The beauty of standing up for your rights is others see you standing and stand up as well.”

– Cassandra Duffy
Chapter 7: Educational Advocacy, Older Youth and LGBTQ Youth

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PRE-WORK INSTRUCTIONS

1. Read pages 226–260, “Youth Aging Out of Foster Care” through “Initial Case Notes for the Brown Case.”

2. Watch the “In Brief: How Resilience is Built” video at www.learn.texascasa.org and think about relationships you had as a youth that helped you build resilience.


5. Complete the “Connecting With Your K-12 Experiences” activity.
Youth Aging Out of Foster Care

According to Casey Family Programs, about 25,000 young people between the ages of 18 and 21 must leave foster care each year. These young people have experienced maltreatment, have lived with instability and are unprepared for the social and financial demands of emancipation.

According to the National Foster Youth Institute:

- After reaching the age of 18, 20 percent of the children in foster care will become immediately homeless.

- Only 1 out of every 2 foster kids who age out of the system will have some form of gainful employment by the age of 24.

- Only 3 percent of children who aged out of foster care go on to earn a college degree.

- 7 out of 10 girls who age out of the foster care system will become pregnant before the age of 21.

- The percentage of children who age out of the foster care system and still suffer from the direct effects of PTSD: 25 percent.

- 75 percent of women and 33 percent of men receive government benefits to meet basic needs after they age out of the system.

- 1 out of every 2 kids who age out of the system will develop a substance dependence.

Aging out of foster care without a permanent home is the highest risk outcome for a foster youth.
ECOLOGICAL MODEL OF FACTORS AFFECTING RESILIENCE

Resilience research has increasingly embraced an ecological model in which the child's functioning and behavior is viewed within the context of the child's relationships, including family, school, peers, neighborhood and the wider society. While genetic factors do play a role in resilience, ultimately much more important are the quality of interpersonal relationships and the availability of networks of support.

Concurrent Planning

Given the various possible resolutions to a legal case, your role is to encourage the court and child welfare professionals to do what is called “concurrent planning,” which means working on two plans at the same time from the very beginning of a case: one to return the child home and another to find an alternative permanent placement. Traditionally, case management in child welfare has consisted of efforts to reunite...
**Concurrent Planning**

children with their parents, and if those efforts failed, a second plan would then be developed and pursued. This created a process that kept many children in foster care for too many years.

Concurrent planning was developed as an alternative that moves a case more quickly through the system with better results. The concurrent planning approach is family-centered, with parents involved in decision-making from the start. Throughout the case, parents are regularly given direct, culturally sensitive feedback about their progress. From the start of the case, while providing services to the parents, the caseworker explores kinship options, the applicability of the Indian Child Welfare Act, and possible foster/adoptive situations for the child. Effective family finding and family engagement efforts can help strengthen the concurrent planning process by identifying more prospective permanent placements for the child, should the goal of reunification not be successful. Keep in mind that for out-of-state relatives, an ICPC home study will need to be started as early as possible if placement with this relative is part of your concurrent plan.

**Permanent Resolutions**

Children are born unable to survive on their own. They need someone to provide life’s basic necessities: food, shelter and protection from harm. To get beyond survival and reach normal growth and developmental milestones, children require a “primary attachment figure,” that is, an adult who “is there for them,” whom they can count on, who consistently meets their emotional and physical needs. For most children, this role is filled by a biological parent or parents. However, one or more other caring adults who are willing to commit unconditionally to the child can also meet the child’s need for permanence.

When a child enters the child welfare system, the belief that a parent “will always be there” is shattered. One of your primary goals as a CASA/GAL volunteer is to advocate for a safe, permanent home as soon as possible, honoring the child’s culture and sense of time. While there is never a guarantee of permanence, having such intentions can ensure that you are working toward a plan that supports permanence.
At a very basic level, permanence is most probable when the legal parent is also the emotional parent as well as the *parenting figure present in the child’s life*.

As you work your case, you and your supervisor will have ongoing discussions about both the primary permanency plan and the concurrent plan for permanence.

One option for permanence is **return to parent(s)**. This typically begins with a monitored return, in which the children are returned to the care of the parent(s), but the case does not immediately close. During a monitored return, case parties continue to monitor the well-being of the children for up to six months to ensure the MSL for each child is able to be met before the case is closed or dismissed.

Another option for permanence is **adoption**, which requires that the parental rights of both biological parents be terminated. This means that the parents must either be willing to voluntarily relinquish their rights, or it must be proven in court that legal grounds exist for termination. There are different legal grounds for termination, and your supervisor will be able to provide you further information as it relates to your specific case and which termination grounds apply if you are recommending termination.

Another case outcome is for a relative or fictive kin caregiver to be named the **Permanent Managing Conservator (or Kinship Guardian)** of the child, which does not necessitate surrender or termination of parental rights. In this situation, the parents are typically named Possessory Conservators with limited parental rights specified in the final order. In theory, kinship guardianship is a less permanent option because parents can petition the court to regain custody later on, provided that there have been substantial changes in their circumstances.

**RETURN TO PARENTS AND ADOPTION: QUESTIONS TO CONSIDER**

Termination of parental rights is a drastic measure which permanently severs all legal rights biological parents have to their child. The following questions can be helpful to consider as you and your supervisor discuss your recommendations for the permanent resolution of the case.
Permanent Resolutions

Return to Parents

- Have the specific issues that brought the child into care been successfully addressed?
- Have the parents shown that they are able to meet the MSL for their child?
- Have the parents made the changes that the child protection agency requested?
- Has the child protection agency caseworker observed and documented a reduction of risk?
- Based on the parents’ progress, would the child protection agency remove this child today?
- What have the visits we observed told us about the parents’ ability to care for the child?
- Have we considered recommending a trial placement, such as an extended visit or a monitored return, as a way to observe actual changes in child care?
- Have any new issues that relate to risk been observed and addressed?
- Has the child protection agency changed the rules or “raised the bar” in reference to expectations that are not related to the MSL for this child?
- Is this a multi-problem family that is at risk for relapse? If so, what services and supports can be put in place to prevent relapse?

