

Facilitators and Barriers of Effective Interprofessional Collaboration between  
Child Welfare and School Professionals

by

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## ABSTRACT

Children and youth in foster care experience poor K-12 educational outcomes compared to their peers without foster care histories. Child welfare and school professionals hold shared responsibility for ensuring their educational well-being based on federal policies and role expectations. However, professionals often experience challenges in effectively collaborating with one another to support the educational of children and youth in foster care. Guided by ecological systems and critical theory, this mixed methods explanatory sequential design explored the facilitators and barriers that child welfare professionals, school professionals, and professional caregivers viewed as promoting and hindering effective interprofessional collaboration between child welfare and school professionals. The quantitative phase involved the analysis of surveys (N = 136) collected from child welfare professionals, school professionals, and professional caregivers in an urban county in the Southwest. In the qualitative phase, interviews and focus groups were conducted with a subsample of survey participants (N = 22). Facilitators of interprofessional collaboration included: centering the best interests of the child, opportunities and capacity to meaningfully engage, effective communication, positive and trusting relationships, being knowledgeable about the child, policies, roles, and systems, and empathy towards other professionals. Barriers of interprofessional collaboration included: competing priorities or agendas, unmanageable workloads and limited time, little to no timely communication, weak ties and mistrust, limited knowledge about the child, policies, roles, and systems, and biases towards professional caregivers and other professionals. The overall findings have multiple implications for

social work practice, policy, research, and education to enhance collaboration between professionals to better serve children and youth in foster care.

## DEDICATION

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## CHAPTER 1

### INTRODUCTION AND RATIONALE

Children and youth enter the child welfare system due to the experience of some form and degree of child maltreatment. According to the Child Abuse Prevention and Treatment Act, child abuse and neglect is defined at the federal level as:

Any recent act or failure to act on the part of a parent or caregiver that results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act that presents an imminent risk of serious harm. (CAPTA Reauthorization Act of 2010)

Each state has its own civil laws to determine the conduct, acts, and omissions that are defined as child abuse or neglect and need to be reported to child welfare agencies (U.S. Department of Health and Human Services et al., 2019). Following a report of abuse or neglect that is screened in, child protective services investigators assess and determine if the report should be substantiated or unsubstantiated. If there is a substantiated incident of child abuse or neglect, and it is determined that a child cannot safely remain with their parent(s) or caregiver(s), they are removed from the home and placed in foster care, also referred to as out-of-home care.

In 2021, there were approximately 391,098 children and youth in foster care (CYFC) in the United States (U.S. Department of Health and Human Services et al., 2022). Of those CYFC, 59% were between the ages of 5 to 17 years old, the traditional age for K-12 school (primary to secondary). As of June 2022, in Arizona, there were 12,546 children and youth in out-of-home care, with 52.1% between the ages of 6 to 17 years old (Arizona Department of Child Safety, 2022). Of those children in out-of-home

care, 28.2% were Latinx followed by White (27.2%), Other (20.4%), Black (14.8%), Indigenous (8.4%), and Asian (1.0%; Arizona Department of Child Safety, 2022). These numbers demonstrate that a significant portion of children in foster care are K-12 school age.

In Arizona in 2020, Black (13.1 % in foster care vs. 6.4% Arizona child population) and Indigenous (5.7% vs. 4.9%) children were overrepresented in foster care (Puzzanchera et al., 2022). White (38.0% vs. 40.1%) and Latinx (42.7% vs. 44.8%) children were slightly underrepresented, and Asian (0.4% vs. 3.7%) children were underrepresented. The disproportionality index for CYFC was similar in Arizona to national rates for White (0.95 in Arizona vs. 0.92 nationally), Latinx (0.95 vs. 0.92), and Asian (0.10 vs. 0.14) children (Puzzanchera et al., 2022). However, the disproportionality index was higher for Black (2.05 vs. 1.65) CYFC in Arizona than nationally. The disproportionality index was lower for Indigenous (1.16 vs. 2.78) children in Arizona.

The child welfare system aims to promote the safety, permanency, and well-being of children and families. The Children's Bureau describes that well-being is:

A measure of the quality of his life, including how well he is and how his life is going. This broad definition can easily encompass the different ways of assessing child well-being, such as health, education, economic status, family or social life, or safety and security concerns. (Children's Bureau, 2020)

Indicators of K-12 educational well-being include academic achievement, school stability, receiving necessary services and supports, making academic progress, graduating from high school, and being prepared for postsecondary education. Indicators

to assert concerns about educational well-being include poor academic achievement, school instability, suspension and expulsion, and leaving high school.

Children and youth face unique challenges to their K-12 educational well-being while in foster care. Research has shown that child maltreatment and trauma adversely impact the brain development of children, which can affect their behavioral, emotional, cognitive, and social functioning (Hong et al., 2018; Twardosz & Lutzker, 2010; U.S. Department of Health and Human Services et al., 2015). Within the school setting, this functioning may manifest as internalizing or externalizing behaviors, struggling to form relationships with students and teachers, and difficulties learning and retaining information. Exposure to adverse childhood experiences, violence in childhood, or experiencing child maltreatment have been associated with lower test scores a higher likelihood of repeating a grade in school, and a lower probability of graduating high school than the general population (Fry et al., 2018; McKelvey et al., 2018; Ryan et al., 2018).

In addition to the negative consequences related to child maltreatment, CYFC also experience the trauma of being in the child welfare system and having an unstable home life. Children who are removed from their home can experience loss, ambiguity, and trauma from being separated from their caregiver and home while also transitioning into a new environment (Mitchell, 2016). Additionally, children often experience moves to multiple placements during the course of their time in foster care (Font et al., 2018). A protective factor to educational success for CYFC is caregiver involvement and the caregiver's educational aspirations for the child (Cheung et al., 2012; O'Higgins et al., 2017; Pears et al., 2012). However, developing relationships with caregivers and other

supportive adults can be challenging for CYFC who experienced severe maltreatment, faced multiple placement changes, or had inconsistent adult caregivers.

### **Educational Well-being of CYFC Compared to the General Population**

An achievement gap exists between CYFC and the general population. Studies have shown lower standardized test scores (e.g, math, reading) for children with child welfare involvement compared to their peers (Barrat et al., 2013; Barrat et al., 2015; Ryan et al., 2018; Smithgall et al., 2004; Wulczyn et al., 2009). CYFC have also been shown to have lower participation rates in statewide standardized testing than the general population (Barrat et al., 2013; Wiegmann et al., 2014). Relatedly, CYFC may also be more likely to be retained and need to repeat a grade in school than their peers (Scherr, 2007; Ryan et al., 2018).

YFC (youth in foster care) are more likely to be pushed out (dropout) of high school than the general population and other historically excluded student groups, such as students from low-income backgrounds, students with disabilities, and English Language Learners (Barrat & Berliner, 2013; Barrat et al., 2015; Blome, 1997; Clemens, 2014). Studies have also suggested that YFC are pushed out of school earlier in their high school careers than their peers (Clemens, 2014). Similarly, high school graduation rates in multiple states have been shown to be lower for YFC than the general population and other groups of students (Barrat & Berliner, 2013; Barrat et al., 2015; Clemens, 2014; Courtney et al., 2010; Stringer, 2019; Wiegmann et al., 2014). Studies have suggested that YFC may be more likely to complete a GED compared to the general population (Courtney et al., 2010; Pecora et al., 2006a; Pecora et al., 2006b).

In Arizona for the 2021 cohort, the four-year graduation rate for students in foster care was 41.2%, lower than the general population (75.52%) and students who were English Language Learners (59.85%), homeless (42.6%), migrants (75.61%), receiving special education services (65.43%), or from low-socioeconomic backgrounds (71.9%; Arizona Department of Education, 2022). Students in foster care had a higher pushout rate (9.89%) higher than the general population (5.38%) and students who were English Language Learners (1.13%), migrants (3.46%) or receiving special education services (5.17%; Arizona Department of Education, 2022). Pushout rates were higher for students who were experiencing homeless (12.11%; Arizona Department of Education, 2022).

Research suggests that CYFC change schools more frequently than the general population (Barrat et al., 2013; Barrat et al., 2015; Pears et al., 2015). School changes and absenteeism from school may be more likely to occur when children change foster care placements or after reunification (Clemens et al., 2017; Fries et al., 2016; Zorc et al., 2013). Frequent school changes for CYFC have been associated with a loss of educational credits, delayed progress towards graduation, loss of supportive relationships with adults and peers at school, and increased time out of school between school enrollments (Barrat et al., 2015; Clemens et al., 2016; Clemens et al., 2017; Zetlin et al., 2006b). YFC with school changes later in high school, have been found to have a lower likelihood of completing a high school degree or GED (Clemens et al., 2017).

Research indicates that children and youth with disabilities have higher rates of substantiated maltreatment and are more likely to experience neglect and other forms of maltreatment than children without disabilities (Lightfoot, 2014). Children and youth involved in the child welfare system also have disproportionately high rates of being



diagnosed with a disability (Hill, 2012; Trout et al., 2008). Scherr (2007) found that about one third of CYFC qualified for or received special education services. O'Higgins et al. (2017) identified eight studies in which special education needs were associated with lower educational outcomes. Sebba et al. (2015) found that special education needs were a greater educational risk factor for CYFC than for children and youth in the general population.

Adverse childhood experiences have been associated with difficulties in regulating emotions and displaying aggressive behaviors (Kim & Cicchetti, 2010; McKelvey et al., 2017; McKelvey et al., 2018). Exhibiting externalizing behaviors in the classroom can lead to school disciplinary actions. Common school discipline measures include in-school suspension, short-term suspension, long-term suspension, and expulsion. Students in the general population who are suspended or expelled experience lower graduation rates (Robison et al., 2017; Rumberger & Losen, 2017). Studies have long shown that CYFC experience higher rates of school suspension, expulsion, and placement in disciplinary schools or programs than the general population (Blome, 1997; Kendall-Tackett & Eckenrode, 1996; Legal Center for Foster Care & Education, 2014). Suspension and expulsions have been identified as potential barriers to educational achievement for children experiencing violence or foster care involvement (Fry et al., 2018; Trout et al., 2008). Scherr (2007) found that about 24% of CYFC had been suspended or expelled from school at least one time. In a longitudinal study, Kothari (2018) found that within a two-year study period, 33% of a sample of youth in foster care had experienced one or more school discipline events.

## **Outcomes in Adulthood Related to K-12 Education**

The gaps in educational outcomes for CYFC lead to poor outcomes in adulthood, including outcomes related to postsecondary education, employment, and income. Young people with a history in foster care (YPFC) may be less likely to enroll, persist, and graduate from postsecondary education than young people in the general population (Day et al., 2011). Research has found that YPFC are less likely to enroll in college or attend college full-time than students without a history in foster care (RTI International & Stuart Foundation, 2015). Research has suggested that YPFC are less likely to successfully complete college courses and more likely to leave postsecondary education than their peers (Day et al., 2011; RTI International & Stuart Foundation, 2015). YPFC who attend postsecondary institutions also have been shown to have lower graduation rates than their peers (Courtney et al., 2010; Davis, 2006; Wolanin, 2005).

Compared to their peers in the general population, YPFC have been found to be more likely to be unemployed (Courtney & Dworsky, 2006; Courtney et al., 2010; Gypen et al., 2017; Pecora et al., 2006a; Stewart et al., 2014). Studies also suggest that YPFC experience less employment stability (Courtney et al., 2010; Stewart et al., 2014). Related to unemployment and employment stability, YPFC have been found to have lower monthly and annual earnings than their peers without a history in foster care (Courtney & Dworsky, 2006; Courtney et al., 2010; Gypen et al., 2017; Stewart et al., 2014). These poor employment and income outcomes are closely related to postsecondary education.

## **Policies with Educational Protections for CYFC**

Several federal child welfare and education policies have included educational protections for CYFC to support their educational needs and improve educational outcomes (Zetlin & Weinberg, 2013). Federal policies that are most relevant to the K-12 education of CYFC include the Individuals with Disabilities Education Act of 1990 (IDEA), Fostering Connections to Success and Increasing Adoptions Act of 2008 (FCA), Uninterrupted Scholars Act of 2013 (USA), and Every Student Succeeds Act of 2015 (ESSA).

### ***Individuals with Disabilities Education Improvement Act of 1990***

IDEA guarantees the right to a free appropriate public education, special education, and related special education services for all children with disabilities (Individuals with Disabilities Education Act, 1990). The IDEA was reauthorized through the Individuals with Disabilities Education Improvement Act of 2004 and then most recently amended by ESSA in 2015. Children who are suspected of having a disability need to receive a comprehensive evaluation conducted by their school. An Individualized Education Program (IEP) or a 504 Plan, legal documents that specify special education needs and accommodations, must be developed and maintained for children who are evaluated and determined to have special education needs. When a student enrolls in a new school, the IEP or 504 Plan must be transferred and used to set-up accommodations with comparable services. An annual meeting is required to review, revise, and update an IEP. A 504 Plan requires periodic re-evaluation.

Although the IDEA was not developed to specifically serve CYFC, they have disproportionately high rates of being diagnosed with disabilities and receiving special

education services. The IDEA ensures that CYFC have access to being evaluated for disabilities, which benefits CYFC who may be more likely to have an undiagnosed disability and need to have access to an evaluation. This is especially important for CYFC who may show signs or symptoms of having a disability but are not living with caregivers who have known them for a sustained amount of time to notice. IDEA also requires that CYFC who are receiving special education services and change schools, receive comparable special education services at their new school. This is important for minimizing educational disruptions and ensuring that CYFC receive necessary educational supports, especially when they are already experiencing many other changes to their environment.

Navigating the special education process and obtaining accommodations can be a complicated process for caregivers and child welfare professionals (Moyer & Goldberg, 2020; Whitbread et al., 2007). Challenges related to IEP meetings for CYFC include youth not being involved or empowered to participate, professionals and caregivers not attending, and child welfare workers not consulting IEP and 504 Plans when making transition plans (Geenen & Powers, 2007; Hill, 2010; Morton, 2015). School districts may offer different special education accommodations and children may not receive the exact same accommodations if they change schools (Zetlin et al., 2006b).

### ***Fostering Connections to Success and Increasing Adoptions Act of 2008***

FCA provides federal funding to state agencies for foster care and adoption assistance programs (Fostering Connections to Success and Increasing Adoptions Act of 2008). FCA amended Title IV-B and Title IV-E of the Social Security Act of 1935. This policy includes several education protections for CYFC and requirements for child

welfare agencies (CWAs) to follow. CWAs are to ensure that school-age children attend school full-time, keep children in their school of origin unless it is not in their best interest, and immediately enroll the child in a new school if necessary. FCA also requires child welfare workers to write an educational stability plan for each child within 60 days of removal and to reexamine the plan at least every six months. The plan needs to document that the child's placement considered the appropriateness of the educational setting and the proximity to their school or origin and provide "assurances that the [child welfare] agency has coordinated with appropriate local educational agencies" (Fostering Connections to Success and Increasing Adoptions Act of 2008). The Program Instruction provided by the Administration for Children and Families recommends that CWAs develop "a standard and deliberate process for determining best interests for this provision, guiding who is responsible for decision-making, and properly documenting the steps taken to make the determination" (U.S. Department of Health and Human Services, 2010). CWAs are also encouraged to consult other parties including school staff in making educational stability plans.

