they felt services should be offered. Findings, implications, and limitations are discussed.

Keywords Foster care · Academics · Intervention · Coaching · At-risk

Youths in foster care often face challenges and disruptions that extend beyond the realm of the home environment and that can negatively affect educational outcomes. Most recent reports indicate there were just under 400,000 children in the United States living in foster care, most of which will at some point make the transition to permanency through reunification, adoption, or guardianship (Adoption & Foster Care Analysis & Reporting System [AFCARS], 2022). Although permanency offers potential stability, the preceding instability can have long-term negative impacts on educational outcomes. Despite legislative protections to provide support and promote success (i.e., *Every Student Succeeds Act,* 2015; *Family Educational Rights and Privacy Act,* 1974; *Fostering Connections Act,* 2008; and Uninterrupted Scholars Act, 2013), by the time they reach 19 years of age, only approximately 54% of youths in foster care will graduate from high school or earn a GED, which is a stark contrast to the national average of over 80% (Annie E. Casey Foundation, 2020; Pecora & O'Brien, 2019; Yang & Bechtold, 2022). This

J. Huscroft-D'Angelo (✉) · A. Hamilton
Oregon Research Institute, 3800 Sports Way, Eugene, OR 97477, USA
e-mail: jhuscroft@ori.org

E. Kunkle
KVC Nebraska, Omaha, NE, USA

Published online: 18 November 2024

disparity is alarming and underscores the urgent need for dedicated educational support programs to promote stability and school success for youth in foster care.

The transition to permanency, though ideal in its intent to provide stability, does not automatically resolve educational challenges. As these students move into permanency settings, the compounding effects of prior educational gaps and psychosocial stressors often continue to impede academic achievement (O'Higgins et al., 2017; Perez et al., 2023; Sebba et al., 2015; Smithgall et al., 2010). For example, nationally, students in foster care achieve lower grades and standardized test scores and higher rates of absenteeism, tardiness, and truancy; limiting their full academic potential (Blankenship, 2018; Goemans et al., 2018; McGuire & Jackson, 2018; Pecora & O'Brien, 2019; Romano et al., 2015; Zorc et al., 2013). These challenges are often compounded by high rates of disability (Palmieri & La Salle, 2017; Pecora & O'Brien, 2019; Somers et al., 2020) and mental health disorders (Keefe et al., 2022; O'Higgins et al., 2017; Perez et al., 2023). Children in foster care also present with higher rates of school placement changes (Casey Family Programs, 2023; Clemens et al., 2017; Pecora & O'Brien, 2019; Somers et al., 2020) which can result in delayed or missing school records, delayed enrollment in school, poor communication across providers, delayed academic progression, and grade retention (Huscroft-D'Angelo et al., 2021a, 2021b; Huscroft-D'Angelo et al., 2021a, 2021b; Huscroft-D'Angelo et al., 2022; O'Higgins et al., 2017; Pecora & O'Brien, 2019). In turn, these disruptions lead to negative social-emotional consequences such as alienation and poor relationships with teachers and peers, loss of self-efficacy, and detachment from school (Basca, 2009; Goemans et al., 2018; O'Higgins et al., 2017; Somers et al., 2020).

Ongoing reports of poor educational and social-emotional outcomes in this population indicates the need for explicit, targeted support during the transition period to permanency. Schools provide particularly strong protective factors that promote resilience when students are exposed to adverse events. When students are strategically supported and connected to school, they are more likely to have better school attendance, remain in school, and attain greater academic success (Centers for Disease Control & Prevention [CDC], 2018). Although other resources exist to support families during the transition to permanency, few are solely focused on educational outcomes. The purpose of this study is to examine a newly developed educational support program for youths departing foster care to permanency placements.

Fostering Educational Success (FES) Program Description

Fostering Educational Success (FES) is a home and school family support program designed to improve the educational outcomes of youths in middle and high school departing foster care to permanency placements (e.g., adoption, guardianship, kinship, reunification) through service delivery in three primary areas: school connectedness, academic engagement, and family cohesion. The overall goals of FES are to promote placement stability for both home and school and to improve academic success indicators (e.g., attendance, grades, relationships, communication, connectedness). The development and content of the FES program was informed by nearly 2 decades of research evaluating the educational needs, outcomes, and existing supports for youths with or at-risk of high-incidence disabilities (e.g., emotional disturbance, learning disability) transitioning from out-of-home care placements back to home and school communities, including several recent studies specifically examining the educational, social/emotional, family, and relationship needs of students departing foster care to permanency placements with various stakeholder groups Huscroft-D'Angelo et al., 2019; Huscroft-D'Angelo et al., 2021a, 2021b; Huscroft-D'Angelo et al., 2021a, 2021b; Huscroft-D'Angelo et al., 2022).

FES builds on over a decade of development and evaluation work of On the Way Home (Trout et al., 2012; Trout et al., 2020), a manualized evidence-based program designed to improve the education and placement stability outcomes of youths returning to home and community school settings following placements in therapeutic residential care. OTWH was implemented with students in 136 schools spanning 47 districts and is presently listed as "supported" on the California Evidence-Based Clearinghouse for Child Welfare (CEBC; https://www.cebc4cw.org/

program/on-the-way-home-otwh/) and "promising" on the Title IV-E Prevention Services Clearinghouse (https://preventionservices.acf.hhs.gov/programs/610/show).

Although OTWH was a well-suited starting place for the development of FES, it was not designed to address the specific educational needs of individuals departing foster care. OTWH was developed to help families and youths with or at risk of high-incidence disabilities maintain the therapeutic treatment gains made while in therapeutic residential care (Trout et al., 2012, 2020). Specifically designed as an aftercare model, OTWH provides parents and youths with supports to continue the skills and practices learned while in care and replicate these behaviors at home (Trout et al., 2020). In contrast, although there are varying degrees of foster care (e.g., family foster, treatment foster care, or kinship foster care), youths in foster placements are not consistently provided therapeutic services and, when services are provided, youths do not engage in them at the same level of intensity as youths served in therapeutic residential care (Burns et al., 2004; Leslie et al., 2004; Linder & Hanlon, 2024; Swanke et al., 2016) One impact of this variation is that many youths will exit foster care and return home with similar, and in some cases increased, educational behaviors and risks requiring ongoing support to promote educational stability and success (Huscroft-D'Angelo et al., 2021a, 2021b; Linder & Hanlon, 2024). Therefore, FES is conceptualized as a modification of OTWH tailored to the specific needs of middle- and high-school-aged youths departing foster care to permanency placements.

FES Theoretical Framework

The FES program is grounded in Systems Theory (Bowen, 1991) which accounts for the context in which youths learn and develop. Systems Theory emphasizes the importance of the necessary connections among schools, families, and community to support the disengaged youth, promote positive school outcomes, account for individual youth needs related to the context of family circumstances, and provide differentiated support (Christenson et al., 2012). FES is also influenced by the Ecological Systems Theory (Bronfenbrenner, 1979), which considers the complex interplay between individual, relationship, community, and societal factors. The assumptions that guide the theoretical framework for the FES program bring together the primary systems and supports (i.e., home, school, community) that affect the youth's academic attainment and educational success. This occurs through service delivery by Family Coaches (FCs) in the three core components bringing together key stakeholders in the youth's life (i.e., school and family) to promote positive educational outcomes.

Core Elements and Program Components

FES provides 6 months of weekly family support by a trained FC across three primary areas: school connectedness, academic engagement, and family cohesion (see below). Services are voluntary and begin just prior to, or immediately following, the youths' departure from foster care. All program activities are tracked daily via a program specific database in 5-min increments by the Family Coach.

Family Coach (FC) The FCs play a central role in youths and caregiver success by implementing program services while also serving as an advocate and guide for the youth and caregivers, a liaison between the home and school, and a resource for educators and school professionals as an expert in working with students who have been involved in foster care and their families. FCs are required to have a minimum education of a bachelor's degree in psychology, social work, education, human services, or related field. Given the recommendations for use of family-centered practices, guidance by the partner agency, and work with similar populations, FCs are assigned a caseload maximum of 10 families (Hughes & Lay, 2012; Trout et al., 2012, 2013).