Adoption

- Based on the Holley factors, do we believe that termination and adoption are in this child’s best interest?
- Do legal grounds exist for termination?
- Are there relatives who are able to adopt? What resources and assistance can be provided for adoptive relatives?
- If the child is unable to be adopted by relatives, what is the plan for maintaining a connection to the child’s biological family?
• Who can offer support to the child through the adoption process?

• Have we assessed and evaluated the child’s particular needs and strengths? What is the plan for the adoptive placement to meet this child’s long-term needs?

• What is the child’s relationship with their siblings? Will the child be able to be raised with their siblings, if appropriate?

• Have the child’s ethnic and cultural needs been considered and addressed?

• Are we holding up the child’s permanency waiting for a specific type of adoptive family?

• Are the parents willing to relinquish their parental rights so that the child may be adopted?

• Have the legal and/or biological father(s) been identified and engaged?

**Cultural Considerations**

It is important to know that some Native Americans have a strong bias against adoption, and certain tribes do not approve of adoption. Advocates should be aware of the tragic history of U.S. government boarding schools begun in the late 19th century. Tens of thousands of Native American children were taken against their families’ will to abusive, church-run boarding schools designed to end Native cultures and ways of life, where the founder’s motto was, “Kill the Indian, and Save the Man.”

In 2011, NPR found that 32 states are in violation of the Indian Child Welfare Act, which says that except in the rarest circumstances, Native American children must be placed with their relatives or tribes. It also says states must do everything they can to keep Native families together. This requires special consideration when weighing the permanency options for an Indian child who is an identified member of a tribe. In some cases, placement with a Native American custodian can truly be considered permanent.
PLACEMENT WITH RELATIVE OR KIN: QUESTIONS TO CONSIDER

Living with someone the child already knows and feels safe with can significantly mitigate the child's feelings of loss due to being removed from their parents. The use of a relative or kin placement should be evaluated from the beginning of agency involvement. The following questions should serve as guidance in considering both the potential challenges and the benefits involved with kin and relative placements:

- Have the relatives/fictive kin been carefully evaluated to ensure they will be able to keep the child safe?
- Has the relative been able to pass a written home study? If not, what supports or services can be offered to mitigate any concerns identified in the home study?
- Have the relatives of both parents been identified and considered, regardless of the removal home?
- Is placement with relatives a way we can protect the child’s roots in their community?
- If needed, what resources can be explored for supporting the stability of the relative placement?
- What pre-placement relationship existed between the child and the relative?
- Does the child have any attachment to these relatives?
- Have the child’s wishes been considered?
- What are the parents’ thoughts and wishes in reference to this relative?
- What will be the ongoing relationship with the parents?
- Will the parents create problems with the placement or compromise the child’s safety? If so, what support can be offered to help the placement keep the child safe?
- Will the relative be able to be positive about the parent to the child? If not, would family therapy between the relative and parent be appropriate to help heal relationship dynamics?
• Is the relative protective, or will there be an “unofficial” return to the biological parents?

• Will this relative support the service plan for the child?

• How will parental visitation be accomplished? What support can be offered to the placement for facilitating visitation (such as transportation assistance)?

• Will placement with a particular relative mean that the child must leave the community?

• Will placement with a particular relative mean that the child will lose other important relative or kinship ties?

• Will a relative placement mean that the child will have to endure another move? If so, what support can be offered to help mitigate any losses the child will experience if another move is required?

• Have we considered sibling attachments? Is this relative able and willing to take all the siblings, if appropriate?

• Will this placement support the child’s ethnic and cultural identity?

• Would this relative consider adopting or becoming the permanent managing conservator of the child if necessary?

Our family-finding and family engagement efforts are critical for identifying potential relative placements for children. To help relative placements be sustainable, it is important to advocate for them to receive all support, resources and assistance they may be eligible for, such as kinship payments, food stamps/aid, Trauma-Informed Family Therapy, assistance with utilities and/or rent from social service agencies. Talk with relatives to learn what kind of support they may need, and seek guidance from your supervisor about community resources to meet these needs.

**Explore these websites for community resources in your area:**

• The United Way of Texas (www.211.org)

• Aunt Bertha (www.auntbertha.com)

• Catholic Charities (find your local region at catholiccharitiesusa.org/find-help/)
An Impermanent Solution—Long-Term Foster Care

Despite the advocacy efforts of CASA/GAL volunteers and the hard work by caseworkers, many children remain in foster care. These children live in foster homes or group homes—or are moved from placement to placement during their time in care.

Long-term foster care becomes the default plan for older children or children labeled as difficult* for whom there is no identified family. Sometimes these children are actually placed in a family setting but their caregivers do not want to adopt them. In any case, when the plan is permanent foster care, what the child protective services system is actually doing is planning for these children to belong to no one. Clearly this is unacceptable. When faced with this as the “only” alternative, it is our obligation to insist that this not be the end of the planning process, but rather the beginning of a new dialogue around how to make permanence a reality, even for the most “difficult” child.

*At times children diagnosed with ADHD, oppositional defiant disorder (ODD), autism, PTSD, and other disorders are labeled as difficult or challenging.

QUESTIONS TO CONSIDER

- What other options have been explored?
- Does the child need specialized care? Is it possible for them to have a legal and emotional attachment with a person with whom they do not live?
- Is there a significant role model or mentor involved with this child? What barriers exist to this person becoming the legal parent?
- What are the barriers to the caregiver adopting? How can these barriers be removed?
- Have all adoption subsidies, other financial resources, and continuing services been explored and offered?
- Who have been the child’s support and attachments in the past? Can any of them be involved now?
• Who are the child’s attachments and support in the present? What is their current involvement?

• What family or kin connections are available—especially with siblings?

• Can parents or other kin be involved anew in this stage of the child’s life?

• What does the child want?

• What resources and persons will be available when this child is an adult?

• Who will be this child’s family for the rest of their life?

Adapted from materials created by Jane Malpass, consultant, North Carolina Division of Social Services, and Jane Thompson, attorney, North Carolina Department of Justice. Used with permission.