FCA was a step forward in child welfare policy related to education as it gave CWAs explicit mandates to support the educational stability of CYFC. The law made the default school for children to be their school of origin and for school changes to only be made when it has been well-considered and is in the child's best interest. The intent of these protections is to primarily keep children within their school of origin and to reduce the number of school changes. The educational stability plan requirement provides additional accountability for child welfare professionals to consider and assess the

educational well-being of children when they enter out-of-home care and on a routine basis.

As a child welfare policy, FCA could not mandate that local educational agencies (LEAs) collaborate with CWAs or uphold the same protections. This may have caused some conflicts and differing goals between the agencies. After the passage of FCA, CWAs reported implementation challenges including a lack of placement resources near the child's current school, determining which agency should be responsible for school transportation costs, a lack of funds for transportation costs, and there being no requirement for educational agencies to coordinate with CWAs (U.S. Government Accountability Office, 2014).

### ***Uninterrupted Scholars Act of 2013***

USA aimed to facilitate easier information sharing between child welfare and educational agencies to support the education and well-being of CYFC (Uninterrupted Scholars Act, 2013). USA amended the Family Educational Rights and Privacy Act (FERPA) of 1974, which required the written consent of a parent or legal guardian to release student educational records to a third party (Family Educational Rights and Privacy Act, 1974). USA established an exemption under FERPA to allow authorized CWAs to access educational records from educational agencies without written parental consent. Educational agencies can release the records to caseworkers or representatives who have the right to access the child's case plan when the CWA is legally responsible for the child. USA also permits educational records to be released pursuant to a court order (e.g., judicial order or subpoena) to any party indicated on the court order without notifying the parents.

USA addressed one of the major challenges of data-sharing across CWAs and educational agencies, access to educational records, which had been a limitation of FERPA in serving this population (Day et al., 2013). Increased access to educational records can help child welfare professionals to better assess the educational needs of children who may have just entered out-of-home care or been assigned to their caseload. The policy also allows child welfare professionals to access records and transcripts from schools that children previously attended and may be missing in the current educational record. Having a complete educational record for CYFC can help with selecting appropriate classes, identifying the number of credits needed to graduate, and applying to postsecondary education.

No known evaluations of this policy have been conducted to date. A need exists to better understand how the policy is being implemented in practice and what, if any, impact it is having on schools, CWAs and CYFC. USA also limits the privacy of CYFC and their families that other children and families are privy to. Families may feel that their rights are unprotected because their child's information can be released without their written consent. Having access to educational records could also have unintended consequences for CYFC. Information in educational records may be inaccurate or misinterpreted by child welfare professionals and influence decisions about school stability and permanency.

### ***Every Student Succeeds Act of 2015***

ESSA is the federal education policy which replaced the No Child Left Behind Act of 2001 and added educational protections for CYFC that must be followed by state education agencies (SEAs) and LEAs (Every Student Succeeds Act, 2015). ESSA built

on the educational protections in the FCA that were required for CWAs. ESSA made CYFC a subpopulation with specific educational protections and requires their educational outcome data to be disaggregated in state report cards. Previously, CYFC were served under the McKinney-Vento Homeless Assistance Act and ESSA amended this change. SEAs and LEAs must work collaboratively with CWAs to ensure school stability protections and provide transportation for CYFC to attend their school of origin. Additionally, SEAs and LEAs must each identify a point of contact to oversee and manage these protections.

Seven years after the passage of FCA, ESSA made many of the needed changes to make federal education law complement the educational protections in child welfare policy. ESSA now requires SEAs and LEAs to support educational protections for CYFC and collaboration with CWA. Additionally, the law amended the McKinney-Vento Homeless Assistance Act to no longer include CYFC as part of the definition of homeless children, but to be their own protected group. This change has the potential to bring a greater awareness to the needs of CYFC and how they may differ from students who are experiencing homelessness. Requiring disaggregated data from state report cards provides more accurate data and accountability sharing, including more accurate data about student achievement and high school graduation rates.

A challenge of both ESSA and the FCA is that the policies and federal guidance do not provide a model for practice and limited recommendations for how CWAs, SEAs, and LEAs can best collaborate with each other to ensure the educational protections are met (U.S. Department of Education & U.S. Department of Health and Human Service, 2016; U.S. Department of Health and Human Services, 2008; Villagrana, 2020).



Additionally, these policies are unfunded mandates and do not provide additional funding for transportation costs or point of contact positions. SEAs reported implementation challenges including turnover of child welfare and LEA points of contact and assisting LEAs in figuring out how to fund additional transportation costs (U.S. Government Accountability Office, 2019). Based on ESSA requirements, SEAs are required to report data on state testing performance outcomes and high school graduation rates for CYFC as a disaggregated group. However, as of February 2019, data were reportedly only available for 16 states (Stringer, 2019), suggesting that data is not being reliably collected and reported. Challenges to collecting data may include problems with data sharing between CWAs and educational agencies and collecting the same variables at each school in the state. It can also be difficult to find available data for each state. This highlights that although data reporting is now required, there are still challenges with equipping states to meet the federal compliance and widely disseminate the results.

### ***Call for Collaboration Between Professionals***

To uphold the educational protections within these federal policies, child welfare and school professionals need to work collaboratively with one another. Additionally, The Child Abuse Prevention and Treatment Act (CAPTA) of 2010 calls for a collaborative approach across systems and professionals to prevent and address child abuse and maltreatment, “The problem of child abuse and neglect requires a comprehensive approach that integrates the work of social service, legal, health, mental health, domestic violence services, education, and substance abuse agencies and community-based organizations.” Researchers have long called for the increased collaboration between systems and professionals to improve the educational outcomes of

CYFC (Altschuler, 2003; Ferguson & Wolkow, 2012; Gypen et al., 2017; Ryan et al., 2018; Zetlin et al., 2006a; Zorc et al., 2013).

### **Interprofessional Collaboration**

Partnership is “a state of relationship at organization, group, professional, or interpersonal levels, to be achieved, maintained and reviewed” (Weinstein et al., 2003, p. 16). Collaboration moves this relationship to the “active process of partnership in action” and involves practitioners’ applying knowledge, skills, values, and motives into effective practice (Weinstein et al., 2003, p. 16). Collaboration can exist between systems, organizations, agencies, departments, and professionals. Collaboration between professionals in different professions is commonly described as interdisciplinary, multidisciplinary, or transdisciplinary collaboration (Choi & Pak, 2006). These definitions include the word “discipline” which is a branch of knowledge, instruction or learning such as education or social work (Choi & Pak, 2006). Instead, interprofessional collaboration (IPC) is a more inclusive term that does not necessitate professionals being in different disciplines. For example, collaboration can exist between professionals serving in different professions (e.g., teachers and school principals) but within the same discipline (e.g., education) and organization (e.g., school). A list of examples of definitions from the literature are provided below in Table 1. Although there is not an agreed upon definition in the literature of IPC, these definitions suggest that IPC is a process of professionals from different professions working together to address needs, provide services, and/or improve outcomes for clients.

**Table 1***Examples of Definitions of Interprofessional Collaboration/Interdisciplinary Collaboration*

Definition	Citation
The process by which the expertise of different categories of professionals is shared and coordinated to resolve the problems of clients.	Abramson & Rosenthal, 1995, p. 14
An interprofessional process through which members of different disciplines contribute to a common product or goal.	Berg-Weger & Schneider, 1998, p. 698
An effective interpersonal process that facilitates the achievement of goals that cannot be reached when individual professionals act on their own.	Bronstein, 2003, p. 299
Two or more people from different professions working together to improve services to consumers.	Claiborne & Lawson, 2005, p. 95
Perceptions and behavior between professionals in the interprofessional collaboration process on an individual, group and organizational level	Odegard et al., 2006, p. 4
Where different professional work together and there is a collaborative relationship between them ( <i>interprofessional</i> ). The activity of working together with others towards meeting shared objectives which benefit all parties. The joint, cooperative effort brings together a range of skills and knowledge to achieve collective outcomes, which are substantially greater than each individual could achieve alone ( <i>collaboration</i> ).	Crawford, 2012, p. 178-179
An interactive process of (a) shared responsibilities, decision-making, philosophies, values, and data; (b) partnerships characterized by open and honest communication, mutual trust and respect, and an awareness of and value of the contributions of each professional; (c) interdependency due to a common goal of addressing a particular need that maximizes individual contributions; and (d) shared power among professionals that recognizes and is based on each professional's knowledge and expertise.	Colebrook, 2016, p. 4; D'Amour et al., 2005

The study and concept of IPC has largely focused on the healthcare field and aimed to increase collaboration between multiple professionals from different disciplines working to support the same patient (D'Amour et al., 2005; San Martin-Rodriguez et al., 2005). Frameworks and practice models such as the World Health Organization's *Framework for Action on Interprofessional Education and Collaborative Practice* have been developed to guide interprofessional practice in healthcare (World Health Organization, 2010). Although there are some similarities between IPC in healthcare and other fields, there are also important differences to consider. For example, healthcare professionals who collaborate with one another are more commonly located in one setting such as a hospital. Within social work and child welfare, professionals are often collaborating with professionals working in other agencies and locations. These differences have led to an increase in the development of frameworks of IPC in social work and social services (Billups, 1987; Bronstein, 2003; Walsh et al., 1999).

IPC is often described as having different components that can act as barriers and facilitators to collaboration between professionals. Common determinants of successful IPC between healthcare professionals include systemic (social, cultural, educational, and professional systems outside of the organization), organizational (organizational structure and philosophy, administrative support, team resources, and coordination and communication mechanisms), and interactional determinants (willingness to collaborate, trust, communication, and mutual respect; San Martin-Rodriguez et al., 2005). The barriers and facilitators of IPC have been examined between child welfare professionals and domestic violence/interpersonal violence responders, mental health providers, substance abuse counselors, and legal professionals. For example, a common barrier is a

lack of communication and information sharing (Beeman et al., 1999; Darlington et al., 2004; Langender-Magruder et al., 2019a; Spath et al., 2008) and a common facilitator is mutual trust and respect (Carnochan et al., 2007; Phillips, 2016; Phillips & Walsh, 2019). However, research has not specifically explored the facilitators and barriers to IPC between child welfare and school professionals.

CYFC interact with child welfare professionals as well as professionals in other systems such as schools, behavioral health agencies, and the court system. Professionals within these systems play specific roles in supporting the educational well-being of children, but the roles are often dependent on other professionals who hold some level of responsibility for the same child. For example, child welfare professionals are responsible for making the final decision about if a child will remain at their school of origin but are to consult with schools in making the best decision for the child. Schools are responsible for evaluating children for special education needs and providing related services, but benefit from input of child welfare professionals in recognizing the potential need for special education services of CYFC. Without these professionals engaging in effective IPC, CYFC may not receive the level of services and supports that they need to be successful. Studies have suggested that collaboration between systems and professionals can improve outcomes for children and families in the child welfare system (Chuang & Lucio, 2011; Chuang & Wells, 2010; Phillips, 2019). This suggests that professionals from schools, child welfare agencies, and child welfare service provider agencies engaging in IPC may enhance educational well-being for CYFC in K-12 education.

## **Study Objective**

CYFC often have many educational needs and experience poor educational outcomes. An approach to addressing these challenges has been to pass policies with educational protections. However, to implement and uphold these educational protections, professionals in CWAs, SEAs, and LEAs need to effectively collaborate with one another. Limited research has examined collaboration between child welfare and school professionals and no known research has specifically explored the facilitators and barriers to IPC between these professionals. This is a critical gap, because school and child welfare professionals are largely responsible for the educational well-being of CYFC. Child welfare professionals work to ensure the safety, permanency, and well-being, inclusive of educational well-being, of CYFC. Although not mandated by policy, professional caregivers often take on the role of child welfare professionals in supporting the educational well-being of CYFC. School professionals are responsible for educating CYFC, providing a safe learning environment, and have the potential to provide some stability amid removal and placement changes. To promote educational well-being, child welfare and school professionals need to collaborate effectively with one another. Therefore, this study aimed to explore the elements that child welfare professionals, school professionals, and professional caregivers perceived as necessary to foster effective interprofessional collaboration.

## **Definition of Terms**

Key terms to be used throughout this study are defined below.

K-12 education: Includes all primary and secondary education, from kindergarten through 12th grade.

Children and youth in foster care (CYFC): K-12 school age children and youth who are in out-of-home care.

Youth in foster care (YFC): High school age youth who are in out-of-home care.

Young people with a history in foster care (YPFC): Young adults who are currently in Extended Foster Care or were formerly in out-of-home care.

Interprofessional collaboration (IPC): Involves a process of professionals from different professions working together to address needs, provide services, and/or improve outcomes for clients.

Child welfare professional: A professional who works for a public, private or tribal child welfare agency or a service provider agency that is contracted to provide child welfare services.

School professional: A professional who works for a school or school district (public, private, or charter) within K-12 education or for a state education agency.

Professional caregiver: A professional caring for a school-aged child(ren) in out-of-home care as a relative foster parent, non-relative foster parent, or residential care/group home professional.

## CHAPTER 2

### LITERATURE REVIEW

This review of the literature describes the main concepts and theoretical framework guiding this study. First, the educational well-being and outcomes for CYFC are discussed, including challenges to educational well-being and long-term outcomes related to K-12 education. The perceptions of educational barriers specifically from the perspectives of child welfare professionals, school professional, and professional caregivers are also described. The next section addresses IPC and the facilitators and barriers of IPC that have been identified in child welfare research. Lastly, ecological systems theory and critical theory are presented and described as the theoretical frameworks for this study.

#### **Educational Well-being Challenges for Children and Youth in Foster Care**

CYFC often face multiple challenges to their educational well-being while in foster care. This section will provide an in-depth description of academic achievement, high school pushout and graduation, school stability, special education involvement, and school discipline for CYFC.

#### ***Academic Achievement***

Academic achievement or academic performance is traditionally assessed by test scores, grades, and moving to the next grade. Experiencing adverse childhood experiences or violence in childhood has been associated with lower grades, lower test scores and an increased likelihood of repeating grades (Fry et al., 2018; McKelvey et al., 2018). Several studies have compared the academic achievement of children and youth with varying degrees of child welfare involvement (Ryan et al., 2018; Smithgall et al.,



2004; Wulczyn et al., 2009). Wulczyn et al. (2009) found that CYFC were more likely to be old for their grade and have lower reading achievement test scores than other children with a history of child welfare system involvement but not in out-of-home care or who have since exited out-of-home care. Using a sample of all children born between 2000 and 2006 and who were enrolled in public schools in Michigan ( $N = 732,838$ ), Ryan et al. (2018) found that children with a substantiated investigation of child abuse or neglect had lower test scores and greater odds of repeating a grade than children with an unsubstantiated investigation or no child protective services involvement. Black children were significantly more likely to be retained at least one grade, be classified for special education, and had significantly lower scores on standardized tests. These studies suggest that higher levels of child welfare involvement may be associated with lower academic achievement.