Supervision To support implementation of FES, FCs participate in weekly group and individual supervision meetings with a team supervisor who is obtaining, or has already acquired, a master's degree in social work, psychology, human services or a related field. Group supervision meetings are used to: (1) discuss student and caregiver engagement, goals, and progress; (2) monitor FES implementation; (3) troubleshoot and document significant student problems; and (4) discuss changes in the student or family status (e.g., educational placement change, elevated behaviors). FCs complete supervision reports weekly to document each family's stage of service,

accomplishments across FES components, barriers to service delivery implementation, program goal status, and goals for the following week. The individual supervision meetings allow for more intensive time to: (1) discuss specific strategies for youths and families in crisis; (2) monitor the FC's skills to ensure that he or she receives the training and supports necessary for successful implementation and fidelity of FES; and (3) review data collection procedures and completion of written reports.

Service Delivery FCs work through an iterative and scaffolded process with the youths, caregivers, and schools to simultaneously implement FES components (i.e., school connectedness, academic engagement, family cohesion). This process is designed to progressively develop family skills, rapport, trust, and skill building through a scaffolded approach to successfully support youths following the completion of FES services. The process begins with a referral and intake that are completed during the first 2 weeks and focuses on consent/assent, agency documentation, and information and records gathering. The first service delivery phase (weeks 3–4) involves implementing strategies to address the initial transition period for families and engagement with schools. The objective of this phase is to promote a seamless and stable transition for youths by beginning service implementation, developing individualized family plans and goals, transferring student files, and obtaining access to the online school portal for C&C monitoring. The second service delivery phase (months 2–5) includes implementation of all FES components simultaneously to promote and maintain student school connectedness, academic engagement, and family cohesion. The final service delivery phase (month 6) focuses on fading services to reinforce the maintenance of newly developed skills. During this time, FCs connect families with resources based on individual family needs, begin discharge planning to ensure supports are in place to maintain gains, review progress of service plan goals, establish new family goals to support continued educational success, and identify how goals can be accomplished after program completion.

School Connectedness School connectedness is defined as "the belief held by students that adults and peers in the school care about their learning as well as them as an individual" (CDC, 2018). This is particularly important for youths who are at increased risk for feeling alienated or isolated from others and is common in children who have been systems involved (American Psychological Association, 2019; Pecora, 2012). School connectedness is addressed by implementing a modification of the evidence-based program Check & Connect (C&C; Christenson et al., 2012), illuminating the importance of involvement in an extracurricular activity or obtaining employment and promoting caregiver engagement in their child's education by focusing on key aspects of navigating the school system, as well as facilitating the home–school communication stream.

Modified Check & Connect Monitoring of youth performance, school and family support, educational goal setting, and overall school engagement are critical factors in the prevention of school failure and dropout (Christenson et al., 2012; What Works Clearinghouse, 2010). Studies have demonstrated that C&C has a positive impact on critical school functioning behaviors, including decreased truancy and dropout and increasing the number of academic credits obtained and the number of students who successfully complete school (Alvarez & Anderson-Ketchmark, 2010; Maynard et al., 2014; What Works Clearinghouse, 2010). In FES, FCs are assigned to youths in several different school settings which requires a modified delivery of C&C. As part of the "check" component, FCs monitor alterable factors daily which are identified in the C&C manual through the project specific C&C database. This involves working with schools and caregivers to determine and implement educational interventions (identified in the C&C manual) if the child's behaviors reach a predetermined risk criterion. Reports are automatically generated weekly to allow FCs to monitor student progress and address areas indicating risk. In "connect," the FCs meet weekly with the family to ensure that the youths are engaged in the academic environment, establishes and/or maintains connections with education professionals, and works towards educational goals.

Extracurricular Activities or Employment Involvement in school or employment activities serve as protective factors and help increase resilience, promote attachment to school, and decrease engagement in high-risk behaviors of students in

foster care (Development Services Group, Inc. & Child Welfare Information Gateway, 2015; O'Connell et al., 2009). FCs work with the youths and family to identify preferred interests in extracurricular school activities or employment opportunities. This includes formally assisting the youths and family in taking necessary action (e.g., completing applications, accessing physical exams, identifying transportation) to facilitate involvement and maintain engagement. Involvement in activities or employment are monitored and discussed during weekly youths and family meetings.

Caregiver School Engagement Caregiver engagement in school activities and ongoing parent–school communication greatly influences youths' attainment of educational goals and achievement, especially for those with disabilities or mental health disorders (Duppong Hurley et al., 2019; Lambert et al., 2022). FCs identify and link caregivers with a school contact, reducing the barrier caregivers face with navigating aspects of the school. The FC works with the caregiver to understand school policies and expectations, answer questions, and assist the caregivers with completing any school involved paperwork. Activities are tracked via a Family Coach Log.

Academic Engagement Academic engagement is the extent and intensity with which youths participate in and apply themselves to learning and other school activities, as well as the supportive relationships and structures that exist to support student engagement (Phan & Ngu, 2014; Sharma & Bhaumik, 2013). Studies of youths in foster care have indicated that a lack of studying and completion of homework assignments are primary reasons for faltering grades (Finkelstein et al., 2002). Youth in foster care also encounter problems with homework because of underdeveloped study and organizational skills, a poor understanding of self-monitoring, and little or no homework help or support from their biological parents prior to being placed in care (Finkelstein et al., 2002). Supporting caregivers specifically on homework engagement, monitoring, and completion strategies has been shown to improve the educational outcomes of youths in foster care (Finkelstein et al., 2002; Leve & Chamberlain, 2007).

In the first phase of FES services, the FC works with the family to complete the Academic Engagement Checklist (AEC) and Educational Planning Questionnaire (EPQ). These tools are then used by the FC and family to establish objectives for the Family Service plan and promote student academic engagement and planning by: (1) establishing rules, procedures, and environments for monitoring and completing schoolwork and engaging in study skills; (2) implementing strategies to facilitate schoolwork and study skills related discussions; (3) developing schoolwork and study skills routines for not only the youths, but additional siblings in the home; (4) identifying and addressing potential barriers that may prevent schoolwork completion or limit opportunities to engage in studying (e.g., skill deficits, disorganization). These tools are revisited on an individual basis as needed during program involvement to help make informed decisions about revising or modifying family objectives. Finally, both are completed during phase three prior to discharge to promote skill maintenance and identify any additional supports or resources that may be necessary for the family to promote academic engagement.

Academic Self-Monitoring Self-monitoring involves the ability to observe and evaluate one's behaviors in different situations. Self-monitoring can help to improve personal development, organization, and responsibility and has been linked to increased student engagement, motivation, and overall academic achievement (Falkenberg & Barbetta, 2013; McDougall et al., 2012; Wells et al., 2017). Previous studies have found that self-management interventions are effective at improving the completion and accuracy of homework in at-risk students, improve overall academic functioning and school performance, and have been shown to be generally well-accepted (Falkenberg & Barbetta, 2013; McDougall et al., 2012; Wells et al., 2017). In FES, the FC identifies the youth's preferred self-monitoring strategy (e.g., school notebook, digital calendar, app, phone) and reviews with the youth how weekly documentation will occur. FCs work with the youth one on one to identify a weekly self-monitoring routine to monitor schoolwork completion, manage school-related expectations (e.g., preparing for tests, projects), promote study skills, and maintain organization through a preferred self-monitoring strategy. Specific skills include: (1) writing down assignments; (2) tracking upcoming tests, quizzes, school projects; (3) documenting school

related activities that affect the youth's schedule (e.g., extracurricular activities, before/after school meetings; (4) checking items off as they have been completed; and (5) ensuring this becomes a part of daily routine (e.g., traveling to and from school, checked by youth daily). Youths complete these tasks independently and review completion with his/her/their caregivers and FC weekly.