Educational Advocacy

“It is the duty of the state to educate, and the right of the people to demand education.”
– Edmund Barton

Texas CASA has created a comprehensive Educational Advocacy Guidebook for advocates, which covers these topics in depth. To download or print the guidebook for free, search for “Educational Advocacy Guidebook” in the Texas CASA Learning Center.

EDUCATIONAL CHALLENGES FACED BY CHILDREN IN FOSTER CARE

Every child has the right to an education. However, due to their circumstances, children involved in the child welfare system face enormous challenges when it comes to receiving an appropriate education. As a CASA volunteer, part of your role is advocating for educational needs. Your child(ren) may be thriving in their school setting, may be just getting by or may face substantial educational challenges.
You will need to keep up-to-date school records for each school-aged child and be in contact with their school at least once each month.

Children in the child welfare system face many obstacles that can make receiving an appropriate education difficult.

- Fear, trauma, depression and other emotional issues may make it difficult to focus, which causes educational challenges. These challenges may also be caused by a lack of educational support at home or at school, and children may not be willing to ask for help when it is needed.
- Children in the system might face inconsistency in education due to absences, tardiness or multiple school changes as they move between placements. Each school change can cause a student to fall further behind their peers.
- Stereotyping can lead to unnecessary labeling, harsher punishments, involvement with the juvenile justice system and bullying for children in the system. Sometimes they are stereotyped as angry, damaged, mentally unstable, aggressive, lazy or as troublemakers. This can lead to school personnel over-monitoring and setting poor expectations for them.

Generally, children will live up to the expectations set for them; if we expect a child to be angry and aggressive, they probably will meet our expectations. However, if we expect them to succeed, we raise the likelihood of that success.

As a CASA volunteer, it is your responsibility to ensure that your child receives an adequate education—and to advocate for it to be the best possible education.

MAKING INITIAL CONTACT WITH THE SCHOOL

The first step to ensuring that you can properly advocate for your child is to provide the correct documentation, such as your appointment by the court and any other program paperwork, to the school so they can give you information.

Once you have all of your documentation together, contact the school by phone to schedule your first meeting. During this phone call, work with the staff to find out who
at the school should be your go-to contact person. This will likely involve stating that you are the CASA volunteer for the child(ren) and you will be seeking monthly contact with someone who has easy access to the child’s records and knows the child well.

For many schools, the contact person will be the child's school counselor or homeroom teacher. If your child is in special education, it might be the special education coordinator.

When speaking with your contact person for the first time:

- Explain your role briefly. This should include that you are a CASA volunteer and that you represent the child’s best interests in court.

- Ask where you should send your CASA paperwork so the school feels comfortable sharing information with you.

- Ask to schedule a meeting with your contact person to discuss the child and your plan for future monthly communication. Try to have this first meeting face-to-face, as you may be able to build more rapport and gather more information.

- Ask the school to have copies of school records available when you come in for your first meeting or to fax them to the CASA office. These records should include: report cards, most recent testing scores, most recent evaluations and vaccination records. If your child is in special education, there will be paperwork specifically for that. Make sure to give your supervisor a copy of the school records as well, or to upload them into Optima.

**First Meeting with School Contact**

Once you have scheduled your first meeting, it is a good idea to speak with your supervisor, CPS caseworker, the child’s attorney, the child’s placement, the parents and the child to see if there are any issues that you need to discuss with the school.

**At your first scheduled meeting (in person or by phone):**

- If you go in person to the school, talk with your supervisor ahead of time to determine what paperwork and identification you need to bring. Typically, volunteers bring their CASA badge, a business card, a state-issued ID and copies
of their CASA paperwork. Even if you already provided these documents, bring them to prevent any potential delays. If your meeting is over the phone, have your court order and CASA paperwork ready to fax or email in case the school requests it a second time.

- Identify yourself and explain your role in the child’s life. Emphasize that you should be notified of all meetings and events that a parent/guardian would be notified of.

- Explain that you will be monitoring the child’s educational needs on an ongoing basis, and make a plan about how future communication will look and how often it will occur.

- Mention that you can help facilitate communication with other parties and help find answers if the school has any questions. Let the school know that they can contact you about the child, especially if they have a hard time getting in touch with the CPS caseworker.

- In Texas, schools are required to transfer records within 10 working days after the date of enrollment. The Texas Student Records Exchange (TREx) is the system that facilitates exchange of all student records. Follow up to ensure this happens on time. If it has not, communicate with CPS to ensure those records get to the school. This should include vaccination records, most recent report card, transcripts, and any testing or evaluations.

- Find out if your child is receiving special education or 504 services, and if so, find out how they qualified. Some possible qualifications are a learning disability (LD), emotional disturbance (ED) or other health impairment (OHI).

- If the child receives special education services, make sure the school has the most recent Admission, Review, and Dismissal (ARD) paperwork. The ARD meeting must take place for a child to receive special education services and must be reviewed annually, as well as before a child can be dismissed from a special education program. The paperwork produced at this meeting includes the child’s Individualized Education Plan (IEP) and Behavior Intervention Plan (BIP).
• Find out what is required to pick the child up from school, and ask to be added to that list of people approved to do so. While you may never need or intend to, it is important to have approval to pick the child up in the event a situation arises.

• Find out who is listed as the child’s emergency contact, who is listed to be contacted about absences and who is approved to pick up the child. If this information is incorrect or out of date, make sure to correct it. If your program authorizes you to transport, you can add yourself to all of these lists. You should not be the only person on any of these lists, but you can ask to be added with the CPS caseworker or placement.

• Get the child’s exact name and address as the school has it recorded and compare to your records to ensure there is no misinformation. Sometimes this information is incorrect, so it’s important to double check that the child’s name is spelled correctly and that the current address is on file.

• If your child is receiving special education services, find out when their most recent ARD took place and ensure that you receive a copy of the ARD paperwork.

• Find out if the school has an online grade monitoring service, and, if it does, make sure to be added as a person who can access it and receive the information. This will be an easy way to stay on top of your child’s grades and attendance.