Research has also examined measures of academic achievement specifically for CYFC. Trout et al. (2008) identified 29 studies with 36 datasets from 1940 to 2006 related to the academic achievement outcomes of CYFC. Authors reported academic achievement in multiple ways (e.g., mean scores, letter grade, GPA, grade equivalence, functioning at grade level). Of the studies that compared functioning at grade level ( $n = 7$ ), six reported that one-third or more of CYFC performed below grade level. In studies that reported standardized test scores ( $n = 35$ ), none of the studies reported CYFC being in the “above average” category. The majority reported that CYFC scored in the “low” or “low average” range. Racial/ethnic background of participants were reported in 64% of the datasets, with the majority of participants across studies being White (51%). However, no analyses related to racial disparities in academic achievement were

discussed or compared, a critical gap in the literature. This literature review highlights some of the challenges in measuring academic achievement outcomes. Many different indicators were used (i.e., GPA, test scores, functioning at grade level), which makes comparisons between samples difficult. Grades are often subjective and standardized tests can vary by school district or state. Additionally, few studies used measures that allowed for effect sizes to be computed (Trout et al. 2008).

Scherr (2007) found sixteen studies examining the grade retention (i.e., having failed or repeated one or more academic grade level) of children in out-of-home care for a combined sample size of 9,950 students. The overall proportion effect size showed that 33% of CYFC had been retained one or more times during their schooling. The retention rates were highest in the 1980s (45%) and decreased in the 1990s (41%) and 2000s (22%), and noted that this trend warranted additional study but did not discuss the potential reasons for the decline. The study did not report the race/ethnicity of any of participants or address how grade retention may vary by race and ethnicity. The data is also relatively old and may have improved over time.

The *Midwest Evaluation of the Adult Functioning of Former Foster Youth* (Midwest Study) followed young people from Iowa, Illinois, and Wisconsin in foster care through five waves of data collection at ages 17-18, 19, 21, 23-24, and 26. In the first wave of the Midwest Study, 37.2% of seventeen-year old YFC had repeated a grade, most frequently first grade (6.4%), sixth grade (4.3%), or ninth grade (4.9%; Courtney et al., 2004). YFC self-reported failing classes more frequently than the comparison group of youth without a foster care history.

Several studies have examined statewide academic data to compare the achievement gap between CYFC, the general population, and other historically excluded student groups. *The Invisible Achievement Gap, Part 1* and *The Invisible Achievement Gap, Part 2* reports examined a range of educational challenges and outcomes for CYFC within K-12 public education in California from 2009 to 2010 (Barrat et al., 2013; Wiegmann et al., 2014). In the first report, outcomes for CYFC are compared the general population and other subpopulations of students (students from low-socioeconomic backgrounds, English language learners, students with disabilities). A higher percentage of CYFC were over-age for their grade level than other student groups across grade levels (Barrat et al., 2013). Among CYFC who were over-age for their grade, the majority were Latinx (46.4%) or Black (27.7%; Wiegmann et al., 2014). Only 29% of CYFC in second to eleventh grade scored at a proficient or above level in statewide English language arts testing, compared to all students (53%) and low-SES students (40%; Barrat et al., 2013). Performance level decreased among CYFC by grade level, with 35% proficient or above at elementary school, 31% in middle school, and 24% in high school (Wiegmann et al., 2014). In regards to race/ethnicity, the majority of those who scored at the proficient or advanced level were Asian/Pacific Islander (38.6%), White (38.5%), and Multiracial (38.2%). In mathematics testing for children in second to seventh grade, only 37% of second to seventh graders scored at a proficient or above level in mathematics, compared to students (60%), low-SES students (50%), English language learners (43%), and students with disabilities (40%; Barrat et al., 2013). Performance level also decreased by grade level, with 42% of CYFC at proficient or above level in elementary school compared to 26% in middle school (Wiegmann et al., 2014). In regards to race/ethnicity,

the majority of those who scored at the proficient or advanced level were Asian/Pacific Islander (48%), White (44.9%) and Multiracial (44.7%) indicating significant educational disparities for students coming from historically marginalized populations. This highlights the need to address systemic barriers to education affecting children who are BIPOC (Black, Indigenous, and people of color) and also in foster care.

Following the same methodology as the *Invisible Achievement Gap* reports, Barrat et al. (2015) conducted a study of CYFC within K-12 public education in Arizona from 2012 to 2013 in *Arizona's Invisible Achievement Gap* report. This study is the most comprehensive data on the educational challenges and outcomes of CYFC in Arizona K-12 education, apart from the data on high school graduation and pushout rates that were previously reported. Of all the children and youth in foster care in Arizona public schools during that school year, the race/ethnicity of students was Latinx (43.6%), White (37.0%), Black (11.9%), Indigenous (4.5%), Multiracial (2.6%) and Asian (0.4%). By gender, 52.6% were male and 47.4% were female. In this report, 61% of all CYFC in (grades 3-8 and 10<sup>th</sup>) met or exceeded statewide testing standards in reading, lower than all students (79%) and low-SES students (71%). In mathematics testing, 40% of all CYFC in met or exceeded statewide testing standards in mathematics, lower than all students (63%) and low-SES students (54%). This report did not report differences by race/ethnicity or gender for CYFC, highlighting the need for future studies to report these intersections of identity.

### ***High School Pushout and Graduation***

Academic achievement is also assessed by students being pushed out of school prior to graduation and graduating from high school. Fry et al. (2018) identified eight

studies that examined the association between violence in childhood and high school pushout, and found that all of the forms of violence (sexual abuse, physical abuse, emotional abuse, physical neglect, emotional neglect, relational victimization, exposure to violence and victimization at school, witnessing parental violence) were associated with an increased likelihood of leaving school. Similarly, three studies found that experiencing any form of violence in childhood was associated with not graduating from high school (Fry et al., 2018).

Research has suggested that beyond all children who experience childhood violence, YFC are pushed out of school at higher rates and graduate high school at lower rates than the general population and other historically excluded student groups (Barrat et al., 2013; Barrat et al., 2015; Blome, 1997; Clemens, 2014; Courtney & Dworsky, 2006; Weigmann et al., 2014; Wulczyn et al., 2009). Courtney and Dworsky (2006) found that in Wave 2 of the Midwest Study, 31.7% of 19-year-olds who had been in foster care at age 17 did not have a high school diploma or GED. A study comparing rates of leaving school over a five-year period of 13 to 15-year old's in Chicago Public Schools found that the proportion of students in out-of-home care who had left school was 50% or more (Wulczyn et al., 2009). This rate was higher than students in the general population, those who had been abused or neglected, or were in a permanent placement.

Among YFC, rates of high school pushout have been found to be higher for Black and Latinx than White youth (Clemens, 2014; Villegas et al., 2014). Findings related to high school diploma or GED completion rates have been mixed, with studies finding the rates to be highest for White YFC (Clemens, 2014; Dworsky et al., 2010; Harris et al., 2009), followed by Hispanic (Villegas, 2014) and Black CYFC (Dworsky et al., 2010).

However, some studies found that after controlling for other factors, race/ethnicity was not significant in predicting graduation outcomes (Dworsky et al., 2010; Harris et al., 2009; Villegas et al., 2014). These differences could be influenced by sample sizes within the studies that are often skewed with more White participants. Studies of academic outcomes that include race/ethnicity as a variable, have largely grouped Indigenous youth into an “other” category or not included due to small numbers, making comparisons difficult. Studies of American Indian/Alaska Native YPFC found that American Indian/Alaska Native YPFC were less likely to earn a high school diploma and more likely to earn a GED than White YPFC (O’Brien et al., 2010; Pecora et al., 2007).

Several studies have utilized statewide samples to compare pushout and high school graduation rates for YFC, the general population, and other student groups. Clemens (2014) examined the graduation and pushout rates for CYFC in Colorado over a five-year period (2007 to 2008 and 2011 to 2012). Data were linked between the state supervising CWA and SEA. This study sample and methodology allow for pushout and graduation trends to be examined over time, compared to *The Invisible Achieve Gap* reports and *Arizona’s Invisible Achieve Gap* which only include data from one year from education data. In Colorado, YFC were pushed out of school earlier in their careers, with about 1 in 11 students leaving school one or more times (Clemens, 2014). Latinx and Black CYFC are pushed out of school at higher rates than their White peers.

Each academic year between 2007 and 2012, YFC graduated in four years with a high school diploma (28.1 to 32.0%) at lower rates than the general population (70.2 to 75.4%). Latinx and Black YFC graduated at lower rates than their White peers. A higher proportion of YFC earned a GED or other high school equivalency compared to their

peers. Among the cohort of YFC in 2009, rates of graduating with a GED, high school diploma, or high school equivalency increased from the 4-year rate (35.1%) each year with 5-year (45.7%), 6-year (55.8%), and 7-year (60.4%) graduation rates. This suggests that YFC may benefit from continued enrollment and opportunities to complete high school if they are not able to graduate in four years.

In California, YFC were also pushed out of school at higher rates (8%) than all students (3%), students from low-socioeconomic (SES) backgrounds (3%), English language learners (5%) and students with disabilities (3%; Barrat et al., 2013; Weigmann et al., 2014). Among YFC, single-year pushout rates were highest for twelfth and eleventh grades. YFC placed in group homes (14%) left school more frequently than youth in other placement types (Weigmann et al., 2014). Pushout rates were highest for American Indian YFC (10.1%), followed by Multiracial (8.4%), Latinx (8.4%), Black (8.2%), White (7.2%), and Asian/Pacific Islander (5.5%) YFC (Weigmann et al., 2014). YFC also graduated at lower rates (58%) than all students (58%), low-SES students (79%), English language learners (60%) and students with disabilities (65%; Barrat et al., 2013). YFC placed in group homes (35%) graduated at lower rates than youth in other placement types. Among YFC, graduation rates were highest for Asian/Pacific Islander YFC (76.1%), followed by White (61.3%), American Indian (62.5%), Black (57.9%), Multiracial (55.4%) and Latinx (54.6%) YFC (Weigmann et al., 2014). These data suggest that YFC who are BIPOC or in group homes may face additional systemic barriers to graduating from high school.

In Arizona during the 2012 to 2013 school year, the single-year pushout rate for students in grades 9-12 was higher for YFC at every grade level than the general

population or other student groups (Barrat et al., 2015). The rate peaked for grade 12, with 18% of YFC being pushed out of school, higher than low-SES students (8%), English language learners (12%) and students with disabilities (8%). The pushout rate was even higher for YFC who were also classified as having a disability, at 21%. The graduation rate for YFC was 33%, lower than the rates for the general population (78%), low-SES students (71%) and students with disabilities (64%). The pushout and graduation rates were not reported by race/ethnicity in this report.

Consistent data are not available to track pushout and graduating high school rates beyond research studies. As part of ESSA, SEAs need to report educational outcomes, including high school graduation rates for CYFC. However, not all states are yet reporting the data or it is difficult to access (Stringer, 2019). In each of the states with reported data, including Arizona, the high school graduation rate for YFC is lower than the graduation rate for students not in foster care.

### ***School Stability***

Researchers have long identified that a risk factor to the education of CYFC is school instability or changing schools (Pecora et al., 2006b; Smithgall et al., 2004; Zetlin et al., 2006b). CYFC have been found to experience more school changes than students who are not in foster care (Barrat et al., 2013; Barrat et al., 2015; Pears et al., 2015). Pears et al. (2015) found that children in foster care in kindergarten, first, or second grade were 3.28 times more likely than children not in foster care to change schools. School mobility is common amongst CYFC in K-12 education (Clemens et al., 2016; Clemens et al., 2017; Fries et al., 2014; Zorc et al., 2013). Fries et al. (2014) found that 70.7% of elementary school CYFC in a school district in Los Angeles ( $N = 668$ ) in 2010 were not



attending their school of origin (school they were attending prior to entering foster care). Additionally, Black CYFC were less likely to attend their school of origin than White or Hispanic children. In a longitudinal study, Zorc et al. (2013) found that children (5 to 8 years old) had attended 2.7 schools on average between their time of entry into out-of-home care and 24 months following. In a K-12 statewide sample of administrative data, Clemens et al., (2017) examined the school changes of all students in foster care who were removed from their home over a five-year period ( $N = 6,405$ ). On average, children experienced 3.2 school moves over the five years. Using the same dataset, Clemens et al. (2016) analyzed a sample of CYFC who experienced at least one out-of-home placement in high school ( $N = 3,357$ ), and found an average of 3.46 school changes during their first four years in high school. These numbers were higher for CYFC placed in juvenile detention centers (5.63) and Black youth (4.18).

School changes often occur when a child enters out-of-home care, changes placements, or exits care (Clemens et al., 2017; Pears et al., 2015; Smithgall et al., 2010). Clemens et al. (2017) found that for every placement change, CYFC on average experienced 0.43 more school moves. Children who experienced more placement changes also experienced more school moves and at a faster rate. A qualitative study found that children moved schools during placement changes for a variety of reasons such as transportation problems or concerns that an abusive parent could locate the child (Smithgall et al., 2010). Child welfare professionals described considering various factors in the decision about whether a child should change schools and recognized the importance of supporting children after a school change.

Research has also found that the number of school changes is associated with placement type and placement stability (Fries et al., 2014; Zorc et al., 2013). In Fries et al. (2014), children were least likely to attend their school of origin if they were placed with a foster family (90%) and most likely if they were placed in relative care (62%). In regards to placement stability, Zorc et al. (2013) found that CYFC who experienced placement stability within 45 days of foster care experienced the lowest average number of school changes (1.7), and CYFC who had more than 9 months without a stable placement had the highest number of changes (3.6).

One of the associated challenges to changing schools is missing educational credits and subsequent delayed progress towards graduation. Students may transfer to a school in the middle of the year that does not offer the same classes and might not be able to earn credit for the classes they took (Clemens et al., 2016; Zetlin et al., 2006b). If a new school does not have access to the educational records of the prior school or schools, then it is difficult to determine which classes the students should enroll in for the semester and advise students on the courses they need to graduate. School changes have also been associated with increased absenteeism and days not enrolled in school (Zorc et al., 2013), which may influence progress towards graduation and academic outcomes.

Research has generally found that school changes negatively affect academic outcomes (Clemens et al., 2016; O'Higgins et al., 2017; Pears et al., 2015). Pears et al. (2015) found that a higher number of school changes in kindergarten to second grade were associated with poorer academic and socioemotional competence in third to fifth grade. Clemens et al. (2016) examined the association between school changes and earning a high school credential, and found that students who changed schools in

eleventh or twelfth grade were more likely to exit high school without a degree than to earn a high school diploma or GED. Additionally, students who changed schools in twelfth grade had 136% greater chance of earning a GED instead of a high school diploma compared to those who did not change schools in twelfth grade.

In Arizona, 42% of CYFC changed schools one or more times during the school year compared to the general population of students (9%) or students from low socioeconomic status (11%; Barrat et al., 2015). During the school year, 27% of CYFC attended two schools, 10% attended three schools, and 5% attended four or more schools. In comparison, only 8% of all students attended two schools, 1% attended three schools, and less than 1% attended four or more schools.