Family Cohesion Family cohesion and engagement is the development of meaningful and personal connections with schools, communities, and families which serves as a key component for establishing the supports and structures necessary to make decisions that benefit student achievement (Blakemore & Mills, 2014; Olson, 2011). To promote positive family cohesion and engagement, FCs work with the family through the Strengthening Families Program (SFP 7–17; Kumpfer & Brown, 2019). The SFP 7–17 program is an evidence-based caregiving skills, children's social skills, and family life skills training program specifically designed for high-risk families. Studied in numerous randomized controlled trials (RCTs) and over 100 pre- / postevaluation studies, findings indicate that caregiver participation in SFP resulted in effect sizes from 0.10 to 0.76 on measures of parenting skills, positive parenting, parental involvement, supervision, and efficacy (Kumpfer & Brown, 2012; Kumpfer & Magalhães, 2018; Kumpfer et al., 2010).

The family participates in weekly SFP sessions together to complete 11 lessons. However, application of certain lessons is conducted separately with the youth or caregiver, depending on individual family circumstances. The focus is to help families who are high risk learn how to increase desired school and home behaviors in students by using attention and rewards, clear communication, effective discipline, problem solving, and limit settings. FCs work with families to complete all lessons (up to a 90-min lesson per week in the family home or agreed upon location [e.g., library]) in the SFP manual including video training, role-playing, and discussion guide completion as well as implementing application lessons based on the family's needs.

FES Family Guidebook The FES Family Guidebook is completed by the end of stage II of service delivery. It includes actively documenting details that are needed to engage in the core program components as well as providing families with a list of resources that are available in the community that are not direct services of the FES program (e.g., food banks, mental health resources, family therapy supports, hotlines). Families fill out the guidebook in stage II and revisit to update in stage IV. This serves as a reference for families following program completion.

In the current study, we conducted a small pilot investigation of the FES program. The following research questions were used to guide this study: (1) What does service delivery implementation and dosage look like on average for program participants? (2) To what extent are families satisfied with and accepting of the program components as delivered? and (3) To what extent do program participants remain in their placement and achieve program goals?

Method

Participants

Study participants included youths transitioning from foster care to a permanency placement and their caregiver. Participants were recruited from a single midwestern state. Participants were identified through referrals from foster care and adoption agencies, Court Appointed Special Advocate (CASA) programs, the state department of health and human services division, and self-referred. All recruitment sites were provided with a program brochure, information about study participation, a link to the agency website for referral information, and agency contact information. After families were contacted by an agency staff, they were provided with an overview of the study requirements, eligibility criteria, and program involvement. Interested families listened to an audio recording of the consent/assent form, were offered an opportunity to ask questions, and signed and dated the consents/assents. All families were offered a copy of the consent/assent forms for their records. Twenty families agreed to participate.

The primary service delivery agency is a nationwide, non-profit organization that has been in operation for 50 years and is located in five states. The focus of the broader agency is to strengthen families, prevent child abuse and neglect, and help individuals

achieve mental health wellness. The setting in which the study was conducted provides services to more than 1,000 children and adolescents per year through in-home support, behavioral health care, foster care, home-based support for individuals with disabilities, adoption, and substance use treatment. In this study, service delivery took place in family homes and schools.

Eligible participants included youths who were: (1) enrolled in grades 6–12; (2) transitioning to permanency; (3) had a committed caregiver (i.e., willing to complete the program for all 6 months); (4) living within 60 miles of the agency's primary locations; and (5) English speaking. Demographic information for the 20 consenting participants (caregivers and youths) is provided in Table 1. Two of the students were enrolled in elementary school, 8 were enrolled in middle school, and 10 were enrolled in high school. Academic placements were distributed across six school districts and two alternative education settings.

The FCs were female and had an average age of 23 years. Two had earned bachelor's degrees in the field of education and one in psychology. One of the FCs had prior experience with in-home family work and the other two had experience working in an educational setting. All three reported English as their primary language and all were white.

Measures

Demographics

Following consent for study participation all participants were asked to complete a prestudy survey which contained several questions related to demographic, educational, and placement history. All measures were refined from the existing OTWH study (Trout et al., 2020), tested in an initial feasibility study, and refined for the current pilot study. Information was collected for both caregivers and youths.

Family Information Survey (FIS) The FIS provides information on youths and caregiver demographics. Both the caregiver and youth completed separate FIS surveys. Youths' information included gender, age, grade, race/ethnicity, length of stay in care, number of prior formal placements, number of informal placements, permanency plan type (e.g., biological, permanent kinship, adoption), number of schools attended, special educational status, disability category, free/reduced lunch status, and returning to new or previously attended school. Caregiver's information included gender, age, race/ethnicity, relationship to youths, educational background, number of children in the family, marital status, and family income.

Program Implementation

As FES is a multicomponent program, implementation and dosage were assessed through the collection of various measures. For this study, we focused on implementation as it relates to dosage, time allocation, and component delivery.

Family Coach Daily Report Log (DRL) The day-to-day activities of the FC were documented in 5-min increments and entered into a database for the evaluation of program implantation and dosage. This approach is similar to strategies that were previously developed, evaluated, and successfully used in the evaluations of OTWH (Trout et al., 2012, 2013, 2020). The FC entries recorded each activity, documenting "what" (e.g., meeting with youths, checking alterable risk factors, homework monitoring, parent training, meeting with school contact), "location" (e.g., school, home), "with whom" (e.g., caregiver, youths, school personnel), and duration of services provided to families. FCs documented specific activities under 1 of 12, broader time allocation/program implementation categories (i.e., school connectedness, academic engagement, family cohesion, supervision, training, crisis, agency related, recruitment, travel, outreach, FES procedural, research related). These items were split into direct and indirect service provision categories to make a dosage determination by family and on average. Each week individual activities were summarized under each of the aligned domains and reported into 1 of the 12 categories to review implementation and adherence. FCs referred to the *coach log dictionary*, where each activity and broader domain were operationally defined. Reports were generated weekly and reviewed at weekly supervision with the FES Supervisor and research team members for program implementation, adherence, and fidelity.

Table 1 Consenting Participant Demographics

	Caregiver n(%)	Youths n(%)	
Gender			
Female	20(100%)		4(22.2%)
Race/Ethnicity			
White	15(75%)		10(47.6%)
African American	3(15%)		3(14.3%)
Hispanic	1(5%)		5(23.8%)
Native American/Alaska Native	–		1(4.8%)
Asian	–		1(4.8%)
Multi-racial	1(5%)		–
Primary language			
English	20(100.0%)		18(100.0%)
Relationship to youths' permanency			
Biological parent	1(5.3%)		
Adoption	4(21.1%)		–
Kinship	3(15.8%)		–
Guardianship	11(57.8%)		–
Highest education level			
High school diploma	2(10.5%)		–
GED	1(5.3%)		–
Associate degree	10(42.1%)		–
Bachelor's degree	4(21.1%)		–
Master's degree	1(5.3%)		–
Household income			
Less than $20,000	2(10.5%)		–
$20,000-$34,999	7(36.8%)		–
$35,000-$49,999	9(47.4%)		
$50,000-$74,999	1(5.3%)		–
Age	45.9		14.6
Taking medications to improve his/her behavior	–		10(52.6%)
Receiving special education services	–		16(84.2%)
Participating in free/reduced lunch	–		17(94.4%)
Has been placed in formal out-of-home care settings (e.g., group home, treatment)	–		6(33.3%)
Has been placed in informal out-of-home care settings (e.g., family friend, relative)	–		3(16.7%)
Number of times in foster care			
One	–		9(50.1%)
Two	–		5(27.8%)
Three	–		3(16.7%)
More than three	–		1(5.6%)
Number of elementary schools attended			

Table 1 (continued)

	Caregiver n(%)	Youths n(%)
One	–	6(35.3%)
Two	–	4(25.5%)
Three	–	2(11.8%)
Four	–	2(11.8%)
Unsure	–	3(17.7%)
Number of middle schools attended		
One	–	14(87.5%)
Two	–	2(12.5%)
Number of high schools attended		
One	–	5(45.4%)
Two	–	6(54.6%)

Data are reflective of individuals who consented and who completed the item and responded yes to the individual items

Program Satisfaction and Acceptability

To explore domains of satisfaction and program acceptability caregivers and youths were asked a series of items. Satisfaction items reflected perspectives on program components and materials. Acceptability items related to duration of program services, time commitment, program content, support received, and recommendation to others.