Sample Questions for Ongoing School Contact

• What successes has this child had?
• What progress has been made since we last spoke?
• How is the child doing behaviorally, academically and socially?
• Is this child involved in any special programs or extracurricular activities?
• Has this child received any special recognition?
• Do you have any concerns about this child?
• Do you believe the child has any unmet needs? If so, what?
Educational Advocacy

- Have there been any tests or evaluations since we last spoke? If so, what did they show, and can you send me a copy?
- How are this child’s grades and attendance? If there are concerns, do you have any ideas how to address the concerns?

One of the main parts of your job as a volunteer and educational advocate is simply to be informed. It is imperative that you speak with the school on a regular basis and stay updated about your child’s progress, setbacks, successes, challenges and needs. For some volunteers, keeping up the minimum monthly contact with the school will be all that is required. Many children do well in school and do not require extra advocacy to ensure their needs are met. For volunteers of these children, simply staying in contact and monitoring the situation is enough to ensure continued success.

However, other volunteers might find that the needs of their child are not being satisfied by the school or that the child is struggling to be successful in the school setting. This situation will require increased advocacy on behalf of the child.

SPECIAL EDUCATION

Some children will qualify to receive special education services through their school. If your child is struggling in school but not receiving any special education services, you might advocate for your child to be evaluated to see if they qualify.

Once the evaluations are complete, the school will schedule a meeting. This meeting is called an IEP (Individualized Education Plan) but is often referred to as an ARD (Admission, Review and Dismissal) meeting.

Regardless of the title, the meeting objectives are to discuss the needs of the child and determine what modifications and accommodations the school will make to meet those needs. The meeting will result in an IEP document detailing the modifications and accommodations. ARD meetings are required upon admission to special education, annually as a review and before a child can be dismissed from special education; hence the name ARD.
As a CASA volunteer, your role in an ARD meeting is similar to that of the parents. On your case, the parents may or may not have the legal right to attend these meetings depending on the legal nature of the case. Please ensure that you do not invite a parent to these meetings without getting approval from the CPS caseworker and the child’s attorney.

While the CASA volunteer may play a role similar to a parent in terms of what they’re advocating for, it is important to know that a CASA volunteer will not be a voting member at an ARD meeting. That means that the IEP can be approved without the volunteer agreeing to the terms. For children who are involved in the system and removed from their parents, the child’s placement or CPS caseworker is named as the educational consenter and therefore must sign the IEP for it to be approved. This does not mean that the volunteer is not an important participant in the ARD meeting. It is still imperative that CASA attends these meetings to advocate for the child.

In some cases, especially if there is not a consistent caregiver, a volunteer can become the surrogate parent for the child by taking a one-hour training that gives the volunteer the right to consent in educational matters. This may be appropriate if the child lives in a residential treatment center or moves frequently. If you believe that your child would benefit from this, you can speak with your supervisor about becoming a surrogate parent.

If you do not feel that the needs of your child are being met at school or you disagree with the IEP, talk with your supervisor to determine if CASA needs to take further action in advocating for the child. Sometimes it is necessary to have an attorney appointed solely to represent the child in the school system, and your supervisor can guide you through this process.
TIPS FOR BEING A SUCCESSFUL ADVOCATE IN THE SCHOOL SYSTEM

- **Come to all meetings prepared with information and ideas.** Know your child and their needs, and brainstorm ideas of how the school can meet those needs. For example, before your meeting, ask the child’s therapist if they have any advice for how the school could help manage difficult behavior.

- **Stay positive.** Starting each meeting talking about strengths and successes can set a positive tone for the rest of the meeting. This is especially important if emotions are running high or school officials are frustrated with the child.

- **Be solution-focused.** Instead of dwelling on negatives, brainstorm new ideas the school could try. Be willing to think outside the box and advocate for things that the school might not have offered.

- **Advocate for the least restrictive environment (LRE) for your child.** A student who has a disability should have the opportunity to be educated with peers who are not disabled to the greatest extent appropriate. They should have access to the general education curriculum and any other program that peers who are not disabled would. Supplementary aids should be provided to the student if placed in a setting with peers who are not disabled, as well as any services necessary to achieve educational goals. These rights are afforded them by the Individuals with Disabilities Education Act. Being involved in the system can be difficult enough, so it is important to do anything we can to not exclude children with developmental disabilities.

- **Listen to the child.** The child is your best source of information about what will best serve them. Remember to listen to the child and ask for their opinion. Talk to and not about the child whenever they are in the room for a meeting.

- **Remember to remain professional** even if you do not agree with someone else’s position. Remain firm in your advocacy without becoming confrontational.

- **Attempt to get the child’s parents involved.** Once it is appropriate on your particular case and all of the legal parties agree, bring the parents into the educational advocacy for the child. This type of advocacy will likely be necessary.
throughout the child’s educational career, so it is imperative that the parents are empowered to provide it. Inviting parents to attend school meetings or advocating for them to receive training on how to advocate for their children can help ensure your child continues to get the best education possible after the CPS case is closed. This is especially true when your child is receiving special education services. Never invite parents to attend school meetings without making sure your supervisor, the CPS caseworker, and the child's attorney agree that it is appropriate.

CONFIDENTIALITY AND SCHOOLS

It is important to remember that school faculty and staff are not legal parties to the case. This means they are not entitled to information about the legal case. Volunteers may not share any case details with anyone from the child’s school. Discussing the history of abuse or the parents’ progress on services is not permitted, nor is giving details about the concerns of the case or plans for the child’s future.
Connecting to Your K-12 Experiences

Reflect on your own K-12 school experience by thinking about the following questions:

- What enabled you to succeed in school? If school was difficult for you, what would have been helpful?
- Did you ever have to move from one school to another? How did it feel or how might it feel to be the “new kid” in school, particularly in the middle of the school year?
- Did you have someone at home who helped you with homework, attended parent-teacher conferences, or advocated for additional services if you needed them?

Write down your experiences:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________
Educational Advocacy Acronyms and Definitions

The following are some terms that are used often in educational settings. You do not need to memorize them, but be aware that they might be included in a child’s school records. You can use the following information as reference material.

**504 Plan** - A section of the federal law designed to protect the rights of children with disabilities in programs and activities that receive federal funding. Children with disabilities who do not qualify for special education services under the Individuals with Disabilities Education Act (IDEA) may receive supports, services and accommodations under section 504 of the Rehabilitation Act of 1973.