### ***Involvement in Special Education***

Research has long found that children and youth with disabilities are more likely to experience child maltreatment than those without disabilities (Crosse et al., 1992; Sullivan & Knutson, 2000). Jones et al. (2012) identified that children with a disability had greater odds of experiencing any form of maltreatment, physical violence, sexual violence, emotional abuse, or neglect than children without disabilities. Lightfoot et al. (2011) used an administrative CWA database and found that 22% of children with a substantiated report of maltreatment in Minnesota in 2005 had a disability identified in the database. Children of all ages with disabilities were 1.87 times more likely to be in out-of-home care than those without disabilities, and children over the age of five with disabilities were 2.16 times more likely to be placed in out-of-home care. CYFC also have disproportionately high rates of being diagnosed with a disability (Hill, 2012; Trout et al., 2008). Hill (2012) found that YFC with disabilities were less likely to be White, whereas

Lightfoot et al. (2011) found that children with a disability diagnosis on record were more likely to be White. A challenge to assessing the number of CYFC with disabilities, is the lack of standardized definitions and eligibility criteria that are used across policies and agencies (Hill, 2012).

Relatedly, CYFC have also been found to be more likely to receive special education services in schools. Scherr (2007) identified 24 studies with eligibility for special education services as an outcome variable, with a combined sample size of 25,692 students in foster care. It was estimated that 31% of CYFC qualified for or received special education services. The percentage of children qualifying for special education services increased from the 1980s (18%) to 2000s (36%). The study also found that CYFC were almost five times more likely than their peers to be identified as needing special education services. Although meta-analyses are considered to be methodologically rigorously, a limitation of this study is that it only included studies with enough information to calculate an effect size and is over ten years old now with some research from the 1980s. Trout (2008) found that 22.6% of CYFC from 25 data sets were involved in special education services. Hill (2012) found that 60% of youth over age 14 who had been in out-of-home care had a disability diagnosis in the public education system. The most common diagnoses were emotional disturbance (55%), learning disabilities (136%), other health impairments (12.4%), and intellectual disabilities (10.4%). A more recent study of maltreated children, found that CYFC were 2.7 times more likely to receive special education services than children living with their biological families or who had been adopted (Gee, 2020).

In Colorado from 2011 to 2012 academic year, 33.7% of CYFC in grades 7 to 12

had a disability (Clemens, 2014). YFC who were eligible for special education left school at substantially lower rates than YFC in general education. Only 22.1% of YFC with a disability graduated within four years compared to 28% of all YFC and 53.7% of students with a disability who were not in foster care. In a systematic review, eight studies found that involvement in special education among CYFC predicted lower educational outcomes (O'Higgins et al., 2017). However, child welfare agencies often lack training on disabilities (Lightfoot, 2014). Child welfare professionals could benefit from additional training as well as collaboration with other professionals including disability service providers, school social workers, and special education providers (Lightfoot, 2014; Stanley, 2012).

In Arizona, 23% of CYFC were eligible for special education services compared to 12.1% of students from low-SES backgrounds and 10.6% of all students. The most common diagnoses for CYFC included a specific learning disability and emotional disturbance. CYFC had lower rates of being diagnosed with a specific learning disability (30.6%) than students from low-SES backgrounds (46.9%) and all students (43.8%). The diagnosis of emotional disturbance was much higher for CYFC (25.7%) than students from low-SES backgrounds (6.2%) and all students (6.3%). The lowest graduation rates among YFC were those who were also classified as having a disability (28%), suggesting a need for additional support for these youth (Barrat et al., 2015).

### ***School Discipline***

Studies have long found that CYFC are more likely to be disciplined, suspended, and expelled than their peers (Blome, 1997; Kendall-Tackett & Eckenrode, 1996). The first wave of the Midwest Study, found that seventeen-year old YFC were more likely to

report having had an out-of-school suspension (66.8%) or expulsion from school (16.5%) than the comparison group (27.8% vs. 4.6%; Courtney et al., 2004). Scherr (2007) identified ten studies with outcomes related to suspension and expulsion of CYFC. With a combined sample size of 3,646, the overall proportion effect size demonstrated that 24% of CYFC had been suspended or expelled from school at least one time. Trout et al. (2008) also identified five studies with outcome variables of suspension or expulsions, but each study measured suspension and expulsion differently which is a threat to internal validity. For example, one study reported the percentage of the sample who were ever expelled (3%; Zima et al., 2000) and another reported the percentage expelled during a 6-month period (4.7%; Seyfried et al., 2000).

Using a sample of all second-grade students in a large city in the Northeast ( $N = 14,781$ ), having a substantiated report of child maltreatment by second grade increased a child's odds of suspension by 148% (Rouse & Fantuzzo, 2009). Building on this study with the same dataset, Fantuzzo et al. (2011) examined the influences of the types of child maltreatment and having a history of at least one out-of-home placement by second grade on outcomes including suspension. Children with a history of an out-of-home placement were more likely to be suspended from school than their peers. In regards to maltreatment type, the odds were greatest for those who had experienced substantiated neglect after kindergarten.

Kothari et al. (2018) used an intersectional approach to examine the characteristics that predict school discipline events for youth in foster care. The longitudinal study included 315 youth in foster care in Oregon. Types of school discipline events included in-school suspension, truancy/attendance violation, out-of-school

suspension, and expulsion. The study found that during the two-year study period, 33.23% of the sample had experienced one or more school discipline events. When compared to other characteristics, being male, in a higher grade in school, and being a youth of color significantly predicted school discipline events. Additionally, not living with one's sibling and experiencing school mobility also significantly predicted discipline events.

The topic of school discipline for CYFC is lacking more recent research. A challenge may be that it is difficult to obtain the data and hard to study students who may be more likely to not be enrolled in school. A need exists to conduct additional research on school discipline of CYFC, the associated educational outcomes, and how these outcomes may vary by race/ethnicity and gender.

### ***Preparation for Postsecondary Education***

Studies have suggested that majority of CYFC aspire to go on to postsecondary education after high school (Courtney et al., 2004; Okpych, 2015; Wolanin, 2005). However, they may have lower expectations for what they feel they can actually achieve (Kirk et al., 2011). A literature review found that common barriers to accessing postsecondary education included a lack of supportive relationships with adults, mental health challenges, and systemic barriers (Geiger & Beltran, 2017b). YFC often have a lack of knowledge about the options for postsecondary education and how to apply to programs (Batsche et al., 2014; Wolanin, 2005). High school transcripts, test scores, and vital documents (e.g., driver's license or State ID and immunization records) are typically required to be able to apply to postsecondary institutions. Accessing these types of paperwork can be challenging for youth who have attended multiple high schools and

been under the care of multiple case managers and guardians (Batsche et al., 2014).

YFC may also lack information about the financial aid process and their eligibility for financial support (Davis, 2006; Kirk et al., 2011; Tate, 2017). Youth may be eligible for financial aid programs specifically designed to support YFC including Educational Training Vouchers, state tuition waiver programs, and scholarships (Watt et al., 2018). To be eligible for most of the programs, YFC need to complete the Free Application for Federal Student Aid (FAFSA). However, youth and professionals may be confused about how YFC complete the FAFSA (Davis, 2006) or be unaware of available financial aid.

### **Long-term Outcomes for Young People with a History in Foster Care**

Rates of leaving and graduating high school are directly related to postsecondary education, employment, and financial outcomes. If YFC are not able to graduate from high school or a GED program, then they will not be eligible to pursue a postsecondary degree. As previously discussed, high school graduation rates are lower for YFC than the general population and a great need exists to improve these outcomes in order to support positive well-being outcomes in adulthood.

### ***Postsecondary Education Enrollment, Dropout, and Graduation Rates***

Much of the research on the education of CYFC and YPFC has focused on outcomes related to postsecondary education (Geiger & Beltran, 2017a). Multiple studies related to postsecondary outcomes have utilized data collected from the Midwest Study and Casey National Alumni Study (Geiger & Beltran, 2017a). In Wave 2 of the Midwest Study (19-year-olds), 39.1% of YPFC were enrolled in school compared to 59.0% in the comparison group of young people with no foster care history (Courtney et al., 2005). Of the total sample, YPFC who were enrolled in school were attending a 2-year college



(16.7%), high school or GED program (15.2%), vocational training program (8.8%) or 4-year college (7.0%; Courtney et al., 2005). At age 23 or 24, when students may be expected to be completing postsecondary education, only 3.2% had earned a 2-year degree, 2.5% a 4-year degree, and 0.5% had completed one or more years of graduate school (Courtney et al., 2010). Rates were higher for the comparison group with 9.4%, 19.4% and 4.8% respectively. At age 26, the postsecondary completion percentages only slightly increased with 4.4% of YPFC having earned a 2-year degree, 2.5% a 4-year degree, and 1.3% having completed one or more years of graduate school (Courtney et al., 2011). The Casey National Alumni Study collected data from a sample of YPFC who were served by Casey Family Programs between 1966 and 1998 from 23 field offices ( $N = 1,087$ ; Pecora et al., 2006b). Of this sample about 49.3% had completed some college at the time of data collection (Pecora et al., 2006b). Only 10.8% of YPFC who were 25 years or older had earned a college degree.

Similar to high school graduation outcomes, findings about postsecondary outcomes for BIPOC compared to White YPFC have been mixed. Using the Casey National Alumni Study, Harris et al. (2009) found that Black YPFC were more likely to have any education past high school and complete any degree/certificate beyond high school than White YPFC, but White YPFC were more likely to complete a bachelor's degree or higher degree. After controlling for demographic background, risk factors, and foster care experiences, race/ethnicity was no longer a significant factor in these educational differences. O'Brien et al. (2010) found that 10.7% of White YPFC completed college or higher compared to 2.9% of American Indian/Alaska Native YPFC. The Midwest Study found that among YPFC, Black young people with a high school

degree had higher odds of having ever attended college, having completed at least one year of college and having completed any postsecondary education or training than White or Hispanic YPFC (Courtney et al., 2010).

In the Northwest Foster Care Alumni Study, a sample of YPFC from Casey Family Programs and two public CWAs ( $N = 659$ ), completing any postsecondary education was highest for Hispanic/Latino YPFC compared to their Black or White peers (Dworsky et al., 2010). However, after controlling for demographics, background, and placement history for both samples, there were minimal differences in outcomes by race/ethnicity (Dworsky et al., 2010). Villegas et al. (2014) found that among YPFC, White young people were almost twice as likely to earn a college degree than Black or Hispanic young people. However, in a full regression model with control variables, race/ethnicity did not predict educational outcomes (Villegas et al., 2014). These studies suggest that other factors (e.g., demographic, family background, placement history) may better explain the educational disparities for BIPOC YPFC or other factors that have not yet been measured such as institutional racism or race-based discrimination (Dworsky et al., 2010).

### ***Employment and Financial Stability***

Employment and financial stability in adulthood is also related to high school and postsecondary education completion. If YPFC have not graduated with a high school diploma, GED or college degree, they generally have less opportunities for stable employment and earnings. Similar to graduation rates, YPFC have been shown to have less employment stability and lower earnings than their peers (Courtney & Dworsky, 2006; Courtney et al., 2011; Naccarato et al., 2010). At 19 years old (Wave 2), only 40%

of YPFC in the Midwest Study were currently employed, compared to 58.2% in the comparison group of same-age peers without a history in foster care (Courtney & Dworsky, 2006). YPFC were significantly more likely to report earning \$10,000 or less per year than the comparison group. Additionally, they were more likely than the comparison group to not have enough money to pay rent or mortgage, pay a utility bill, have their phone service disconnected, or be evicted (Courtney & Dworsky, 2006). At age 26 (Wave 5), the differences grew with only 46% of YPFC being currently employed compared to 80% in the comparison group (Courtney et al., 2011). Mean annual earnings for YPFC was \$13,989 compared to \$32,312 for the comparison group.

Of YPFC who were eligible to work in the Northwest Foster Care Alumni Study, 80.1% of YPFC were employed compared to the national average of 95% for young people of that age (Pecora et al., 2006a). In regards to cash public assistance, 16.8% of YPFC were receiving Temporary Assistance to Needy Families (TANF) program assistance compared to 3% nationally. Approximately one-third were living in households that were at or below the poverty line compared to 2.6% nationally.

Using data from the Casey National Alumni Study, O'Brien et al. (2010) found that 77.7% of White YPFC were employed compared to 61.5% of American Indian/Alaska Native YPFC. Fewer American Indian/Alaska Native YPFC had an income at or above the poverty line than White YPFC (64.7% vs. 80.5%) or had an income greater than three times the poverty line (18.3% vs. 33.6%). Harris et al. (2009) similarly found that fewer Black YPFC than White YPFC had a household income at or above the poverty line (67.1% vs. 80.5%), had a household income three times the poverty time (19.1% vs. 33.6%) or owned their own home (15.9% vs. 31.9%). Within the

study, these were the only factors in which race/ethnicity was a significant factor. This suggests that BIPOC who are YPFC may fare worse in regards to employment and finances than White YPFC.

### **Professionals and Caregivers Perceptions of Educational Barriers**

Three known studies have explored how child welfare professionals, school professionals, and/or caregivers perceive educational barriers for CYFC (Garstka et al., 2014; Stone et al., 2007; Zetlin et al., 2006b). Although these studies identify some barriers to collaboration and provide implications for collaboration between child welfare and school professionals, the focus of the studies were on the perceptions of educational barriers for CYFC. Zetlin et al. (2006b) conducted four focus groups ( $N = 42$ ) across California to explore the educational needs of CYFC, challenges in providing educational services, problems with sharing educational records, and what is needed to improve educational experiences. The focus groups included youth currently or formerly in foster care, caregivers, representatives from schools and child welfare agencies, researchers, policymakers. Six themes were identified from the focus groups, including placement instability, enrolling students in alternative schools, lack of records transfer/database, minimal accountability/monitoring outcomes/advocacy, a lack of interagency collaboration/coordination and concerns about confidentiality and sharing information. Participants viewed the education and social service systems as dysfunctional and bureaucratic with a minimal understanding of each other. A limitation could be that the focus groups were divided by region rather than by the type of participant, which may have made some participants uncomfortable with expressing their opinions in mixed groups, especially youth.

Stone et al. (2007) explored how child welfare and education stakeholders characterize the educational challenges faced by CYFC and the role of each institution in addressing those challenges. Semi-structured interviews were conducted with child welfare professionals ( $n = 6$ ) and education professionals ( $n = 8$ ), including practitioners, supervisors and administrators. Both professionals described challenges related to missing educational records, delays in receiving special education services at new schools, frequently changes schools, and losing out on class time and educational credits. They had a shared understanding about the high mobility of CYFC, concerns about labeling children as foster care, importance of educational advocacy, existence of problems in communication and collaboration between the two systems, and schools being financially overburdened and lacking resources to adequately serve CYFC. Professionals differed in how they perceived the frequency of these challenges, who holds the responsibility for addressing challenges, and the level of educational needs of CYFC compared to other students.

Building on this qualitative study, Garstka et al. (2014) examined perceptions of child welfare, education, and court system professionals of the barriers and supports to education for CYFC. A quantitative survey was conducted with stakeholders in Kansas ( $N = 1,603$ ). Participants ranked educators, foster parents, and biological parents as the most important to ensuring timely progress to graduation for CYFC. Overall, professionals perceived the most significant barriers to educational progression to be placement and/or school stability, truancy or behavior issues, and a lack of appropriate placement recourse. Educators were significantly more likely than child welfare professionals to perceive court orders, inadequate information sharing between child

welfare/courts/schools, and a lack of specific information about the needs of individual children to be barriers. In contrast, child welfare professionals were significantly more likely to perceive transfer credits between school and a lack of youth participation in educational planning as barriers than educational professionals. At the systems level, the most commonly identified barriers included interagency collaboration, state child welfare policies, child welfare contractor processes and data tracking. To better support the educational well-being of CYFC, stakeholders indicated needing more specific information about the individual needs of the child, more timely access to educational records, and resources on best practices of meeting the educational needs of CYFC.