Fostering Educational Success Post-program Survey—Caregiver The caregiver tool measured the satisfaction (i.e., social validity) of involvement with the FES program, core components, and acceptability of elements related to implementation and level of agreement with behavior change and confidence. Items addressed participant beliefs about the appropriateness of the services in relation to student and family needs, appropriateness of the intervention approach, likelihood of recommending the intervention to others, likelihood of using the services again if needing help, and an open-ended item to allow for additional feedback. Items related to satisfaction were measured on a scale of 1 to 5 (1 = Completely satisfied to 5 = Not at all satisfied). Acceptability items were rated on either a scale of 1 to 5 (1 = Strongly agree to Strongly disagree) or multiple choice.

Fostering Educational Success Post-program Survey—Youth The youth survey measured the satisfaction (i.e., social validity) of and involvement with the FES program, core components, and acceptability of elements related to implementation and services support. These items were completed by youths who participated in the entire 6-month program. Youths were allowed to ask for assistance reading items if needed. Items were rated on a scale of 1 to 5 (1 = Strongly agree to Strongly disagree) and included visuals (smiley/frown faces) to help better understand the scale. Items were written around the sixth-grade reading level. Program acceptability was addressed through items related to time commitment, length of program services, recommendation of the program to others and likelihood of using the services again if needing help, and an open-ended item to allow for additional feedback.

Outcomes (Placement Stability and Program Goal Attainment).

Although not the intended focus of this pilot study, we wanted to test program specific measures for use in a future randomized controlled trial of FES. Therefore, we modified specific measures that have been used in similar populations (Trout et al., 2012, 2020) to align to more closely to individuals who are transitioning to permanency from foster care.

School and Home Placement Questionnaire (SHPQ) The SHPQ evaluated student school stability using multiple items including evaluating school placement (e.g., general education, resource, self-contained, interdistrict alternative program, or out-of-district alternative school) and length of time in the

placement. The SHPQ was modified from previous studies of an education focused aftercare program designed for youths departing residential treatment settings (Trout et al., 2012, 2020).

Family Service Plan The family service plan focused on goals and objectives related to implementing the primary FES components. All families had the same five program goals, but the objectives towards goal attainment were individualized to address factors that might impede positive educational outcomes. For example, individualized objectives for each family were established to promote school connectedness but differed based on needs or a reflection of specific school interests, educational or behavioral needs, characteristics associated with placement type, disability category, or family dynamics. Plans were reviewed monthly and reported on formally quarterly in group or individual supervision to discuss advancement towards meeting goals and objectives and adjust accordingly based on engagement level and/or progress indicators. A progression scale was used to determine how each family is progressing towards the program goal. This included the indicators of achieved (i.e., met 75%–100%), progressing (i.e., met 50%–74%), minimal progress (10%–49%), and no progress (9% and below) for each of the proposed objectives in each program goal.

Procedures

All procedures were approved by the Institutional Review Board of the University of Nebraska-Lincoln. Families were recruited from September 2021 (first consented family to begin FES) through September 2022 (final consented family completed program). Families were provided gift cards for survey completion. Caregivers were provided a total of $75, and youths were provided a total of $50.

Family Coach Training FCs received an overview of the theory, research base, and implementation plan for the program; a description of each component; detailed information on the interventions; and CITI Training for a total of 26.5 h. FCs were also required to complete 35.5 h of agency related training specific to supporting systems-involved youths (e.g., goal writing, ethics, critical thinking, problem solving, decision making, the culture of poverty). They also completed quarterly trainings required by the agency throughout the first year of employment. FCs completed 24 h of the Strengthening Families Program by a trained and certified SFP employee. To ensure FCs were proficient with each component and the corresponding interventions, they completed a competency test in which they had to demonstrate 90% proficiency. All FCs obtained the 90% proficiency threshold in their first assessment attempt.

Data Collection All data were collected through survey links provided to families at the time of consent and post-program completion. Surveys were developed in Qualtrics by members of the data collection team, which operate independent of the lead researchers. All surveys were double checked and verified by a minimum of two data collection team members. Across measures, basic descriptives were collected and summarized appropriate for the item type (mean and standard deviation for continuous items; frequency for discrete items).

FCs entered all coach log data into a project specific database. Data were entered daily and then integrated into Tableau, where custom reports were generated. Reports were checked for reliability by members of the IT team, research and service delivery teams on numerous occasions in our initial feasibility study and throughout the pilot study.

Analyses As the intention of this study was to gather information about implementation, dosage, satisfaction, acceptability, and testing of outcomes, all data are reported using descriptive statistics. First, each source of data collection was downloaded from its original source (i.e., Qualtrics, FC databases, and Tableau), cleaned and verified by members of the data collection team. This included downloading data from the input source, spot checking for missing entries, and review by a second data collection team member prior to any calculations. Second, descriptive statistics including means, standard deviations, frequencies and percentages were calculated for items in each section. Discrete variables are reported as frequencies and percentages, whereas continuous variables are reported as means and standard deviations.

Results

Program Dosage and Implementation

Families were assigned randomly to one of the FCs not exceeding 10 families per coach. When examining direct service provision (e.g., implementing core program component supports [school connectedness, academic engagement, and family cohesion], crisis support) families received an average of 72.55 h over the 6 months of FES enrollment (an average of 3.02 h per week). In relation to indirect service provision (e.g., travel, FES procedural), FCs provided an average of 21.54 h of service (0.89 per week) to families. Combined, families received an average dosage of 3.91 h of FES programming per week (15.4 min per day on average).

Across the three coaches there were a total of 4,550.30 work hr logged. Two of the FCs were employed for the entire pilot and one FC was employed for just under 4 months. Both cases from this FC were transferred to the remaining coaches. Figure 1 provides a breakdown of implementation from 12 targeted domains of service delivery across all three FCs logged hr. FES procedural activities (e.g., session preparation, collaboration, records gathering, family service plans, discharge summaries) was reported as the highest percentage of time allocation (31%). This included most program specific activities linked to direct service provision with a family, but not aligned specifically to a core program component. When looking at the core program components, FCs spent the most time delivering school connectedness supports (10%), followed by family cohesion (7%), and the least amount of time in academic engagement (3%). The area where FCs spent the least amount of time was in outreach (0%), research related (1%), and crisis support (1%).