**ARD** - Admission Review and Dismissal; The ARD committee is a multidisciplinary team appointed by a school’s board of education that meets to guide the child’s admission to and dismissal from special education. The ARD committee is responsible for students with disabilities from ages 5 to 21. The ARD committee is authorized to identify students in need of services by determining eligibility, develop an Individualized Education Plan (IEP), place students in the least restrictive environment in which they can succeed, and provide appropriate services to meet the child’s educational needs.

The team meets at least annually to review a child’s IEP and determine a program from that point forward. ARD meetings should include the parent or guardian of the student (including the foster parent), the district’s ARD chairperson, a school psychologist, a parent member (someone who is a parent of another student in the district—often a student with an IEP), the child’s general education teacher, the child’s special education teacher or service provider, and the student (especially older youth). As a CASA/GAL volunteer, you should also be able to attend ARD committee meetings.

The term “ARD” is used almost exclusively in Texas. In most other places this team is referred to as the “IEP team.” The terms ARD and IEP mean the same thing.

**BIP** - Behavior Intervention Plan; A plan that takes the observations made in a Functional Behavioral Assessment and turns them into a concrete plan of action for managing a student’s behavior. This plan guides teachers and school staff in addressing behavior issues. It is especially important for children who have experienced trauma and/or removal from their parents, as standard school disciplinary
procedures may not work or may further traumatize the child. A BIP may include ways to change the environment to keep behavior from starting in the first place and provide positive reinforcement to promote good behavior. Once a behavior plan is agreed to, the school and staff are legally obligated to follow it.

**ECI** - Early Childhood Intervention; A key program providing educational and developmental assistance for children with disabilities and medical diagnosis from birth to age 3.

**FAPE** - Free, Appropriate Public Education; Part of the IDEA (Individuals with Disabilities Education Act) requirement, in which “appropriate” means “providing meaningful educational progress.” A student with disabilities has the right to receive special education and related services that will meet their individual learning needs, at no cost to the parents.

**FBA** - Functional Behavioral Assessment; An assessment process for gathering information regarding a child’s behavior, its context and consequences, variables, the student’s strengths, and the expression and intent of the behavior for use in developing behavioral interventions. An FBA is performed when a child is having behavioral challenges in school.

**FERPA** - Family Educational Rights and Privacy Act; This federal law protects the privacy of a student’s education records. It also ensures a parent’s right to inspect and review these records and to consent to disclosures of personally identifiable information about themselves and their children. FERPA allows schools to disclose those records, without consent, to comply with a judicial order. This may be applicable to CASA/GAL volunteers pursuant to state law.

**IDEA** - Individuals with Disabilities Education Act; This act ensures that all children with disabilities have access to a free, appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for employment and independent living.
IEP - Individualized Education Plan; A written educational plan of special education for students from age 3 to 21 who are eligible under IDEA and state laws. The IEP is tailored to each child's needs and identifies goals and objectives, necessary accommodations and related services. The IEP is developed by a team of people, including but not limited to foster parents, parents, guardians, special education and regular education teachers, therapists, psychologists, and the child, when appropriate. Sometimes the CASA/GAL volunteer will participate in these IEP meetings. An educational surrogate may be appointed if the family is not available, but even with a surrogate assigned to the child, the parents still have a right to involvement. Knowledge of the child's schooling is one way for parents to stay connected to a child's progress even when the child is in out-of-home placement.

IFSP - Individualized Family Service Plan; A written developmental plan of early intervention services for children from birth to age 3 and their families who are eligible under IDEA and state laws. The plan must include the family of the child involved.

LRE - Least Restrictive Environment; Refers to the services identified in an IEP, which must be provided in the least restrictive environment for the child or youth involved. It is part of the IDEA requirement that children with disabilities shall be educated to the maximum extent possible with their peers who are not disabled.

PPCD - Preschool Program for Children with Disabilities; A key program providing educational and developmental assistance for children with disabilities from age 3 to 5.

RTI - Response to Intervention; Based on a problem-solving model, this is the practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals, and applying child response data to important educational decisions. Schools should have an RTI team or teams, which look at students who are struggling with learning and/or behavior, and develop tailored plans that head off the need for greater intervention (such as an IEP). Often used as a first step before making a referral to a school's ARD committee.
Serving LGBTQ Youth

An informed advocate must educate themselves and become an ally to lesbian, gay, bisexual, transgender and queer (LGBTQ) youth, who are at special risk of discrimination and stigma in the child welfare system. LGBTQ youth are one and a half to two times more likely than their heterosexual peers to be placed in the foster care system, according to a recent report from the Williams Institute at the University of California, Los Angeles. Nearly 20 percent of foster youth surveyed identified themselves as LGBTQ, and in a study by UCLA and the Human Rights Campaign, nearly 40 percent of the total population of homeless youth in New York City identified as LGBTQ.

These youth may have faced intolerance, rejection and violence in their homes specifically related to their identity, leading to increased risks of homelessness and entrance into the system. In the study “Sexual and Gender Minority Youth In Los Angeles Foster Care,” researchers found that 12.9 percent of LGBTQ youth report being treated poorly by the foster care system, compared to 5.8 percent of non-LGBTQ youth.

It is an advocate’s job to ensure that the discrimination and unequal treatment stops, and that children of all gender identities and sexual orientations receive the best possible services and placement environments for them. This may involve inquiring about the attitude of the foster parents or residential treatment center towards LGBTQ equality, and advocating for safe and affirming, non-homophobic placements.

There are many ways for an advocate to educate themselves. Below are terms – a shared vocabulary is the groundwork for respectful conversations. When working with LGBTQ youth and families, the most important thing you can do as an advocate is be respectful of their experiences, open to conversations and willing to learn.

If you work with a youth who is struggling emotionally, connect them to The Trevor Project, a national 24-hour, toll free, confidential suicide hotline with text, chat and phone counselors for LGBTQ youth at www.thetrevorproject.org.
LGBTQ Glossary

The following are terms and expressions that you may find useful when working with youth or family members who identify as LGBTQ. This list is not exhaustive. Always ask people what words they prefer to use for themselves and their communities.