### **Interprofessional Collaboration**

The conceptualization and study of IPC within social work, social services, and child welfare began relatively recently. In the late 1970s, the fields of child welfare and mental health began to advocate for more integrated approaches to serving children and youth (Galyean et al., 2018). In the early 1990s, there was an increase in cross-system collaborative initiatives and public agencies requiring collaborative approaches to delivering services within contracts privatizing child welfare services (Galyean et al., 2018; Lewandowski & GlenMaye, 2002). Several frameworks of IPC in social work and social services have since been developed (Billups, 1987; Bronstein, 2003; Walsh et al., 1999). Billups (1987) described the growth of interprofessional teams in social services, highlighting the move towards increased coordination and teamwork between professionals working in various social service settings (e.g., schools, hospitals, court systems, mental health agencies). The interprofessional team process was described as

purposeful transactions between professionals who have individual expertise but are also functionally interdependent in working towards commonly shared goals.

Walsh et al. (1999) proposed a theoretical framework for IPC to guide children's service delivery. Identified conceptual barriers of IPC included a lack of understanding and focus on child development, professionalization and power over other professions, and professional status. Practical barriers included structural constraints (e.g., financial arrangements, staffing, and time), culture and language of professions, and lack of exposure to other professions during education. The framework is a developmental theory at the biopsychosocial levels and grounded in the following principles of human developments: development occurs across the life span, in multiple contexts, at multiple and integrated level of organization, and can continue to change through resilience and risk.

Bronstein (2003) developed the Model of Interdisciplinary Collaboration (MIC), a framework for interdisciplinary collaboration between social workers and professionals in other disciplines. The components of interdisciplinary collaboration within the MIC include interdependence, newly created professional activities, flexibility, collective ownership of goals, and reflection on process. Influences that aid and present barriers to interdisciplinary collaboration include professional roles, structural characteristics, personal characteristics, and a history of interdisciplinary collaboration.

Galyean et al. (2018) applied the MIC to a model of public-private contract collaboration between child welfare agencies and contracted agencies, highlighting Bronstein's core components for IPC and the influences on IPC. The authors proposed that there are three major collaboration models for providing contracted child welfare

services, including the Vendor model, the Vender/Partner model, and the Full Partnership model. The Full Partnership model was identified as the strongest articulation of the MIC and was the most beneficial in public child welfare contexts. In this model, the interprofessional relationship emphasizes a shared vision, client-centered values, and organizations are equally empowered to adapt services to meet the needs of clients.

### ***Barriers and Facilitators of IPC in Child Welfare***

Research on IPC related to child welfare has largely focused on identifying the barriers and facilitators to collaboration between professionals in different systems that interact with child welfare. Quantitative, qualitative, and mixed methods research designs have been utilized. Studies have been conducted to explore collaboration between child welfare professionals and professionals in the court system (Carnochan et al., 2007; Han et al., 2008; Phillips, 2016; Phillips & Walsh, 2019), substance use (Blakey, 2014; Drabble, 2007; Drabble & Poole, 2011; Smith & Mogro-Wilson, 2008), healthcare (Darlington et al., 2004; Darlington et al., 2005), domestic violence/intimate partner violence (Beeman et al., 1999; Langenderfer-Magruder et al., 2019a; Langenderfer-Magruder et al., 2019b), and public and private CWAs (Spath et al., 2008).

Common barriers to collaboration between child welfare and other social service/legal professionals include a lack of communication and information sharing (Beeman et al., 1999; Darlington et al., 2004; Langenderfer-Magruder et al., 2019a; Spath et al., 2008), differing goals and professional perspectives (Blakley, 2014; Spath et al., 2008), and having inadequate resources (Darlington et al., 2004; Darlington et al., 2005). Common facilitators include valuing collaboration or teamwork (Langenderfer-Magruder et al., 2019b; Phillips, 2016; Spath et al., 2008), clear goals and expectations (Langender-



Magruder, 2019b; Phillips & Walsh, 2019; Spath et al., 2008), mutual trust and respect (Carnochan et al., 2007; Phillips, 2016; Phillips & Walsh, 2019) and having strong communication (Langender-Magruder, 2019b; Phillips, 2016; Philips & Walsh, 2019; Spath et al., 2008). Identifying the common barriers and facilitators of IPC provide insight on how to better support collaboration between professionals.

### ***Outcomes for Children and Families***

Another important aspect of research related to collaboration is evaluating how it can potentially affect outcomes for professionals, children, and families. Within child welfare, researchers have largely focused on studying client outcomes related to interagency or cross-system collaboration (Chuang & Wells, 2010; Chuang & Lucio, 2011; Green et al., 2008; Ogonnaya & Kenney, 2018; Wells et al., 2011). This type of collaboration focuses on macro-level collaboration between agencies and systems and may include interventions such as the co-location of staff, MOUs, cross training, shared funding, and shared data systems (Ogonnaya & Kenney, 2018). Wells et al. (2011) found that CYFC had higher odds of receiving substance abuse treatment when child welfare and substance abuse treatment were within the same agency and when CWA directors reported joint planning between the agency and schools. Another study found that having a care coordinator position and cross-training staff in CWAs and schools was positively associated with children receiving outpatient mental health services (Chuang & Lucio, 2011). In contrast, sharing records and co-located staff between CWAs and schools was negatively associated with children receiving mental health services. The authors hypothesized that person-centered strategies (case coordinator and cross-trainings) may help to ensure that multiple professionals are accountable for children's

care and may facilitate better communication and understanding between agencies than administrative-oriented ties (e.g., co-location of staff, sharing records). These findings suggest the importance of conducting more research on collaboration between professionals and not only systems and agencies.

One identified study specifically examined the IPC between child welfare and court professionals and the associated outcomes of children and families (Phillips, 2019). Using a mixed-methods approach, administrative child welfare data were used to extract variables from child case files related to communication and joint-decision making between case workers, guardians ad litem, therapists, and substance abuse counselors ( $N = 137$ ). Semi-structured interviews ( $N = 21$ ) were conducted with a sample of these professionals about their IPC processes to support reunification. Quantitative data were analyzed using logistic regression and found that communication and joint decision-making between case workers and guardians ad litem were significantly related to timely reunification, but communication and joint decision-making between caseworkers and therapists/counselors was not significantly associated. Qualitative themes regarding how communication and joint decision-making affect reunification included the timeliness of decisions regarding reunification, identifying barriers to reunification, having shared goals and expectations, the quality of decisions about services, and having a system of checks and balance.

A strength of this study design is that child and family outcomes were assessed in relation to IPC. However, the IPC variables were proxy measures of professional activities such as the frequency of contacts with other professionals and attendance rates at meetings. Although these activities suggest that there is increased IPC, it is not a direct

measure. More methodologically rigorous studies need to be conducted to study the association between IPC and outcomes for children and families involved in the child welfare system.

### ***Improved Outcomes for Professionals***

Some studies have also identified how IPC can affect professionals in child welfare and other systems. Through case file reviews selected by child welfare workers, Han et al. (2008) found that cases that were considered “hard” in regards to IPC with court professionals, were associated with higher number of judicial officers over the life of the case compared to those that were “easy”. This suggests that the cases with stronger IPC between child welfare and court professionals may experience less turnover or that cases with less turnover have develop stronger IPC. In a mixed methods study, Spath et al. (2008) explored the personal and professional benefits that professionals from public and private CWAs experienced from working collaboratively with one another. Through interviews ( $N = 41$ ), professionals shared that they gained benefits related to learning (e.g., new approaches to work, new knowledge, new skills) and seeing and hearing another point of view (i.e., exchanging ideas, having a more positive view of parents). Several also shared that they felt families were more supported and empowered due to the collaboration. This study suggests that professionals may gain a variety of personal and professional benefits from engaging in collaborations, some of which may also improve their skills and practices with children and families.

### ***Collaboration between Child Welfare and School Professionals***

No known studies have specifically examined the facilitators and barriers of IPC between child welfare and school professionals. However, two studies have explored

aspects of collaboration between child welfare and school professionals (Altshuler, 2003; Noonan et al., 2012). Noonan et al. (2012) focused on cross-system collaboration between these professionals. The study explored the barriers, strategies, and experiences of working across child welfare and education systems. Ten focus groups were conducted with service provider agency case workers ( $n = 15$ ), child welfare case workers ( $n = 18$ ), foster parents ( $n = 18$ ), school counselors ( $n = 18$ ) and teachers ( $n = 21$ ) in a large urban area. Themes that were shared across stakeholder groups related to barriers included ineffective and limited cross-system communication, role confusion, variability around the knowledge and implementation of policies, limited knowledge about policies and procedures, and struggling to care for CYFC with behavioral problems. Identified strategies for working across systems included using and valuing personal relationships, strategic communication up the chain of agency command, utilizing court orders, cross-training, more interagency meetings, and shared databases. Although this study focused on cross-system collaboration, some of the findings are barriers between professionals. For example, professionals were often uncertain about their role and responsibilities to support the education of CYFC which created discord and hindered communication between professionals.

Altshuler (2003) explored aspects of collaboration between professionals in schools and child welfare agencies. This exploratory qualitative study to explore the barriers to the educational success of CYFC, successful practices to support students, and recommendations for improvement between child welfare systems and public schools to increase educational success of children. Three separate focus groups were conducted, with one for each constituent group of child welfare workers ( $n = 8$ ), educators ( $n = 9$ ),

and students in foster care ( $n = 7$ ). Focus group topics related to collaboration included communication and interactions between school and child welfare professionals, relationships between foster parents and professionals, and the roles of child welfare case workers and foster parents in supporting education. Major themes of barriers to educational success included student and teacher reactions to foster care placements (e.g., attributing behavioral problems to parents) and adversarial relationships between professionals in schools and child welfare (lack of understanding about confidentiality constraints, not timely communication, lack of communication, perceived lack of caring or commitment, and mutual distrust). Successful practices included developing trusting and collaborative relationships, equitable and sensitive treatment by teachers, and foster parent involvement in schools. Recommendations for improvement included changes in laws, mandates, and guidelines regarding sharing of information, individual and cross-training, supports in schools (tutoring, mentoring), maintaining students in their home school, and more proactive planning in anticipating student needs. The study only included educators and students from one public middle school and a relatively small sample size ( $N = 24$ ). The research is now twenty years old and the collaborative challenges between professionals may be very different today.

### **Summary of the Literature**

CYFC face many challenges related to their educational well-being. Research has demonstrated that they often have lower academic achievement scores, are more likely to repeat grades, and have higher rates of suspension and expulsion than their peers in the general population (Barrat et al., 2013; Barrat et al., 2015; Ryan et al., 2018; Scherr, 2007). CYFC may also experience high numbers of placement and school changes

(Clemens et al., 2017; O'Higgins et al., 2017; Pears et al., 2015). These educational challenges have been associated with lower rates of graduating from high school, enrolling in postsecondary education, and graduating with a postsecondary degree compared to the general population (Barrat & Berlinder, 2013; Barrat et al., 2015; Clemens, 2014; Courtney et al., 2010; Day et al., 2011). These lower rates of degree completion can negatively affect individuals in the long-term. Adults who obtain a high school degree or beyond typically have greater median weekly earnings and experience lower unemployment rates than those without a high school degree (U.S. Bureau of Labor Statistics, 2020).

In an effort to address poor educational outcomes and promote school stability, multiple federal and state education and child welfare policies have added specific educational protections for children in foster care (e.g., FCA, ESSA, USA). To implement these protections, child welfare and school professionals need to collaborate with one another. Each professional plays a specific role in supporting the educational well-being of children, but the roles are often dependent on other professionals. IPC is the process of professionals from different professions working together to address needs, provide services, and/or improve outcomes for clients. Research suggests that collaboration between professionals and agencies can improve outcomes for clients in the child welfare system (Chuang & Lucio, 2011; Chuang & Wells, 2010; Phillips, 2019). Because child welfare touches nearly every aspect of social services, the facilitators and barriers of IPC have been examined between child welfare professionals and domestic violence/intimate partner violence responders, mental health providers, substance abuse counselors, and legal professionals. Limited research has explored aspects of

collaboration between child welfare and school professionals (Altshuler, 2003; Noonan et al., 2012).

### **Theoretical Framework**

Ecological systems theory and critical theory will provide the theoretical foundation for this study. This section will describe each theory, how the theory can inform this subject area, and prior literature informed by the theory.

#### ***Ecological Systems Theory***

Ecological systems theory is most often associated with the work of Urie Bronfenbrenner, who examined human development within the environment or context in which development occurs (Bronfenbrenner, 1979; Bronfenbrenner, 1994). The theory combines a developmental perspective with ecological and systems viewpoints (Shelton, 2019). From this framework, children and adults develop within a human ecosystem comprised of subsystems including the microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Bronfenbrenner, 1994). Each person has their own ecosystem. The developing person is conceptualized as being within the center of an ecosystem, surrounded by each of the systems. For this study, a child or youth in foster care is considered to be the developing person of interest.

A microsystem is a distinct setting in which the developing person experiences a pattern of activities, roles, and interpersonal relations (Bronfenbrenner, 1989).

Microsystems are the closest to the developing person and examples of these settings may include home, school, workplace, or place of worship (Langer & Lietz, 2014; Shelton, 2019). The developing person likely engages in multiple settings, each containing a microsystem. Activities are the actions that the developing person is learning

to do and are often facilitated by those the developing person engages with through interpersonal relations (Shelton, 2019). Roles are the activities and relations that are expected of individuals who hold a particular position (Bronfenbrenner, 1979). The interpersonal relations are the interactions that the developing person has with other people within the settings. These interpersonal relations may include discrimination towards the developing person. Development within a microsystem is influenced by how the activities, roles and relations promote or do not promote development. As individuals develop, they experience ecological transitions whenever their positions are altered due to a change in roles, settings, or both (Bronfenbrenner, 1979).

CYFC commonly engage in multiple settings (e.g., home, out-of-home placement, school, community organizations). An example of one of the microsystems that CYFC participate in is school. Within the school setting, children are expected to act in the role of a student. Expectations of being a student include engaging in activities such as learning new math concepts and completing assignments. Within the school setting, they are expected to have positive interpersonal relationships with teachers, school social workers, classmates, and others with whom they engage. Their development is influenced by these roles, activities, and relations. CYFC experience an ecological transition if they change schools or move to a new grade.

A mesosystem is the links and relations that take place between the settings in which the developing person actively participates, creating a “system of microsystems”. (Bronfenbrenner, 1994, p. 1645). The mesosystem addresses how all the settings that a developing person participates in are linked, relate to, and affect one another. Each person has one mesosystem but can have many microsystems. The developing person



participates in each of the settings and is the primary link between those settings. A supplementary link is a person who engages with two or more settings of the developing person (Shelton, 2019). Supplementary links carry out the indirect links between settings, described as intersetting communication and intersetting knowledge.