Preliminary Outcomes

Fifteen of the families from the original consented participants completed the entire pilot study. Following consent and initial program implementation, three families withdrew from the program due to time commitment, one youth was admitted to a higher level of care, and one family withdrew due to medical complications 5 weeks prior to discharge. These families departed the program during various phases of service delivery. The families who withdrew due to time commitments received between 1–9 weeks of program services, the youth who was

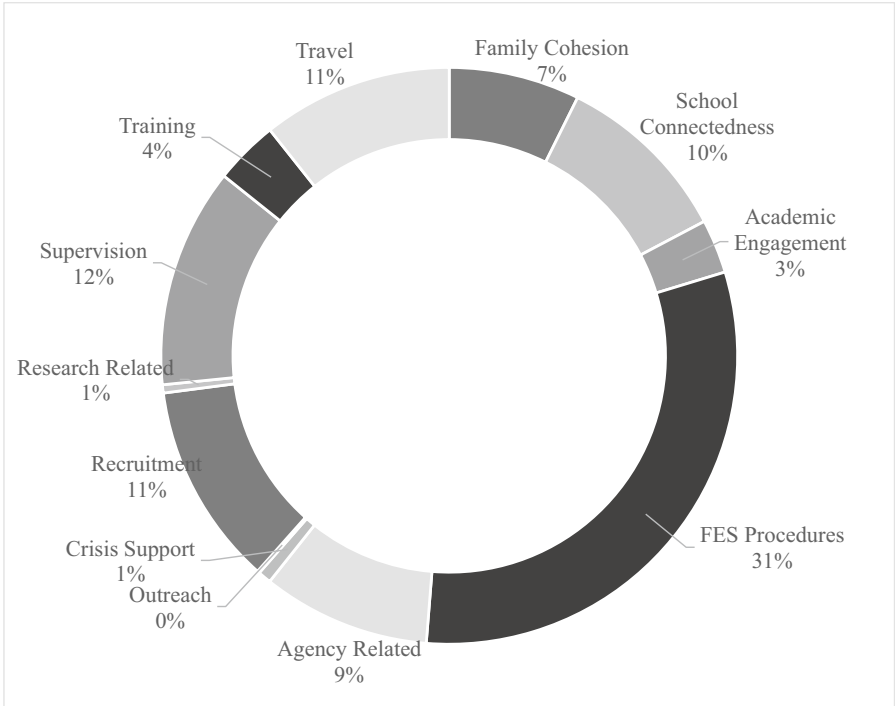

Fig. 1 Family Coach Program Implementation

placed in a higher level of care received 8.5 weeks of service, and the family who had to withdraw due to medical complications received 19 weeks of services. This left an engagement and program completion rate of 75% of consenting families.

For those who completed the 6-month FES program, 100% of youths remained in the home placement that they were in when they consented to participation. Likewise, 100% of youths remained in the original school placement for the entirety of the time that they were enrolled in the program. We were unable to track the home and placement stability of those who withdrew due to time commitment constraints but can report that one youth needed higher level of care and one youth was hospitalized long-term for medical reasons.

When examining program discharge summaries across pilot study participants, 15 of 20 families successfully discharged from FES. With respect to the five specific program goals, 14 (93%) families met all goals and one family met four out of five goals.

FES Satisfaction and Acceptability

Satisfaction

Tables 2 and 3 display satisfaction data reported by the caregivers ($n=13$, 65%) and youths ($n=9$; 45%) who completed the post-program survey. This was an 86.6% response rate from caregivers and 60% response rate from youths who completed the full 6-month program. Caregivers reported the highest level of satisfaction with the item related to topics/content covered in the SFP program ($M=1.42$; $SD=0.46$; see Table 2). The area where caregivers had lower levels of reported satisfaction was also related to the family cohesion component, specifically with video components ($M=1.77$; $SD=0.58$), assignments of activities ($M=1.77$; $SD=0.70$), and individualization to meet youths' needs ($M=1.77$; $SD=0.70$) and one item in the academic engagement area related to satisfaction with their child's self-monitoring skills ($M=1.77$; $SD=0.70$). Caregivers reported means across components and specific items

Table 2 Caregiver Satisfaction

Since participating in Fostering Educational Success, I feel…	M(SD)
more comfortable communicating with school staff	1.54(.63)
my child shows signs of positive educational change	1.58(.50)
the family coach has helped my family to better connect with the school	1.69(.72)
this program has improved my child's school experience	1.67(.47)
engaging my child in a school activity or establishing employment was beneficial to my child	1.69(.61)
the family coach worked consistently to engage my child in a school activity or employment opportunity	1.46(.84)
How satisfied are you with the following areas of the family training program…	
topics/content covered	1.42(.64)
video components	1.77(.58)
assignment or activities	1.77(.70)
individualized to meet your family's needs	1.77(.70)
How satisfied are you that the schoolwork supports improved the following…	
a schoolwork completion routine	1.45(.70)
communication with your child about schoolwork	1.45(.70)
family stress and frustration related to schoolwork	1.70(.70)
your child's schoolwork completion	1.58(.60)
your child's self-monitoring skills	1.77(.70)
How satisfied are you with the following elements of the Fostering Educational Success Family Guidebook…	
content	1.54(.63)
resources	1.50(.70)
usefulness	1.67(.62)

Items were rated from 1 = Completely satisfied to 5 = Not at all satisfied. Lower scores are reflective of higher satisfaction

Table 3 Youths FES Satisfaction

My Family Coach helped me…	M(SD)
better connect to my school	1.88(.80)
have positive experiences at school	1.88(.80)
get a job or participate in an extra-curricular activity	2.00(1.4)
set up a schoolwork routine in my house	1.70(.70)
be organized with my schoolwork	1.60(.70)
communicate with my caregiver about my schoolwork	1.70(.90)
set a routine to complete my schoolwork on time	1.90(.60)
use my planner to keep track of school related tasks	1.90(1.20)
improve relationships with my family	1.60(.70)
Participating in the program helped me succeed in school	1.87(.67)

Items were rated from 1 = Strongly Agree to 5 = Strongly Disagree. Lower scores reflect higher satisfaction

ranging from a mean of 1.42 ($SD = 0.46$) to 1.77 ($SD = 0.70$) which are reflective of being completely satisfied to satisfied. In the component of school connectedness, satisfaction ratings ranged from a mean of 1.46 ($SD = 0.84$) to 1.69 ($SD = 0.72$); a mean of 1.42 ($SD = 0.46$) to 1.77 ($SD = 0.70$) in family cohesion; a mean of 1.45 ($SD = 0.70$) to 1.77 ($SD = 0.70$) in academic engagement; and a mean of 1.50 ($SD = 0.70$) to 1.67 ($SD = 0.62$) in the FES family guidebook.

Youths reported similar perspectives on levels of satisfaction across items related to core components (see Table 3). Youths reported the highest levels of agreement that their FC helped with improving family relationships ($M = 1.60$; $SD = 0.70$) and being organized about schoolwork ($M = 1.6$; $SD = 0.70$). Satisfaction ratings ranged from a mean of 1.60 ($SD = 0.70$) to 2.0 ($SD = 1.4$) also indicating levels high levels of satisfaction.

Acceptability

To better understand participant acceptability of the FES program, participants were asked questions related to time commitment, length of service delivery, and the likelihood that they would recommend the program to others. With respect to time commitment, 100% of caregivers and youths who completed the survey reported they were satisfied with the amount of time they were asked to contribute to FES. There was, however, variance in the perceptions on length of service delivery. When asked to indicate how long they felt programs services should last, caregivers ($n = 13$) reported they would like services for 3 months ($n = 2$; 15.4%), 6 months ($n = 4$; 30.8%), 9 months ($n = 2$; 15.4%), 12 months ($n = 3$; 23.1%), and longer than 18 months ($n = 2$; 15.4%). Of the youths who completed this item ($n = 9$), they felt services should last 3 months ($n = 3$ 33.3%),6 months ($n = 4$; 44.4%), 12 months ($n = 1$; 11.1%), and longer than 18 months ($n = 1$; 11.1%). Finally, ten caregivers (76.9%) reported they would be "very likely" to recommend the program to others, whereas two reported "somewhat likely" (15.4%) and one reported being neither likely or unlikely (7.7%). With respect to youths, four (44.4%) reported being "very likely," four (44.4%) reported being "likely," and one reported being "somewhat unlikely" (11.2%) to recommend FES to friends or family.