**Ally** – A person who is not LGBTQ but shows support for LGBTQ people and promotes equality in a variety of ways.

**Biological sex** – A designation of male or female, assigned at or before birth, based on what genitals, reproductive anatomy and chromosomes an individual is born with. This designation is then included on birth certificates.

**Bisexual** – A person who is emotionally, romantically and sexually attracted to both men and women.

**Cisgender** – A term used to describe a person who is not transgender; whose gender identity aligns with with the sex assigned to them at birth.

**Coming out** – The process of disclosing one's sexual orientation or gender identity to others. Because most people in our society are presumed to be heterosexual, coming out is not a single life event but a lifelong process.

**Gay** – A person whose emotional, romantic and sexual attractions are primarily for individuals of the same sex. This term typically refers to men, but is also used as a general term for gay men and lesbians.

**Gender** – The social construct and set of ideas used to classify a person as a man, woman or another identity.

**Gender binary** – The idea that there are only two genders, male and female, and that a person must strictly fit into one category or the other.
**Gender affirming surgery** - Surgeries used to modify one’s body to be more congruent with one’s gender identity. Also referred to as sex reassignment surgery (SRS) or gender confirming surgery (GCS). Outdated terminology is “sex change operation.”

**Gender expression** – An individual’s characteristics and behaviors (such as appearance, dress, mannerisms, speech patterns and social interactions) that are perceived as falling somewhere along a continuum of feminine and masculine.

**Gender fluid / gender non-conforming / non-binary / gender variant / gender creative** – These terms describe a person whose gender identity is not fixed in a masculine or feminine role or who falls outside of proscribed gender categories, or who chooses not to assume a gender. These people may prefer the gender pronoun “They.”

**Gender identity** – A person’s innate, deeply felt psychological identification as a man, woman or gender mixture, which may or may not correspond to the gender assigned to them at birth. Like gender expression, gender identity falls on a continuum of feminine and masculine. Also, some individuals identify as neither male nor female and instead identify as a third or other gender.

**Heterosexism** – An ideological system that denies, denigrates and stigmatizes life experiences, needs, concerns, identity or relationships of any non-heterosexual form of behavior, and awards advantages to heterosexual people. Heterosexism and homophobia are often mistakenly used interchangeably.

**Heterosexual** – A person who is primarily or exclusively attracted to people of a different sex romantically, affectionately, and sexually. Sometimes referred to as straight.

**Homophobia** – Biases against, and discrimination towards, people who are lesbian, gay, bisexual, or transgender; their relationships; and their families.
**Homosexual** – A term used to refer to a person based on their same-sex sexual orientation, identity or behavior. Many LGBTQ people prefer not to use this term especially as a noun because of its historically negative use by the medical establishment. This term is best to avoid.

**Internalized oppression** – The fear and aversion to one’s own identity or identities, which occurs for many individuals who have learned negative ideas about their identity (whether the identity is set or in the process of being explored by the individual) throughout childhood. One form of internalized oppression is the acceptance of the myths and stereotypes applied to the oppressed group.

**Intersex** – An individual born with reproductive or sexual anatomy that does not conform exclusively to male or female norms in terms of physiological sex.

**Lesbian** – A woman whose emotional, romantic and sexual attractions are primarily for other women.

**LGBTQ** – An acronym for persons who identify as lesbian, gay, bisexual, transgender and questioning or queer. Many use LGBTQIA+ to intentionally include and raise awareness of individuals who are Intersex and Asexual, as well as myriad other communities under this umbrella (see also queer).

**Misgendering** – Attributing a gender to someone that is incorrect/does not align with their gender identity. Can occur when using pronouns, gendered language (e.g., “Hello ladies!” “Hey guys”), or assigning genders to people without knowing how they identify (e.g., “Well, since we’re all women in this room, we understand . . .”).

**MTF/FTM** – These abbreviations, for male-to-female and female-to-male, refer to an individual’s gender transition from the gender assigned at birth to the self-identified present gender. For example, an individual previously identified as a man who is transitioning to an identity as a woman is MTF.
**LGBTQ Glossary**

**Outing/**“Being outed” – Exposing someone’s lesbian, gay, bisexual or transgender identity to others without their permission. Outing someone can have serious repercussions on employment, economic stability, personal safety, or religious or family situations.

**Pansexual** – Used to describe people who have the potential for romantic, sexual or affectional desire for people of all genders and sexes (not necessarily simultaneously, in the same way, or to the same degree).

**Pronouns** – Linguistic tools used to refer to someone in the third person. Examples are they/them/theirs, ze/hir/hirs, she/her/hers, he/him/his. Since pronouns have been tied to gender, an individual’s preferred pronouns are indicative of their gender identity. Not using an individual’s preferred pronouns is a common way of misgendering.

**Queer** – An umbrella term for people who identify as lesbian, gay, bisexual, transgender, queer or questioning. Originally meaning “strange” or “peculiar,” queer was a pejorative word until the late 1980s, when the community reclaimed the word as the positive umbrella term it has become.

**Questioning** – When an individual is unsure about or is processing and exploring their own sexual orientation and/or gender identity.

**Sexual orientation** – The culturally defined set of meanings through which people describe their sexual attractions. Sexual orientation is not static and can shift over time. Sexual orientation has at least three parts:

- **Attraction** – One’s own feelings or self-perception about to which gender(s) one feels drawn; can be sexual, emotional, spiritual, psychological and/or political
- **Behavior** – What one does sexually and/or with whom
- **Sexual Identity** – The language and terms one uses to refer to their sexual orientation
Transgender – An umbrella term for people whose gender identity or expression is different from those typically associated with the sex assigned to them at birth (e.g., the sex listed on their birth certificate).

Transition – For people who are transgender, this refers to the process of coming to recognize, accept and express one’s gender identity. Most often, this refers to the period when a person makes social, legal and/or medical changes, such as changing their clothing, name, sex designation and/or using medical interventions. Sometimes referred to as gender affirmation process. Not every person who identifies as transgender partakes in medical intervention or the same gender affirmation procedures.

For more in-depth resources to help you best serve LGBTQ youth, visit All Children–All Families LGBTQ Resources for Child Welfare Professionals at www.hrc.org/resources/all-children-all-families-additional-resources.