Intersetting communications are “messages transmitted from one setting to the other with the express intent of providing specific information to persons in the other setting” (Bronfenbrenner, 1979, p. 210) which are ideally two-way and as direct as possibly. Intersetting knowledge is “information or experience that exists in one setting about the other. Such knowledge may be obtained through intersetting communication or from sources external to the particular settings involved” (Bronfenbrenner, 1979, p. 210). Indirect links can support the relations (i.e., trust, positive orientation, shared goals, and shifting power to the developing person) between settings. Communication and knowledge that is relevant to a transition and shared prior to the child entering into a new setting (e.g., information, advice, and experience) can enhance their development (Bronfenbrenner, 1979). Settings may have no links to each other, be strongly linked, or some degree in between. Settings may have similarities or differences and people within the settings have attitudes about other settings (Shelton, 2019). To support the developing person, the microsystems should have similar role demands for the developing person, agreed upon developmental goals, encourage trust and have positive regard towards the other microsystems, and shift power towards the developing person (Bronfenbrenner, 1979).

Within the settings that CYFC actively participate in (e.g., school, out-of-home placement, supervised visitation center), they engage with professionals who serve as

supplementary links between the settings (i.e., case manager, teacher, school social worker). Each of these professionals has the opportunity and responsibility to engage in intersetting communication and knowledge sharing to ensure that the child is supported. The linkages between the settings can strengthen as professionals work together to develop shared goals for the child and establish positive attitudes towards each other. Ideally, the professionals have similar role demands and goals across settings for children and try to give them as much decision-making power as possible. CYFC are best supported when there are multiple supplementary links who engage with other professionals in the different settings they interact with.

An exosystem encompasses the linkages and relations between two or more settings when, at least one of which, the developing person does not participate in but influences their development (Bronfenbrenner, 1994). Intermediate links are people who participates in one setting in which the developing person participates and in one or more other settings that the developing person does not participate (Shelton, 2019). Mesosystem settings are connected to the exosystem by intermediate links and intersetting communication and knowledge. These may include settings of power, “settings in which the participants control the allocation of resources and make decisions affecting what happens in other settings in the community or in the society at large” (Bronfenbrenner, 1979, p. 255). The developing person’s development is better supported if they or their intermediate links can be actively involved in the setting or have fewer intervening steps to access and have influence in the power setting (Bronfenbrenner, 1979).

The mesosystem and exosystem are the subsystems most applicable to examining the IPC between professionals supporting the education of CYFC, as they comprise the links and relations between the settings that children and youth are active participants in and/or are influenced by. Within the exosystem, CYFC are influenced by power settings where decisions are made that affect them. For example, children are not often directly active in the setting of CWAs, but the decisions made at the CWA specific to their case or policies in general have a direct effect on their case plan, placement, school, and other services. Ideally, children are involved as much as they are developmentally able to participate in the decisions that directly affect them.

Bronfenbrenner (1994) described that the macrosystem:

Consists of the overarching pattern of micro-, meso- and exosystems characteristic of a given culture or subculture, with particular reference to the belief systems, bodies of knowledge, material resources, customs, lifestyles, opportunity structures, hazards, and life course options that are embedded in each of these broader systems. The macrosystem may be thought of as a societal blueprint for a particular culture or subculture. (p. 1645)

The macrosystem includes the reasons and beliefs behind the similarities and patterns between settings, activities, roles, and relations within a society or community. These reasons and beliefs are often manifested as laws or policies that regulate aspects of exo-, meso-, and microsystems (Shelton, 2019). The reasons and beliefs also “shape how we behave, how our microsystems operate, and what we experience as we grow up. The macrosystem, therefore, shapes the very nature of our view of the world we participate in and how we participate in it” (Shelton, 2019, p. 99). For example, we see that across

states, YFC consistently graduate at lower rates than their peers without a foster care history. We also see across states that Black and Indigenous children and youth are overrepresented in foster care. These patterns suggest that systemic biases and discriminatory beliefs shape the experiences of these children and families.

The chronosystem is change or consistency over time and how time affects the developing person and all other aspects of their ecosystem (Bronfenbrenner, 1994). The chronosystem also includes cultural and policy changes over time. These changes can require the developing person to adapt quickly. Changes in the chronosystem can lead to better or worse development for individuals and groups of people (Shelton, 2019). Since the beginning of the COVID-19 pandemic in March 2020, there have been rapid changes within the chronosystem in the United States. The pandemic changed most aspects of daily life, including transitioning to remote work and schooling. A CYFC's entire ecosystem changed and has continued to change as the pandemic evolves. During this time, we have also experienced a second pandemic with increased attention towards racial violence, biases, and discrimination. The murder of George Floyd by a white police officer in May 2020 sparked protests and increased calls for the reform of the criminal justice system. There have also been increased calls to abolish or reform the current child welfare system and school systems, such as the upEND Movement (Stipes, 2020). Additionally, BIPOC have had disproportionate rates of being infected and dying from COVID-19 (Centers for Disease Control and Prevention, 2021). These rapid changes to the chronosystem affect CYFC as well as families, professionals, and agencies. Rapid changes to an ecosystem can cause anxiety and stress due to a lack of understanding of the events and consequences of the changes (Shelton, 2019).

CYFC are affected by culture (macrosystem) and changes over time (chronosystem). CYFC are affected by child welfare and education policy decisions at the agency, state, and federal levels, which are grounded in cultural beliefs, values, and priorities. For example, a cultural value and perceived level of success is graduating from high school. Over time, this belief has shifted to now placing an even greater value on graduating from postsecondary education and providing more financial support for pursuing postsecondary education. Professional and societal beliefs about IPC have also developed over time. Sectors and professions were long treated as separate spheres with minimal connection to each other. However, the education of professionals and their guiding documents (e.g., NASW Code of Ethics) have developed to expect professionals to interact with others in order to support clients. Programs across various sectors now integrate interprofessional education (IPE) to train incoming professionals on how to collaborate with professionals in other intersecting professions.

Each of the subsystems are inherently related to one another, while also maintaining their own boundaries and rules (Langer & Lietz, 2014). Boundaries are the barriers that separate a system from its environment and the degree to which they are separated (Langer & Lietz, 2014). Boundaries can differ based on the type and amount of information that they restrict. Open systems exchange information relatively freely and closed systems restrict the flow of information (Rothery, 2016). Permeable boundaries are ideal as they are well-defined and yet sufficiently open (Nichols & Schwartz, 2004). The ways that systems function are determined by their written and unwritten rules (Langer & Lietz, 2014). Child welfare and school professionals each function with agencies that have their own boundaries. An agency may be more open or closed, which

can influence the amount of information they can receive or are allowed to share with other agencies and professionals. The degree to which agencies are open or closed impacts the collaboration between professionals. System, agencies and professionals are also governed by written (e.g., federal policy, state policy, agency policies) and unwritten rules (e.g., organizational culture, supervisor expectations) that inevitably influence IPC.

When one part of the system is affected, the entire system is also impacted. Reciprocal transactions are “interactions that occur between people and their environment or between two systems” (Langer & Lietz, 2014, p. 32). People, environments, and systems have a shared reciprocal influence on one another that is circular rather than linear (Rothery, 2016). Reciprocal transactions may involve interactions between CYFC or professionals, CYFC changing schools, or new policies and procedures. For example, federal child welfare and education policies (e.g., FCA, ESSA, USA) have had a reciprocal influence on each of the subsystems. ESSA mandated that CYFC should remain in their school of origin, unless it is in their best interest to change schools. This promotes the maintenance of their current setting (microsystem) and relationships with adults and peers at the school. It also required child welfare and school professionals with responsibilities over the child (mesosystem) to work together to decide on the school that is in the child’s best interest to attend. This also may involve other stakeholders who do not directly interact with the child (ecosystem). However, a challenge to implementation has been the lack of placement options and funding for transportation, as the policy did not provide any additional funds to child welfare agencies or schools (macrosystem). To address these challenges, it will take integrated efforts over a sustained period of time (chronosystem).

Goodness of fit is the “adequacy of the many relationships that link clients to their social (and physical) environments” (Rothery, 2007). When the various aspects of a person’s ecosystem fit their needs and strengths, their development is supported. In turn, a person can be negatively impacted if their ecosystem does not fit to their needs and strengths (Langer & Lietz, 2014). Ideally, a person or system has the resources to meet the necessary demands (Rothery, 2016). For example, CYFC may or may not have an environmental goodness of fit with their school. A strong goodness of fit would imply that they have the resources (e.g., positive relationships with teachers, needed special education services, access to tutoring) to meet the educational demands (e.g., assignments, assessments, paying attention to the teacher). When their strengths and needs are not being met, it suggests a poor goodness of fit.

Researchers have used ecological systems theory as a framework to explore how the educational development and outcomes of CYFC are influenced by the subsystems (Gypen et al., 2017; Harris et al., 2009; McKelvey et al., 2018; O’Higgins et al., 2017). The theory has also informed research on the direct and indirect effects of the environment on the education of CYFC (Moyer & Goldberg, 2020). Olsen and de Montgomery (2018) argued that CYFC experience an ecological transition when changing schools and that school instability could negatively impact their educational outcomes. A conceptual paper applied the subsystems to the contexts in which CYFC interact and how school counselors can support children within those systems (Williams, 2016).

Ecological systems theory has also informed studies of IPC involving social workers (Crawford, 2012; Phillips, 2019), potentially because it is a guiding perspective

taught and practiced within the social work profession (Bronstein & Abramson, 2003). Ecological systems theory was one of the four theoretical frameworks that guided the development of Bronstein's MIC (Bronstein, 2003), one of the most utilized frameworks of IPC in social work. The mesosystem informs how linkages and joint activities between professionals in different systems can positively support children and families (Phillips, 2019).

The ecological systems theory provides a framework for considering how professionals collaborate with one another at the mesosystem and exosystem levels to act as intermediate links between the settings that children engage in, facilitate indirect links (e.g., intersetting communication, intersetting knowledge, and engaging in activities), and represent children within power settings in which they are not directly involved. A limitation of this theory is that it does not emphasize issues of power, oppression, or injustice (Germain & Gitterman, 1995; Rothery, 2007; Rothery, 2016). Rothery suggested the need for a critical ecological systems perspective to integrate social justice values to the theory (Rothery, 2007; Rothery, 2016).

### ***Critical Theory***

Critical theory is generally associated with the social theorists (e.g., Horkheimer, Adorno, Marcuse) from the Institute of Social Research in Frankfurt (Frankfurt School) in the 1920s. Critical theory continued to develop through many theorists thereafter (e.g., Foucault, Habermas; Calhoun & Karaganis, 2001; Held, 1980). Although each theorist had their own perspective on critical theory, they maintained shared beliefs such as:

All knowledge is historically conditioned, truth claims can be rationally adjudicated independently of immediate social interests...defended the possibility



of an independent moment of criticism... [worked on] the extension and development of the notion of critique...sought to develop a critical perspective in the discussion of all social practices. (Held, 1980, p. 15-16)

The goal of critical theory has been described as “transformation and emancipation from the constraints of unequal power relationships through self-reflection and free communication” (McLain, 1988, p. 392). Critical theorists have long focused on the problem of power by examining how oppression is connected to unequal and excessive power and how to move through to empowerment and emancipation.

Born out of the foundations of critical theory, critical approaches to social work began to develop in the 1970s (Fook, 2015). Multiple critical social theories and perspectives have developed including feminist theory, postmodernism, structuralism, human rights, and critical race theory (Agger, 2006; Fook, 2015). Although each theory or perspective has their own differentiating beliefs, Agger (2006) identified seven common features of these critical approaches. Commonalities include: (a) an opposition to positivist understandings of knowledge and that knowledge cannot be value free, (b) raising awareness of oppression and the possibility for progress, (c) domination as structural and personal, (d) structural domination is maintained through false consciousness at the individual level, (e) belief that social change comes through exposing false consciousness, (f) structure and human agency have a recursive relationship, and (g) responsibility on personal liberation in everyday life (Fook, 2015). Although each of the critical approaches (e.g., feminist theory, critical race theory) could inform this study and explore an aspect of oppression, selecting one specifically to frame the study has the potential to limit the exploration of the various forms of power and

power differentials between professionals (e.g., individual factors, professional status, agency power) that may be influencing IPC.

D'Amour et al. (2005) included power as one of the underlying concepts in defining collaboration by health professionals. San Martin-Rodriguez et al. (2005) also identified several studies in healthcare that included power as a determinant in collaboration. However, studies of IPC have largely focused on questions about collaboration from post-positivist (e.g., comparing what works best) and constructionist (e.g., how ideas of collaboration are constructed and negotiated), rather than a critical perspective (Weinstein et al., 2003). Post-positivist and constructionist studies often focus on virtues of collaboration (e.g., cooperation, shared decision-making) and assume that conflicting interests within partnerships can be reconciled. Studies from a critical perspective instead examine issues of “control, exploitation, exclusiveness, and unfair practices” and largely assume that power and differing interests are inevitable (Lotia & Hardy, 2008, p. 7). IPC research from a critical perspective “raises questions about collaboration and partnership as ideology, about the possible concealment of power relations and, perhaps, about the potential for the evaluation itself to contribute to emancipatory goals” (Weinstein et al., 2003, p. 30). This perspective also acknowledges that power differentials and divergent interests exist between individuals and organizations engaged in collaboration (Lotia & Hardy, 2008). Researchers have called for increased research on theories of power in IPC (Konrad et al., 2019).

Theories related to collaboration often assume that power is beneficial, but critical perspectives also consider the negative consequences such as exploitation, unfairness, or the misuse of power (Lotia & Hardy, 2008). Professionals may have differential power

and experience discrimination based on gender stereotypes, expert status, professional status, and organizational power (San Martin-Rodriguez et al., 2005; Walsh et al., 1999; Widmark et al., 2016). Although it is not addressed in the IPC literature, professionals may also experience discrimination based on other aspects of their identity or perceived identity, such as race/ethnicity, sexuality, disability or mental health conditions, and income level. Within the context of researching professionals that support the educational outcomes of CYFC, there are inherent power differentials between positions and agencies. For example, the CWA is legally responsible for CYFC and child welfare professionals have the final decision-making power in which school a child will attend over school professionals.

Professionalization can also inhibit collaboration, as professionals may subscribe to be an expert in their field and dominate over the perspectives and knowledge of other professions (San Martin-Rodriguez et al., 2005; Walsh et al., 1999; Weinstein, 2003). A qualitative study of the experiences of stakeholders (teachers, foster parents, child welfare workers, mental health providers, residential care workers) in supporting the needs of children in out-of-home care in Australia, found that a shared experience was negotiating power imbalances within and between stakeholder groups (McLean, 2012). All participant groups described feeling powerless at times and needing to play into the system to reach specific outcomes for themselves and the child they were serving. IPC may negatively affect or have unintended consequences for child welfare and school professionals.

Critical perspectives have also considered that IPC may have negative consequences for clients. Closer collaboration between professionals could lead to a loss

of choice for clients, make it more difficult for them to bring complaints, and increase the power inequality between professionals and clients (Crawford, 2012; Pollitt, 1995; Weinstein, 2003). Limited research has assessed the potentially negative consequences of IPC for clients or influences of power dynamics and additional research is needed (Lotia & Hardy, 2008; Konrad et al., 2019). Another challenge in research has been the presence of power in professionals' relationships not being discussed by participants (Widmark et al., 2016). Hart (2011) earnestly described that "power and status relationships are the 'elephant in the interprofessional room'; clearly present but rarely acknowledged" (p. 373).