Discussion

This pilot study of the FES program offers some notable highlights that should be considered. First, on average families received approximately 3.92 h of service provision per week. This is about 2 h (50%) more than reported time allocation of other evidence-based programs or supports for youths in out-of-home care which have an education component (Geenan et al., 2014; Powers et al., 2012; Trout et al., 2020). Each of these programs indicate between 1–2 h of direct service delivery per week. This finding may provide context surrounding the level of intensity at which these families need support during the permanency transition and areas that may consume the most time (i.e., school connectedness support, collaboration, records gathering). It also provides insight into the preparation necessary for monitoring fidelity and working with families as the highest category of time

was FES procedures (e.g., session prep, time allocation data entry). Moreover, these data helped to gather a more realistic understanding of caseload size, hiring, and cost implications when supporting this population during the permanency transition. Because the study employed a rolling admission process, families were in different phases of service delivery throughout the study period. This has direct implications on FCs service delivery. On average, FCs spent close to 4 h per week per family. As such, the initial proposed caseload of 10 families may not be feasible to ensure program fidelity and services individualization.

Second, we were able to gather some perspective regarding social validity of the FES program from program completers. Examining aspects of social validity for interventions in this population is critical to build rapport, improve confidence that their perspectives matter, and promote engagement. Often despite meeting goals to achieve permanency, caregivers and youths continue to face difficulties with shame, guilt, stress, resistance to service providers, mistrust of schools and systems, contributing to an unwillingness to engage in services or supports (Development Services Group, Inc., & Child Welfare Information Gateway, 2015; Fong, 2019; Merkel-Holguin et al., 2022; Wolfson et al., 2021). In the small sample of participants who completed the satisfaction surveys, there were high levels of satisfaction across program components among caregivers. Likewise, youth results conveyed high levels of agreement that their FC helped them in various areas and with time commitment to participate. Finally, more than three fourths of caregivers and youths reported they would be "very likely" or "likely" to recommend the program to others. However, it is equally as important to recognize that the program was not conducive to the needs of some families as they withdrew for reasons related to time constraints, elevated risk of behavioral and mental health, and medical complications. To some level, these are reflective indicators of a lack of social validity (i.e., acceptability of intervention procedures, goals, and social importance; Kazdin, 1977) by these participants. Reasons that a program may or may not be socially valid to an individual have direct implications related to program revisions or refinements (Common & Lane, 2017). Consideration of these elements can help to create a program that is suited for a range of participants and more tailored to the individualized needs of youths and their families.

Finally, although preliminary, it is encouraging to see that families who engaged in the full 6-month FES program experienced home and school placement stability. Given the damaging effects of placement changes (e.g., academic achievement, increased behaviors, social isolation; Asif et al., 2023; Clemens et al., 2018, Pecora & O'Brien, 2019, Somers et al., 2020), these data may provide an indicator that when youths and families are explicitly taught skills, they can experience positive stability outcomes and prevent the need for reentry into care. Home and school placement stability are positively associated with academic achievement, improved mental and behavioral health, safety, and well-being (Asif et al., 2023; Casey Family Programs, 2023; Font & Berger, 2015). These are all areas that can promote short- and long-term success in other key life domains such as graduation, postsecondary enrollment, employment, and financial stability.

Limitations and Future Research

In conjunction with study findings several potential limitations should be considered. First, a small sample of participants were recruited from a single midwestern state to pilot the FES program. Although the participants represented various schools, districts, and settings, the size, available resources, and services offered to students and families may influence their perspectives and service delivery. Thus, findings across areas (i.e., implementation, satisfaction, acceptability, preliminary outcomes) may differ based on (1) school district and family location; (2) access to resources; and (3) the various demographics of students, limiting generalizability. Future research should be conducted with a larger, more diverse sample of families to capture broad perspectives and experiences based on geographic location or family demographics. A second limitation is the small sample size affecting the ability to examine data by various subgroups within the child welfare system (e.g., permanency placement type, years in foster care, number of placement changes). Replication studies are needed to examine how the program may affect families based on these factors along with

social validity among these subgroups of participants. Third, due to the primary objective of this pilot study being measurement of implementation, dosage, satisfaction and acceptability, few outcome measures were collected. Future studies should include the use of psychometrically validated measures with constructs aligned to program outcomes as well as being tested within experimental and follow-up studies. This will help to identify the effectiveness of the FES program compared to traditional services offered to youths and families during the transition to permanency as well as identify if skills are maintained following discharge. Finally, all participants selected to participate in the study; as with any self-report data, there could be bias, due to social desirability, based on experience, inaccurate recall, or ability to respond to questions.

Conclusion

This study provides pilot study data for the initial testing of a comprehensive education focused program for youths who are departing foster care to permanency placements. Specifically examining key elements related to program dosage, implementation, satisfaction, acceptability, and limited outcomes. Although preliminary, this information has implications related to intensity of (1) service delivery; (2) length of service delivery; (3) caseload management; (4) aspects of implementation fidelity; and (5) context for tracking of time allocation, which might be useful future outcomes or cost analysis evaluations. These initial data can also provide insight to agencies and schools regarding social validity and acceptability of services by families for a program focused specifically on supporting educational needs in a subgroup of students who are at risk. This includes insight into how long families may be willing to participate and to what degree (time commitment) in program services following a foster care placement. Finally, the pilot study provides some context regarding engagement and stability when families are provided all of the intended services. In this case, for those who completed all 6 months of service delivery were able to stay at home, in school, and meet program goals and individualized objectives. This alludes to a small degree that when youths and families are provided with targeted supports, they can reach measures of success during the permanency transition.

Funding This research is supported by a grant from the Department of Education (U411C220201). However, this research does not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the federal government. The opinions expressed are those of the authors and do not represent views of the Institute or the U.S. Department of Education.

Declarations

Conflicts of Interest All authors declare there are no conflicts of interest.

References

Adoption & Foster Care Analysis & Reporting Systems. (2022). *The AFCARS report #29*. https://www.acf.hhs.gov/sites/default/files/documents/cb/afcars-report-29.pdf

Alvarez, M. E., & Anderson-Ketchmark, C. (2010). Review of an evidence-based school social work intervention: Check & Connect. *Children & Schools, 32*(2), 125–127. https://doi.org/10.1093/cs/32.2.125

American Psychological Association. (2019). School connectedness: The safe and supportive school's project. Retrieved October 8, 2024, from https://www.apa.org/pi/lgbt/programs/safe-supportive/school-connectedness

Annie E. Casey Foundation. (2020). Kids Count Data Center. Youth transitioning out of foster care: Highest level of educational attainment in the United States. *Kids Count Data Center*. https://datacenter.aecf.org/data/tables/10206-youth-transitioning-out-of-foster-care-highest-level-of-educational-attainment#detailed/1/any/false/1698,1697,1690/6287,6288,6289,5975,6290,6291,6292,6261,6262/19746,19747

Asif, N., Breen, C., & Wells, R. (2023). Influence of placement stability on developmental outcomes of children and young people in out-of-home care: Findings from the Pathways of Care Longitudinal Study, *Child Abuse & Neglect, 149,* Article 106145. https://doi.org/10.1016/j.chiabu.2023.106145

Basca, B. (2009, August). Providing effective prevention services to youth in foster care. *Prevention Brief*, *4*(2). https://www.cars-rp.org/wp-content/uploads/2014/06/Prevention-Brief-Vol4-No2-2009.pdf

Blakemore, S. J., & Mills, K. L. (2014). Is adolescence a sensitive period for sociocultural processing? *Annual Review of Psychology, 65*, 187–207. https://doi.org/10.1146/annurev-psych-010213-115202

Blankenship, G. (2018). Reducing chronic absenteeism for children in foster care and FINS. https://www.attendanceworks.org/wp-content/uploads/2018/10/FINS-memo-web-version-9.13.18.pdf

Bowen, M. (1991). Alcoholism as viewed through family systems theory and family psychotherapy. *Family Dynamics*

Addiction Quarterly, 1, 94–102. https://doi.org/10.1111/j.1749-6632.1974.tb40288.x

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press. https://doi.org/10.2307/j.ctv26071r6