Laws Related to Older Youth in Foster Care

GETTING YOUTH THEIR ESSENTIAL DOCUMENTS

For a youth at least 16 years of age, Texas Family Code requires that the guardian ad litem must ascertain whether the child has received a certified copy of the child’s birth certificate; a Social Security card or a replacement Social Security card; a driver’s license or personal identification certificate under Chapter 521, Transportation Code; and any other personal document the Department of Family and Protective Services determines appropriate. If they do not have these essential documents, it is your responsibility to ensure that they get them. Work with your youth and the agencies to get them their documents. A Texas driver license is free to any foster youth who is either 1) between 15 to 18 years of age and for whom the Texas Department of Family and Protective Services (DFPS) is the legal custodian, or 2) between 18 to 21 years of age and residing in a paid DFPS foster care placement.
COMPUTERS FOR CASA

CASA programs have access to Texas’ state agency surplus computers to distribute to children and youth served by CASA. Before requesting a computer, at least one CASA staff person must complete the Computers for CASA 101 training. The training, including the final assessment quiz, must be completed by at least one CASA staff person in order to receive reimbursement funds through the Computers for CASA Direct Grant. If you have a youth you would like to request a computer for, ask your supervisor to apply for it via the Texas CASA Learning Center.

PREVENTING SEX TRAFFICKING AND STRENGTHENING FAMILIES ACT

Children and youth in foster care are at an increased risk of becoming victims of sex trafficking and exploitation. The Preventing Sex Trafficking and Strengthening Families Act includes several provisions relevant to children removed from their parents’ care or at risk of removal. Focusing on providing support and services for youth at risk of sex trafficking, the law requires child welfare agencies to locate children missing from care, to ensure that children in care have the opportunity to participate in “normal” age-appropriate activities, and for states to provide family strengthening services. To learn more about resources related to sex trafficking, as well as red flags an advocate might look for to help detect child exploitation, search for Domestic Minor Sex Trafficking on the Texas CASA Learning Center.

Key Provisions of This Legislation

- State agencies must report to law enforcement, within 24 hours, information on children or youth identified as victims of sex trafficking.

- State child welfare agencies must develop and implement procedures to locate children and youth who have run away or are missing from foster care. Further, they must determine the factors that led to the child or youth running away and determine what happened to the child while absent from foster care.
The law defines a standard for reasonable and prudent care (also referred to as normalcy) to mean the careful and sensible parental decisions necessary to maintain the health, safety, well-being, and best interest of the child. It provides for foster parents or caregivers to make decisions about the child’s participation in extracurricular, enrichment, cultural, and social activities including sports, field trips, and overnight activities. It requires that states must provide training for caregivers related to this standard.

The law eliminates APPLA (Another Planned Permanent Living Arrangement) as a permanency goal for children under 16. This has typically been used as a permanency goal for youth who will “age out” of the system.

The law requires consultation of youth age 14 or older in the development and revision of their case plan. The youth may choose up to two members of the case-planning team who are not the youth’s foster parent or caseworker. The youth may designate one of these two people as an advisor who may advocate for the youth regarding the application of the reasonable and prudent parent standard. These roles could be filled by the youth’s CASA/GAL volunteer if they so choose.

The case plan must include a document describing the rights of the youth and signed acknowledgment that the youth has received a copy of the plan.

The law allows subsidy payments approved as part of a kinship guardianship agreement to go to a successor guardian upon the death or incapacity of the original guardianship. Adoption subsidy payments are already subject to this rule.

States must collect data on adoption or kinship guardianship disruption and the return of child or youth to foster care.

All parents of siblings of a child or youth brought into care must be identified and notified within 30 days after removal of the child from the custody of their parent(s). This includes individuals who would have been considered siblings if not for the termination or other disruption of their parents’ rights. The only exception is in cases where a sibling’s parent does not have legal custody of the sibling. The idea is to ensure that all potential resources within the extended
family are explored, including the parents of half-siblings, and that children do not lose contact with siblings or half-siblings while in foster care.

**Key Impact of This Legislation on CASA/GAL Advocacy**

Specifically, there is added strength in advocating for experiences that create a sense of normalcy for children in care and that promote their well-being.

Youth under age 16 should no longer have Alternative Planned Permanent Living Arrangement (APPLA) as their permanency goal. Youth age 14 and up must be a participant in their case-planning, and they must sign the case plan. There is an opportunity for CASA/GAL volunteers to participate in case planning for these youth if the youth so wishes.

**FOSTERING CONNECTIONS TO SUCCESS AND INCREASING ADOPTIONS ACT, P.L. 110-351**

The Fostering Connections to Success Act is a significant and far-reaching law enacted in 2008 that is designed to improve outcomes for youth in care, particularly older youth. The legislation is a series of building blocks, based on evidence-based practices that have demonstrated positive outcomes. The focus is on connections to family, to siblings, and to other adults to foster successful transitions to adulthood.

**Key Provisions of This Legislation**

- State agencies are required to provide notice to relatives within 30 days of the child’s removal from the home and to explain the options for the relative’s participation in the child’s care, from acting as a placement to engaging in the child’s case in other ways. This can be the beginning of establishing a permanent connection for the child with the extended family, perhaps even as a permanent placement option.

- In addition to maintaining the child’s connection with family, the legislation maintains the child’s connection with siblings. Interviews of youth have consistently revealed that the greatest loss they experienced when removed
from home is the loss of their connection with their siblings. Too often, they are never able to reconnect with them. With this law in place, state agencies must make reasonable efforts to place sibling groups together in foster, family or adoptive placements, if in the children's best interests. If placement together is not feasible, the agency must ensure continuing contact among siblings, at least once a month.

- A new, specific transition plan must be developed at least 90 days prior to the youth's transition out of foster care (at age 18 or older). This is over and above the plan that should normally begin around the age of 16. The new, personalized plan should be developed with the caseworker and other appropriate representatives. The plan should be as detailed as the youth directs and include specifics on housing, health insurance, education, opportunities for mentors and continuing support services, workforce supports, and employment services.