CYFC are a historically excluded population who often experience discrimination, oppression, and racism. In addition to the discrimination they experience due to the negative associations of having a history in foster care, they also have intersecting identities that can increase their experiences of discrimination. Intersectionality is the understanding that forms of identity such as gender, race/ethnicity, class, and age interact with one another and can compound inequity (Crenshaw, 1989; Crenshaw, 1990). As previously discussed, CYFC are disproportionately BIPOC, are diagnosed with disabilities, and come from low-income backgrounds; all of which could make them more likely to experience oppression and discrimination. In comparison, most child welfare and school professionals are White and do not match the identities of CYFC (Dolan et al., 2011; National Center for Education Statistics, 2020). Few studies consider the potential effects of these intersecting identities on the educational challenges and outcomes of CYFC. Hutchins (2017) utilized a critical theory lens to explore the college readiness experiences that led to college enrollment for YPFC. Critical theory has also

been used as a framework to study the experiences of YPFC who are currently in higher education (Greer, 2016). Both of these researchers were in the field of education, highlighted a lack of studies utilizing critical theory to explore the educational outcomes of CYFC from the perspective of social work.

Critical theory recognizes the existence of divergent interests between individuals and agencies, acknowledges differences in power and power relationships, and integrates the perspectives of individuals who are historically excluded and oppressed (Lotia & Hardy, 2008). To explore IPC between school child welfare professionals, it is necessary to critically evaluate the influences of power and oppression on the collaborative partnership. It is also important not to assume that collaboration is necessarily positive, but could have unintended consequences for CYFC, families, and professionals.

### **Summary of the Topic**

Research on the educational well-being of CYFC has largely focused on disparate educational outcomes (between CYFC and the general population and within subpopulations of CYFC) and the factors (e.g., personal factors, foster care history, school experiences, maltreatment history, organizational policies and practices) that may influence these educational disparities. Although these factors are important to consider, limited research has examined how child welfare and school professionals may also influence the educational well-being of CYFC. Multiple professionals in these agencies hold some of the responsibility for the educational well-being of CYFC, such as child welfare case workers, service provider agency case workers, managers, supervisors, teachers, and school social workers. Aspects of this shared responsibility are mandated in federal policies or are necessary to facilitate job and agency functions. Although

professionals may want to work together, they often experience challenges in effectively engaging in IPC to best meet the needs of CYFC with whom they have a shared responsibility to.

Within child welfare research, IPC has mostly been explored between professionals in other systems (i.e., domestic violence, substance abuse, mental health), with limited research related to professionals in education. Barriers and facilitators of IPC have been identified between child welfare and professionals in other systems, but not specifically with school professionals. Research has mostly assumed that collaboration brings positive effects and has not considered the potential for unintended consequences to children, families, and professionals or how power and oppression inherently influence the IPC between professionals. A greater understanding is needed of what components between child welfare and school professionals promote and inhibit effective collaboration in order to develop a conceptualization of IPC between these professionals, a practice model, and best practices. This study aimed to explore the elements that child welfare professionals, school professionals, and professional caregivers perceived as necessary to foster effective interprofessional collaboration between child welfare and school professionals. The research question that guided this study is: What are the perceived facilitators and barriers to effective interprofessional collaboration when working to advance K-12 educational well-being for children and youth in foster care?

## CHAPTER 3

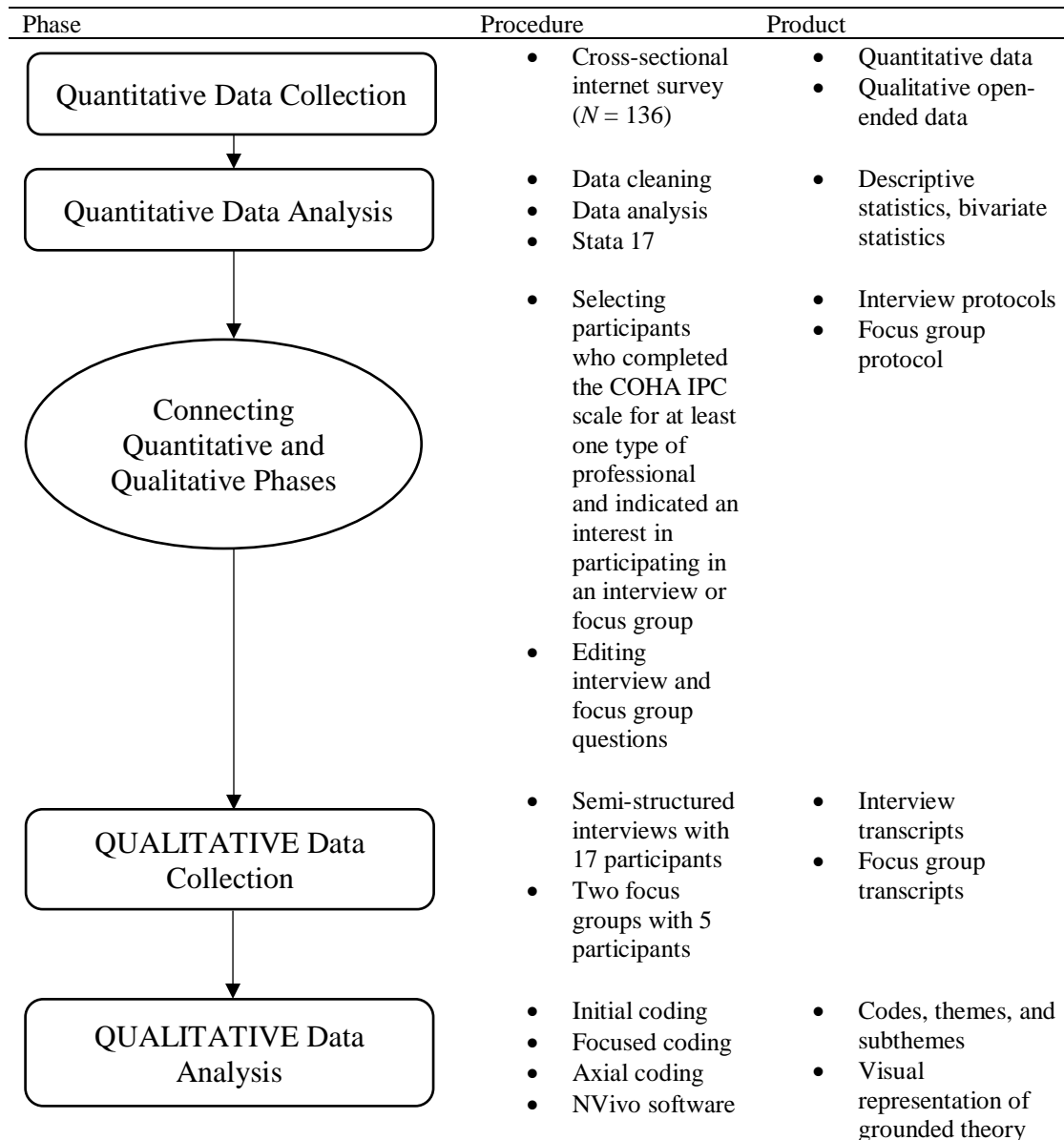
### METHODS

The purpose of this study was exploratory/descriptive due to the limited research on the topic. Exploratory/descriptive studies are typically used when the subject is relatively new or unstudied (Rubin & Babbie, 2014). The study utilized a mixed methods explanatory sequential design. Mixed methods research includes the following core characteristics: (a) collects and analyzes qualitative and quantitative data, (b) integrates the data and results, (c) utilizes a specific research design to organize the procedures, and (d) frames the procedures within theory (Creswell & Plano Clark, 2018). A strength of mixed methods research is, “qualitative data provide a detailed understanding of a problem while quantitative data provide a more general understanding” (Creswell & Plano Clark, 2018, p. 8).

The explanatory sequential design occurred in two phases; first the collection and analysis of quantitative data followed by the collection and analysis of qualitative data to further explain or explore the quantitative findings (Creswell & Plano Clark, 2018). This approach utilizes qualitative data to explore unclear findings, significant or non-significant results, outliers, or key predictors identified in the quantitative data analysis (Creswell & Plano Clark, 2018). After researchers decide which quantitative results need to be further explained, it guides the remainder of the decisions about the qualitative phase of the study. This design is useful for emergent research, as the second phase can be designed based on what is discovered in the first phase (Creswell & Plano Clark, 2018). A visual model for the mixed methods explanatory sequential design procedures are presented in Figure 1 (Ivankova et al., 2006). This study used a cross-sectional design

as the focus of the study was to explore the facilitators and barriers that are influencing IPC in the present or recent past. This study was approved and monitored by the Institutional Review Board at Arizona State University.

**Figure 1**  
*Visual Model for Mixed Methods Explanatory Sequential Design Procedures*





## **Author Positionality**

The author acknowledges how the positions and experiences of researchers contribute to the interpretations of people's lived experiences. The author identifies as a White woman who has not experienced foster care or been a foster caregiver. The author is not a professional currently working in a school, public child welfare agency, or child welfare service provider agency. The author has a background researching educational well-being of children and youth in foster care and working for college and career readiness programs to support students from underserved communities, including students with foster care backgrounds. Currently, the author works as a social worker for a campus-based support program to support college access and success for students with a history in foster care. Working in a related field but not identifying as a child welfare professional, school professional, or caregiver may help the researcher to relate to participants while seeing the facilitators and barriers to collaboration across participant perspectives.

## **Phase One: Quantitative Phase**

In phase one, self-administered online surveys were used to collect quantitative data and qualitative open-ended questions. Self-administered questionnaires are surveys that ask the respondents to complete the questionnaires themselves (Rubin & Babbie, 2014). A survey research design allows for data to be collected from a wide range of individuals and to include instruments to measure multiple constructs. This study utilized the quantitative approach to collect and measure demographics, general perceptions of IPC, experiences of discrimination while engaging in IPC, experiences engaging in collaborative activities related to CYFC, perceived barriers and facilitators to IPC, and

experiences of IPC between child welfare and school professionals. This phase was also used to screen for study eligibility for phase two.

### ***Sampling and Recruitment***

The sampling frame for this study included child welfare professionals, school professionals, and professional caregivers in Maricopa County, Arizona. Child welfare professionals were defined as professionals who work for a public, private or tribal child welfare agency or a service provider agency that is contracted to provide child welfare services. School professionals were defined as professionals who work for a school or school district (public, private, or charter) within K-12 education or for a state education agency. Professional caregivers were defined as professionals caring for a school-aged child(ren) in out-of-home care as a relative foster parent, non-relative foster parent, or residential care/group home professional. Professional caregivers were included in the sample because in Arizona, caregivers are often taking on the roles of child welfare professionals related to education.

Arizona has one statewide child welfare agency, one state education agency, and over 700 local educational agencies (Arizona Department of Education, n.d.). Maricopa County is a large urban county with a population of about 4.5 million people (U.S. Census, 2022). The county is primarily White (53.4%) followed by Latinx (32.0%) and Black (6.7%). Approximately 11.3% of people live in poverty (U.S. Census Bureau, 2022). The majority of CYFC in Arizona enter care in Maricopa County (57.8%; Arizona Department of Child Safety, 2022). Child welfare and school professionals working in this community are serving a population of CYFC who may have greater needs than those in other communities.

**Agency Level.** Convenience sampling was used to recruit child welfare agencies and schools/school districts primarily serving Maricopa County, including a public child welfare agency, schools/school districts, and service provider agencies with contracts with the state child welfare agency. Recruitment emails were sent to potential agencies to request their participation in the study. Emails included a recruitment script and flyer describing the study. Participating agencies completed an agency demographic survey. The agency demographic survey is provided in Appendix A. Agencies also provided the email addresses for employees meeting the inclusion criteria for participant recruitment.

Professional caregivers were recruited by sharing the recruitment script and flyer by email with administrators at foster care and kinship licensing agencies, support agencies, and group homes for children in foster care. Agencies were asked to share the study flyer with potential participants directly. Agencies did not formally participate in the study or complete the agency demographic survey, as they were generally not the employees of the agency. Professional caregivers were also recruited by sharing the recruitment script and survey link within Facebook groups targeting foster parents and kinship providers in Arizona or Maricopa County.

**Individual Level.** Convenience sampling was used to recruit individuals employed at participating agencies who met the inclusion criteria and that the agency provided an email address for. To meet inclusion criteria, child welfare and school professionals needed to be (a) 18 years or older, (b) currently employed at a participating agency/office, and (c) currently employed in one of the specified roles. Eligible roles for child welfare professionals working at the public child welfare agency included (a) administrators, (b) Team Decision Making (TDM) facilitators in Maricopa County, (c)

Regional TDM Lead Facilitators in Maricopa County, (d) ESSA points of contact for the State and Maricopa County, and (e) State Education Specialists serving Maricopa County. Eligible child welfare professionals working at service provider agencies included (a) case managers/direct care workers, (b) supervisors, and (c) administrators. Eligible school professionals included (a) school social workers, (b) school counselors, (c) enrollment/admissions personnel, (d) administrative assistant/front office personnel, (e) teachers, (f) vocational/transition specialists, (g) nurses, (h) school administrators (principals, assistant principals, other administrators), (i) ESSA points of contact for the state and local educational agencies (j) school psychologists, and (k) special education coordinators.

Potential child welfare and school professional participants were invited to participate in the study via email. Potential participants were sent an initial email about the study and three follow-up reminder emails. The email to potential participants included a recruitment script in the body of the email and attached to the email. It also included a link to a survey administered through Qualtrics.

To meet inclusion criteria, professional caregivers needed to be (a) 18 years or older, (b) currently living or working at a group home in Maricopa county, (c) currently caring for one or more school aged child or youth in foster care, and (d) currently identifying as one of the eligible types of caregivers. Eligible types of professional caregivers included: (a) non-relative licensed foster parent/caregivers, (b) relative (kinship) licensed foster parent/caregivers, (c) relative (kinship) unlicensed foster parent/caregivers, (d) therapeutic foster parent/caregivers, and (e) residential care/group home caregivers.

### ***Data Collection***

The online surveys were administered through Qualtrics. Separate surveys were sent to child welfare professionals, school professionals, and professional caregivers from September 2021 to June 2022. The first page of the survey was a consent form. The recruitment script detailed the risks of participating in the survey and protections for the participants. The median length of time for participants to complete the survey was 15 minutes and 40 seconds. At the end of the survey, participants were directed to a separate Qualtrics survey and given the option to enter their email address if they wished to receive the incentive for participating in phase one, a \$20 electronic gift card. Participants were then directed to another Qualtrics survey and asked if they are interested in participating in a focus group or interview and their name and email addresses were collected.

Only the researcher, dissertation committee and research assistant had access to the collected data. Data were downloaded from Qualtrics and stored in Dropbox and a computer hard drive on a password protected university computer. To access the data in Qualtrics, Dropbox, or the computer hard drive, researchers had to sign-in through the duo-protected password protected ASU system. Data collected for the incentive and interest in participating in phase two were kept separately.