Burns, B. J., Phillips, S. D., Wagner, R., Barth, R. P., Kolko, D. J., Campbell, Y., & Landsverk, J. (2004). Mental health need and access to mental health services by youths involved with child welfare: A national survey. *Journal of the American Academy of Child & Adolescent Psychiatry, 43*(8), 960–970. https://doi.org/10.1097/01.chi.0000127590.95585.65

Casey Family Programs. (2023). What impacts placement stability. *Issue Brief Strong Families*. https://www.casey.org/media/23.07-QFF-SF-Placement-Stability-Impacts.pdf

Centers for Disease Control & Prevention. (2018). School connectedness. https://www.cdc.gov/healthyyouth/protective/school_connectedness.htm

Christenson, S., Stout, K., & Pohl, A. (2012). *Check & Connect: A comprehensive student engagement intervention*. University of Minnesota

Clemens, E. V., Helm, H. M., Myers, K., Thomas, C., & Tis, M. (2017). The voices of youth formerly in foster care: Perspectives on educational attainment gaps. *Children & Youth Services Review, 79*, 65–77. https://doi.org/10.1016/j.childyouth.2017.06.003

Clemens, E. V., Klopfenstein, K., Lalonde, T. L., & Tis, M. (2018). The effects of placement and school stability on academic growth trajectories of students in foster care. *Children and Youth Services Review*, *87*, 86–94. https://doi.org/10.1016/j.childyouth.2018.02.015

Common, E. A., & Lane, K. L. (2017). Social validity assessment. In J. K. Luiselli (Ed.), *Applied behavior analysis advanced guidebook: A manual for professional practice* (pp. 73–92). Elsevier. https://doi.org/10.1016/B978-0-12-811122-2.00004-8

Development Services Group, Inc., & Child Welfare Information Gateway. (2015). *Promoting protective factors for children and youth in foster care: A guide for practitioners.* U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Children's Bureau. https://www.childwelfare.gov/pubPDFs/guide_fostercare.pdf

Duppong Hurley, K., Lambert, M., & Huscroft-D'Angelo, J. (2019). Replicating a framework for conceptualizing parental involvement in education for students at-risk of emotional and behavioral issues. *Journal of Emotional and Behavioral Disorders, 27*(2), 67–75. https://doi.org/10.1177/1063426618763112

Every Student Succeeds Act of 2015. (2015). 20 U.S.C. § 6301.

Falkenberg, C. A., & Barbetta, P. M. (2013). The effects of a self-monitoring package on homework completion and accuracy of students with disabilities in an inclusive general education classroom. *Journal of Behavioral Education, 22*(3), 190–210. https://doi.org/10.1007/s10864-013-9169-1

Family Educational Rights and Privacy Act of 1974. (1974). 20 U.S.C. § 1232g

Finkelstein, M., Wamsley, M., & Miranda, D. (2002). *What keep children in foster care from succeeding in school? Views of early adolescents and the adults in their lives*. Vera Institute of Justice. https://www.vera.org/publications/what-keeps-children-in-foster-care-from-succeeding-in-schools-views-of-early-adolescents-and-the-adults-in-their-lives

Fong, K. (2019). Concealment and constraint: Child protective services fears and poor mothers' institutional engagement. *Social Forces, 97*(4), 1785–1810. https://doi.org/10.1093/sf/soy093

Font, S. A., & Berger, L. M. (2015). Child maltreatment and children's developmental trajectories in early to middle childhood. *Child Development, 86*(2), 536–556. https://doi.org/10.1111/cdev.12322

Fostering Connections to Success & Increasing Adoptions Act. (2008). H.R. 6893/P.L. 110–351

Geenen, S., Powers, L. E., Phillips, L. A., Nelson, M., Mckenna, J., Winges-Yanez, N., & Swank, P. (2014). Better Futures: A randomized field test of a model for supporting young people in foster care with mental health challenges to participate in higher education. *Journal of Behavioral Health Services & Research*, *42*, 150–171. https://doi.org/10.1007/s11414-014-9451-6

Goemans, A., van Geel, M., Wilderjans, T. F., van Ginkel, J. R., & Vedder, P. (2018). Predictors of school engagement in foster children: A longitudinal study. *Children & Youth Services Review, 88*, 33–43. https://doi.org/10.1016/j.childyouth.2018.02.029

Hughes, S., & Lay, S. (2012). *Direct service workers' recommendations for child welfare financing and system reform.* Child Welfare League of America. http://www.cwla.org/wp-content/uploads/2014/05/DirectServiceWEB.pdf

Huscroft-D'Angelo, J., Trout, A.L., Henningsen, C., Patwardhan, I., Lambert, M., Synhorst, L., & Tyler, P. (2019). Legal professional perspectives on supports for youth and families during reunification from foster care. *Children & Youth Services Review, 107*, Article 104525. https://doi.org/10.1016/j.childyouth.2019.104525

Huscroft-D'Angelo, J., Poling, D., & Trout, A. L. (2021a). Foster parent perspectives on necessary supports for youth and their families departing foster care. *Journal of Social Work, 22*(3), 824–843. https://doi.org/10.1177/1468017321101373 5

Huscroft-D'Angelo, J., Trout, A. L., Poling, D., Brown, A., & Dittmer, C. (2021b). Service provider perspectives of educational supports for students transitioning from foster care to permanency placements. *Journal of Public Child Welfare, 16*(5), 632–651. https://doi.org/10.1080/15548732.2021.1942390

Huscroft-D'Angelo, J., Trout, A. L., Bharwani, S., Dittmer, C., & Brown, A. (2022). An exploratory study of education professionals' perspectives on the educational needs of students transitioning from foster care to permanency placements. *Education & Treatment of Children, 45*, 263–276. https://doi.org/10.1007/s43494-022-00082-6

Kazdin, A. E. (1977). Assessing the clinical or applied importance of behavior change through social validation. *Behavior Modification, 1*(4), 427–452. https://doi.org/10.1177/014544557714001

Keefe, R. J., Cummings, A. L., Greeley, C. S., & Van Horne, B. S. (2022). Mental health and development disorder diagnoses of foster and nonfoster children enrolled in Medicaid. *Journal of Developmental & Behavioral*

Pediatrics, 43(5), 296–303. https://doi.org/10.1097/DBP.0000000000001030

Kumpfer, K. L., & Brown, J. (2012, September 22). A new way to reach parents: A SFP DVD. Western States Substance Abuse Annual ATOD conference Boise, ID

Kumpfer, K. L., & Brown, J. L. (2019). A parenting behavior intervention (Strengthening Families Program) for families: Noninferiority trial of different program delivery methods. *JMIR Pediatric Parent, 2*(2), e14751. https://doi.org/10.2196/14751

Kumpfer, K. L., & Magalhães, C. (2018). Strengthening Families Program: An evidence-based family intervention for parents of high-risk children and adolescents. *Journal of Child & Adolescent Substance Abuse, 27*, 174–179. https://doi.org/10.1080/1067828x.2018.1443048

Kumpfer, K. L., Whiteside, H. O., Greene, J. A., & Allen, K. C. (2010). Effectiveness outcomes of four age versions of the Strengthening Families Program in statewide field sites. *Group Dynamics: Theory, Research, & Practice, 14*(3), 211–229. https://doi.org/10.1037/a0020602

Lambert, M. C., Duppong Hurley, K., January, S.-A., & HuscroftD'Angelo, J. (2022). The role of parental involvement in narrowing the academic achievement gap for high school students with elevated emotional and behavioral risks. *Journal of Emotional & Behavioral Disorders, 30*(1), 54–66. https://doi.org/10.1177/1063426621102025 6

Leslie, L., Hurlburt, M. C., Landsverk, J., Barth, R., & Slymen, D. J. (2004). Outpatient mental health services for children in foster care: A national perspective. *Child Abuse & Neglect, 28*, 697–712. https://doi.org/10.1016/j.chiabu.2004.01.004