- Educational stability for children in care is underscored by requiring that the child's case plan include provisions to ensure that the child remains in the school of origin, unless not in the child’s best interest. The child's placement should take into account the appropriateness of the educational setting and proximity of the school in which the child is enrolled at the time of placement. If the school of origin is not in the child's best interest, then the agency must provide immediate enrollment in a new school and provide all educational records.

For children in care who are IV-E* eligible (varies from state from state; nationally about 50 percent of children in care):

- States may choose to extend support for youth in care to age 19, 20 or 21 and receive federal assistance to provide such support, including the extension of Medicaid. Youth must be enrolled or participating in an eligible program.

- States also have the option of receiving federal assistance to provide payments to qualified grandparents and other kin who are willing to become legal guardians and who meet state requirements for placement.
Laws Related to Older Youth in Foster Care

Once state budgets allow sufficient resources to cover the match requirement, it is anticipated that states will expand these provisions to all children in care and not exclusively to IV-E* eligible children, as the federal law allows.

* Title IV-E eligibility hinges on the family's income at the time the child was removed from the home. Generally, if the family is or would be eligible for Aid to Families with Dependent Children (AFDC), the child is then Title IV-E eligible. As the summary points out, this generally should not matter in terms of CASA/GAL advocacy, as federal guidelines anticipate that states will have uniform guidelines for all children removed from their parents' care, regardless of Title IV-E eligibility.

Key Impact of This Legislation on CASA/GAL Advocacy

Search and notification of relatives does not end after 30 days; birth relatives need to understand that there are multiple ways they can be involved beyond acting as a placement option (examples could include having visits or phone calls, attending school events, providing transportation and celebrating holidays). When appropriate, volunteers should keep family engaged and informed.
Initial Case Notes for the Brown Case

CPS Case File

<table>
<thead>
<tr>
<th>Last Name of Case: Brown</th>
<th>Legal Number(s): 11-7-012345-5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child(ren)’s Name</strong></td>
<td><strong>DOB</strong></td>
</tr>
<tr>
<td>Jessica Brown</td>
<td>Feb. 20</td>
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<table>
<thead>
<tr>
<th>Current Caretaker(s)</th>
<th>Address</th>
<th>Phone</th>
</tr>
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<tbody>
<tr>
<td>Paternal Cousin (Kinship): Candice Clark (not married)</td>
<td>19004 Coltfield Court</td>
<td>555-1018</td>
</tr>
</tbody>
</table>

Attorneys for:

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Mother</strong></td>
<td>Dawn Schute</td>
<td>555-6542</td>
</tr>
<tr>
<td><strong>Father</strong></td>
<td>Nancy Andrews</td>
<td>555-9870</td>
</tr>
<tr>
<td><strong>CPS</strong></td>
<td>Chris Johnson</td>
<td>555-5428</td>
</tr>
<tr>
<td><strong>Child</strong></td>
<td>Elizabeth Summers</td>
<td>555-0397</td>
</tr>
</tbody>
</table>

Case History

August 7 (last year): Urgent Care Center notified CPS of 14-year-old Jessica Brown, who had been treated for broken ribs. Jessica told CPS social worker (SW) that she had run away from home the night before after being beaten “for the last time” by her mother’s live-in boyfriend, Wayne Pender. According to police records, there is a history of violence between Mr. Pender and the youth’s mother, Helen Brown.

August 8 (last year): Child released from hospital and placed by CPS into emergency foster care.

August 19 (last year): Youth removed from foster home after a series of arguments with the foster family. Youth explained to SW that the arguments originated because she attempted to confide to her foster mother that she is a lesbian. The foster mother said she didn’t feel comfortable with Jessica sharing a room with her 13-year-old daughter. Jessica has been placed in Abigail Barton Home for Girls.
## Initial Case Notes for the Brown Case

### Case History continued

November 8 (last year): Abigail Barton Home for Girls notified SW that Jessica Brown did not return to the group home after school.

December 21 (last year): SW received call from Jessica asking for assistance. Youth had been living on the street since running away from the group home. Youth stated she had been “harassed and bullied” by other girls in the group home. When SW asked youth to explain, the youth said other girls “hit me with batteries, sticks and their fists” and teased her with names such as “Jessie the Lezzie” and “dyke.” SW located emergency foster care for Jessica.

December 29 (last year): Youth placed with paternal cousin, Candice Clark (age 30).

<table>
<thead>
<tr>
<th>CASA/GAL History</th>
<th>Person(s)</th>
<th>Date Assigned</th>
<th>Date Terminated</th>
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<tr>
<td>Case Initially Assigned to:</td>
<td>June Miller</td>
<td>8/14 (last year)</td>
<td>Four months ago</td>
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<tr>
<td>Current CASA/GAL Volunteer:</td>
<td>You and your team</td>
<td>Today</td>
<td></td>
</tr>
<tr>
<td>Initial CPS Caseworker:</td>
<td>Angela Rodriguez</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current CPS Caseworker:</td>
<td>Angela Rodriguez</td>
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### Court-Ordered Services

**For the Child:**
- Psychological evaluation and counseling (if recommended)
- Educational needs met as appropriate

**For the Father:** N/A

**For the Mother:**
- Domestic violence survivors’ classes
- Parenting classes

END OF PRE-WORK FOR CHAPTER 7
<table>
<thead>
<tr>
<th><strong>EDUCATIONAL ADVOCACY QUICK ASSESSMENT FORM</strong></th>
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<tbody>
<tr>
<td>1. Student’s name</td>
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<tr>
<td>2. School name</td>
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<tr>
<td>3. Grade</td>
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<tr>
<td>4. Special needs/IEP requirements</td>
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<tr>
<td>5. Evidence of behavioral problems/ excessive absence</td>
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<tr>
<td>6. Grade point average</td>
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<tr>
<td>7. Seeing school social worker or any other support personnel?</td>
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<tr>
<td>8. Extracurricular activities</td>
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<tr>
<td>9. Need for tutoring?</td>
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<tr>
<td>10. On track to graduate?</td>
</tr>
<tr>
<td>11. Received resources for post-HS education or vocational program?</td>
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<tr>
<td>12. Other pertinent information</td>
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</table>