Leve, L. C., & Chamberlain, P. (2007). A randomized evaluation of multidimensional treatment foster care: Effects on school attendance and homework completion in juvenile justice girls. *Research on Social Work Practice, 17*(6), 657–663. https://doi.org/10.1177/1049731506293971

Lindner, A. R., & Hanlon, R. (2024). Outcomes of youth with foster care experiences based on permanency outcome—Adoption, aging out, long-term foster care, and reunification: A systematic review. *Children & Youth Services Review*, *156*, Article 107366. https://doi.org/10.1016/j.childyouth.2023.107366

Maynard, B. R., Kjellstrand, E. K., & Thompson, A. M. (2014). Effects of Check and Connect on attendance, behavior, and academics. *Research on Social Work Practice, 24*(3), 296–309. https://doi.org/10.1177/1049731513497804

McDougall, D., Morrison, C., & Awana, B. (2012). Students with disabilities use tactile cued self-monitoring to improve academic productivity during independent tasks. *Journal of Instructional Psychology, 39*(2), 119–130

McGuire, A., & Jackson, Y. (2018). Dimensions of maltreatment and academic outcomes for youth in foster care. *Child Abuse & Neglect*, *84*, 82–94. https://doi.org/10.1016/j.chiabu.2018.07.029

Merkel-Holguin, L., Drury, I., Gibley-Reed, C., Lara, A., Jihad, M., Grint, K., & Marlowe, K. (2022). Structures of oppression in the U.S. child welfare system: Reflections on administrative barriers to equity. *Societies, 12,* 26. https://doi.org/10.3390/soc12010026

O'Connell, M. E., Boat, T., & Warner, K. E. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. National Academies Press. https://doi.org/10.17226/12480

O'Higgins, A., Sebba, J., & Gardner, F. (2017). What are the factors associated with educational outcomes for children in kinship or foster care: A systematic review. *Children & Youth Services Review, 92*, 198–220. https://doi.org/10.1016/j.childyouth.2017.06.004

Olson, D. (2011). FACES IV and the circumplex model: Validation study. *Journal of Marital Family Therapy, 37*(1), 64–80. https://doi.org/10.1111/j.1752-0606.2009.00175.x

Palmieri, L. E., & La Salle, T. P. (2017). Supporting students in foster care. *Psychology in the Schools, 54*(2), 117–126. https://doi.org/10.1002/pits.21990

Pecora, P. J. (2012). Maximizing educational achievement of youth in foster care and alumni: Factors associated with success. *Children & Youth Services Review, 34*, 1121–1129. https://doi-org.libproxy.unl.edu/https://doi.org/10.1016/j.childyouth.2012.01.044

Pecora, P., & O'Brien, K. (2019). Fostering success in education: Educational outcomes of Students in foster care in the United States. In P. McNamara, C. Montserrat, & S. Wise (Eds.), *Education in out-of-home care* (pp.). Children's Well-Being: Indicators and Research, vol 22. Springer. ://doi.org/https://doi.org/10.1007/978-3-030-26372-0_3

Perez, V., Ruderman, M., Kussman, M., Waterman, J., & Langley, A. (2023). Mental health engagement among foster and adopted youth: The transition from in-person to telemental health services. *Social Work in Mental Health, 21*(2), 203–221. https://doi.org/10.1080/15332985.2022.2123728

Phan, H. P., & Ngu, B. H. (2014). Longitudinal examination of personal self-efficacy and engagement-related attributes: How do they relate. *American Journal of Applied Psychology, 3*(4), 80–91. https://doi.org/10.11648/j.ajap.20140304.1

Powers, L. E., Powers, J., Geenen, S., Pommier-Satya, S., Turner, A., Dalton, L. D., Drummond, S., & Swank, P. (2012). My life: Effects of a longitudinal, randomized study of self-determination enhancement on the transition outcomes of youth in foster care and special education. *Children & Youth Services Review, 34*(11), 2179–2187. https://doi.org/10.1016/j.childyouth.2012.07.018

Romano, E., Babchishin, L., Marquis, R., & Fréchette, S. (2015). Childhood maltreatment and educational outcomes. *Trauma, Violence & Abuse, 16*, 418–437. https://doi.org/10.1177/1524838014537908

Sebba, J., Berridge, D., Luke, N., Fletcher, J. Bell, K., & O'Higgins, A. (2015). The educational progress of looked after children in England: Linking care and educational data. *Rees Centre/University of Bristol*. https://www.education.ox.ac.uk/wp-content/uploads/2019/05/Linking-Care-and-Educational-Data-Overview-Report-Nov-2015.pdf

Sharma, B. R., & Bhaumik, P. K. (2013). Student engagement and its predictors: An exploratory study in an Indian business school. *Global Business Review, 14*(1(3), 25–42. https://doi.org/10.1177/0972150912466364

Smithgall, C., Jarpe-Ratner, E., & Walker, L. (2010). Looking back, moving forward: Using integrated assessments

to examine the educational experiences of children entering foster care. https://www.researchgate.net/publication/361342932_Looking_Back_Moving_Forward_Using_Integrated_Assessments_to_Examine_the_Educational_Experiences_of_Children_Entering_Foster_Care

Somers, C. L., Goutman, R. L., Day, A., Enright, O., Crosby, S., & Taussig, H. (2020). Academic achievement among a sample of youth in foster care: The role of school connectedness. *Psychology in the Schools, 57*(12), 1845–1863. https://doi.org/10.1002/pits.22433

Swanke, J. R., Yampolskaya, S., Strozier, A., & Armstrong, M. I. (2016). Mental health service utilization and time to care: A comparison of children in traditional foster care and children in kinship care. *Children & Youth Services Review, 68*, 154–158. https://doi.org/10.1016/j.childyouth.2016.06.029

Trout, A. L., Tyler, P. M., Stewart, M. C., & Epstein, M. H. (2012). On the Way Home: Program description and preliminary findings. *Children & Youth Services Review, 34*, 1115–1120. https://doi.org/10.1016/j.childyouth.2012.01.046

Trout, A. L., Jansz, C., Epstein, M. H., & Tyler, P. (2013). Evaluating service delivery in aftercare for school-aged youth departing out-of-home care. *Journal of Public Child Welfare, 7*, 142–153. https://doi.org/10.1080/15548732.2013.77035

Trout, A. L., Lambert, M. C., Thompson, R., Duppong Hurley, K., & Tyler, P. (2020). On the Way Home: Promoting caregiver empowerment, self-efficacy, and adolescent stability during family reunification following placements in residential care. *Residential Treatment for Children & Youth, 37*(4), 269–292. https://doi.org/10.1080/0886571X.2019.1681047

Uninterrupted Scholars Act (2013). Public Law 112–278

Wells, J. C., Sheehey, P. H., & Sheehey, M. (2017). Using self-monitoring of performance with self-graphing to increase academic productivity in math. *Beyond Behavior, 26*(2), 57–65. https://doi.org/10.1177/1074295617711207

What Works Clearinghouse. (2010). Intervention: Check & Connect.https://ies.ed.gov/ncee/WWC/EvidenceSnapshot/78

Wolfson, L., Schmidt, R. A., Stinson, J., & Poole, N. (2021). Examining barriers to harm reduction and child welfare services for pregnant women and mothers who use substances using a stigma action framework. *Health & Social Care in the Community, 29*(3), 589–601. https://doi.org/10.1111/hsc.13335

Yang, J. L., & Bechtold, S. (2022). The educational journey of former foster youth: A dream deferred. *Journal of Social Work, 22*(2), 498–517. https://doi.org/10.1177/14680173211008369

Zorc, C. S., O'Reilly, A. L. R., Matone, M., Long, J., Watts, C. L., & Rubin, D. (2013). The relationship of placement experience to school absenteeism and changing schools in young, school-aged children in foster care. *Children & Youth Services Review, 35*(5), 826–833. https://doi.org/10.1016/j.childyouth.2013.02.006