### ***Measures***

Measures collected in the survey included demographics, general perceptions of IPC, experiences of discrimination while engaging in IPC, experiences engaging in collaborative activities related to CYFC, and perceived barriers and facilitators to IPC, and experiences of IPC between child welfare and school professionals. The survey

instruments are provided in Appendix B (school professionals), Appendix C (child welfare professionals), and Appendix D (professional caregivers). The tools were piloted with several stakeholders prior to dissemination to check for understanding and missing items or concepts.

**Demographics.** Demographic variables related to identity included sex/gender, race/ethnicity, sexual orientation, and age. Educational background was measured by the highest level of education. Variables related to professional background included current agency, current position, length of time in the position field, and employment status. Knowledge of the educational needs of CYFC were assessed through an open-ended question about the educational barriers facing CYFC. The items were developed by the author.

**General Perceptions of IPC.** Multiple validated measures have been developed to operationalize the construct of IPC for specific professionals (e.g., nurses, doctors, mental health professionals) and settings (e.g., hospital, schools). Measures have often conceptualized IPC through measuring various constructs (e.g., communication, teamwork, professional roles, structural characteristics). The majority of scales have been developed and tested for healthcare professionals (Carroll, 1999; Kenaszchu et al., 2010; Weiss & Davis, 1985). Several measures of IPC have also been developed for social service professionals (Bronstein, 2002; Mellin et al., 2010; National Child Welfare Workforce Institute, n.d.; Odegard et al., 2006; Odegard & Strype, 2009; Oliver et al., 2007).

The Perception of Interprofessional Collaboration Model Questionnaire (PINCOM-Q) is a 48-item measure developed to assess the perceptions of

interprofessional collaboration in the area of mental health care for children and adolescents (Odegard, 2006; Odegard & Strype, 2009). The measure was originally tested with professionals working in schools, child protection organizations, primary health, and child psychiatry in Norway. The tool includes 12 subscales at the individual (motivation, role expectations, personality style, and professional power), group (group leadership, coping, communication, and social support) and organizational levels (organizational culture, organizational goals/aims, organizational domain, and organizational environment). Items are measured on a 7-point Likert scale ranging from “1 = strongly disagree” to “7 = strongly agree”. A higher score indicates higher perceptions of IPC. The measure has high reliability ( $\alpha = .91$ ; Odegard & Strype, 2009), indicating sufficient internal consistency. Johnson (2016) only used the individual subscales (motivation, role expectations, personality style, and professional power) in a study of healthcare professionals who were not currently involved interprofessional group activities. The reliability for the individual constructs ( $\alpha = .77$  and  $.793$ ) have been found to be acceptable (Johnson, 2016; Rousseau et al., 2012). Professional power was defined by the developers as “the notion that some individuals in interprofessional groups have more influence than others on the group process” (Odegard et al., 2006). An example item of professional power is, “Some professionals dominate the interprofessional meetings with their professional viewpoints.”

The PINCOM-Q individual subscales (motivation, role expectations, personality style, and professional power) were used to measure the general perceptions of IPC. These measures assess individual perceptions of IPC apart from other group and organizational factors. The subscales are also relatively short (16 items; 4 items for each

of the 4 subscales) compared to other measures of IPC. One of the subscales measures professional power, however, the conceptualization of power is still limited. It focuses on influences within the group process and does not measure other forms of power such as gender, race/ethnicity, age, professional status, or organizational power. This scale was not asked to professional caregivers since the items are specific to collaborating with professionals in other disciplines.

**Experiences of Discrimination While Engaging in IPC.** The Intersectional Day-to-Day Discrimination Index (InDI-D) is a scale used to measure the lifetime day-to-day discrimination across multiple social identities or positions (Bauer & Scheim, 2019; Scheim & Bauer, 2019). The intraclass correlation coefficients for the test-retest reliability was 0.70 (Scheim & Bauer, 2019). This scale includes 9 items about the lifetime frequency of day-to-day experiences of discrimination. The author selected 5 items that were most related to collaboration in the workplace. The author also adapted the scale introduction to specify experiences of discrimination while engaging in IPC. An example item is, “Because of who you are, while engaging in collaborative activities with other professionals have you been treated as if others are afraid of you?” Response options include: 1 = never, 2 = yes, but not in the past year, 3 = yes, once or twice in the past year, and 4 = yes, many times in the past year. A higher score indicates more experiences of discrimination while engaging in IPC.

If participants have experienced any discrimination while engaging in IPC, they were asked the follow-up question, “Which aspect(s) of who you are do you think were the reasons for this/these experience(s) while engaging in collaborative activities with other professionals?” Participants could select all that apply from the response options of:



1 = your race or ethnicity, 2 = your gender, 3 = your sexual orientation, 4 = your age, 5 = your education level, 6 = other.

**Experiences Engaging in Collaborative Activities Related to CYFC.** To measure the frequency of engagement in collaborative activities related to CYFC, a series of items were asked. The items were slightly different for child welfare and school professionals to assess their separate roles. Professional caregivers were asked about their engagement with both school and child welfare professionals. Participants were asked to select all of the collaborative activities that they have ever engaged in with one or more child welfare/school professionals. A greater number of identified collaborative activities indicates having had more experiences engaging collaborative activities with the other type of professional. An example item for a child welfare professional is “participated in an IEP eligibility meeting.” An example item for a school professional is, “participated in a Best Interests Determination (BID) meeting to determine if a child/youth in foster care should remain in their school of origin.” The items were developed by the author based on collaborative activities that are expected by federal policy or recommended in practice. A quantitative and open-ended question also asked professionals about how their engagement with these activities now compares with their engagement prior to the COVID-19 pandemic.

**Perceived Barriers and Facilitators to IPC.** To explore the perceived facilitators of IPC between child welfare and school professionals, participants were asked two open-ended questions: “What helps you to engage in collaborative activities with child welfare professionals?” and “What helps you to engage in collaborative activities with school professionals?” Participants were also asked two open-ended

questions about the barriers to IPC: “What hinders you from engaging in collaborative activities with child welfare professionals?” and “What hinders you from engaging in collaborative activities with school professionals?” Participants also responded to two questions about how changes from the COVID-19 pandemic have helped or hindered their engagement in collaborative activities: “The COVID-19 pandemic has brought many changes in the ways that we work and collaborate with other professionals. Since the beginning of the COVID-19 pandemic in March 2020, what changes have hindered you from engaging in collaborative activities with [child welfare or school professionals]?” and “The COVID-19 pandemic has brought many changes in the ways that we work and collaborate with other professionals. Since the beginning of the COVID-19 pandemic in March 2020, what changes have helped you to engage in collaborative activities with [child welfare professionals or school professionals]?”

**Experiences of IPC between Child Welfare and School Professionals.** The Comprehensive Organizational Health Assessment (COHA) is a diagnostic tool to assess the individual, work unit, and organizational factors related to child welfare services (National Child Welfare Workforce Institute, n.d.; Potter et al., 2016). The tool was designed as part of a federal grant from the Children’s Bureau to develop and evaluate child welfare organization interventions (Potter et al., 2016). The scales in the original version of the COHA had adequate internal consistency reliability ( $\alpha = .80 - .97$ ; Potter et al., 2016).

One of the measures included in the revised version of the tool is an “Inter-professional Collaboration” scale (National Child Welfare Workforce Institute, n.d.). This subscale includes 9 items about communication and collaboration. Respondents

were asked, “Which of the following service providers do you interact with most frequently?” and provided with a list of professionals. Although the original scale did not ask about child welfare or school professionals, it was adapted by replacing the list of service providers/court professionals with child welfare or school professional positions. Frequency was measured by the item, “How frequently does your job require you to interact with this school professional?” and response options include: 1 = once a year or less, 2 = a few times a year, 3 = monthly, 4 = weekly, and 5 = daily. A higher score indicates more frequent IPC with the identified professional. Seven items assessed the strength of their IPC with the other professional. An example item is, “We understand each other’s job responsibilities”. Participants indicated their level of agreement from statements on a 5-point scale ranging from “1 = strongly disagree” to “5 = strongly agree”. A higher score indicates stronger IPC with the identified professional.

A strength of the COHA IPC subscale is that it was developed to briefly assess IPC between a child welfare and another professional. Other scales that measure IPC are longer and measure multiple constructs related to IPC (Bronstein, 2002; Odegard, 2006; Odegard & Strype, 2009). The items are also general enough that they could apply to collaboration between professionals in various roles. A limitation could be that the scale asks respondents to only describe the IPC with the type of professional they most frequently interact with, which may vary inherently suggest that they have stronger IPC. At this time, the psychometrics of this subscale have not been published. However, a paper is forthcoming on the psychometrics of the scale using data that was collected from multiple child welfare agencies in the U.S.

### ***Data Analysis***

Quantitative data were analyzed using descriptive statistics. Univariate analyses were conducted on each of the variables to report their distributions (i.e., frequency), measures of central tendency (i.e., averages, mean, median, mode), and dispersion (i.e., range, variance, standard deviation; Rubin & Babbie, 2014). Bivariate analyses (ANOVA and t-tests) were conducted on the PINCOM-Q, InDI-D, and COHA scales to compare differences between groups. These analyses were conducted using StataIC 17.

Open-ended questions in the surveys were analyzed using content analysis. Content analysis is type of qualitative analysis that can be used both deductively and inductively, often switching between the two (Padgett, 2017). The deductive approach involves pre-existing categories that are used to code the data. An inductive approach is used to code and categorize new data that is outside of the pre-existing codes. Themes emerged from the data related to the barriers and facilitators of IPC. These analyses were conducted using NVivo software.

### **Phase Two: Qualitative Phase**

In phase two, focus groups and interviews were used to collect in-depth qualitative data. This phase provides a deeper understanding into the processes and perspectives of the perceived barriers and facilitators to IPC from professionals with past experiences engaging in IPC to advance K-12 educational well-being for CYFC. The qualitative phase utilized a nested sample, or a subset of individuals from the quantitative sample (Creswell & Plano Clark, 2018). To be eligible for phase two, participants in phase one needed to completed the COHA IPC scale for at least one type of professional. They also needed to have indicated an interest in participating in an interview or focus group.

Focus groups were conducted with professional caregivers. Focus groups are a method of interviewing with a small group of individuals that are often from similar backgrounds (Padgett, 2017). The interviewer aims to create a supportive environment in which participants can respond to open-ended questions asked by a facilitator through discussions and expressing differing opinions (Marshall & Rossman, 2011). Focus groups can allow participants to build off of each other and potentially generate more facilitators, barriers, and recommendations that they would in an individual interview. It also provides an opportunity to examine consenting and differing views amongst professionals in similar roles. Focus groups also allow more participants to be included with less time and resources than individual interviews require. A limitation of this approach is that the participants may feel less comfortable discussing sensitive topics (e.g., power differentials) or dissenting viewpoints. Additionally, there is a greater threat to confidentiality. To help address these concerns, the consent form emphasized not sharing information from the focus group with others. The focus group protocol is provided in Appendix H.

Semi-structured interviews were conducted with child welfare professionals and school professionals. Interviews were also conducted with professional caregivers that came to scheduled focus groups that did not have other scheduled potential participants present. Interviews are conducted with key informants who are purposefully selected based on their ability to provide information (Padgett, 2017). Elite or expert interviews are conducted with key informants who hold positions of power or are considered to be particularly influential or well-informed about a topic (Marshall & Rossman, 2011). Interviews with these individuals can add a top-down perspective that may be different

from other stakeholders (Padgett, 2017). Semi-structured interviews include a list of prepared topics or questions, generally include follow-up questions, are somewhat conversational, and allow for some flexibility in the order of questions or if they are asked at all (Marshall & Rossman, 2011). Utilizing individual interviews for child welfare and school professionals helped with scheduling and gaining access to a typically hard to reach population. If these individuals participated in focus groups, other participants may feel less comfortable due to their inherent positional power. The semi-structured interview protocols are provided in Appendix E (child welfare professionals), Appendix F (school professionals), and Appendix G (professional caregivers).

### ***Sampling and Recruitment***

Purposive sampling was utilized to determine which potential participants (i.e., individuals who met phase two criteria and entered their email address to be invited to a focus group or interview) were invited to participate in a focus group or interview. Purposive sampling is a process of specifically selecting participants based on their ability to provide information that is needed for the study (Padgett, 2017). All participants who met criteria for phase two were invited to participate in an interview or focus group. The study recruited participants until saturation was reached. The study included a total of 22 participants, including 6 child welfare, 9 school professionals, and 7 professional caregivers. Guest et al. (2006) suggested that a sample of six to twelve participants is likely sufficient to describe the shared perceptions, beliefs, or behaviors of a group.

**Interviews.** Potential participants who were selected to be invited to an interview were contacted by email with an invitation to participate. The email contained a

recruitment script and a link to an online registration form to choose an interview date and time slot. Potential participants were not be able to see the name or contact information of other individuals who have registered. Each potential participant received an initial email about the study and then three reminder emails.

**Focus Groups.** Potential participants who were selected to be invited to a focus group were contacted by email with an invitation to participate. The email contained a recruitment script and a link to an online registration form to choose a focus group date and time slot. Potential participants were not be able to see the name or contact information of other individuals who have registered. Each potential participant received an initial email about the study and then three reminder emails.

### ***Data Collection***

Interviews and focus groups were conducted from April 2022 to June 2022 using a video conferencing software, Zoom (ASU provided account). Potential participants who registered for an interview or focus group, received an email confirmation with a link to the Zoom meeting and meeting password. Potential participants also received a reminder email the day before the interview or focus group. At the beginning of the interview or focus group, participants received a link to an electronic consent form in Qualtrics through the Zoom chat feature. After completing the consent form, participants were directed to a separate survey to enter their Study ID to link their phase one and phase two data. Participants were then be directed to another survey to indicate if they wanted to receive the incentive for participating in phase two, a \$25 electronic gift card. They were then sent to another survey to indicate if they are interested in participating in an additional interview and/or member checking after the analysis. If so, they provided their

name and email address. Participants also gave their verbal consent that they completed the consent form, were willing to participate, and stated if they were willing to be recorded. Consent forms were stored electronically in Qualtrics, Dropbox, and a computer hard drive on a password protected university computer. Data for the incentive and contact information were kept separate.

The interviews and focus groups were video and audio recorded using Zoom. Zoom automatically transcribed the recordings. The researcher and/or research assistant listened to each of the recordings to check and make any necessary edits to the transcription. Audio, video, and transcription files were downloaded from Zoom and saved in Dropbox and on a password protected university computer, following the same security procedures as the survey data collection.

### ***Data Analysis***

Grounded theory (GT) was used to analyze the qualitative data. GT is an approach which involves the researcher generating a small theory to explain a process, action or interaction which is grounded in the perspective of the participants (Creswell, 2009; Padgett, 2017). GT was developed by Glaser and Strauss in the 1960s. During this time period, there was an emphasis on quantitative methods and using research to test the hypotheses of grand theories (Bryant & Charmaz, 2007b). Instead, GT offered “a way of arriving at theory suited to its supposed uses” (Glaser & Strauss, 1967, p. 3). GT aims to develop theory from data obtained through social research to generate new theories rather than through logical deduction by a priori assumptions (Glaser & Strauss, 1967). The approach assumes that participants hold knowledge and new theories will emerge from examining their experiences.



Within the GT approach, coding is conducted without a pre-determined coding scheme and categories emerge from the data (Bryant & Charmaz, 2007b). Initial coding stays close to the data and attempts to code data as actions (Charmaz, 2006). Coding can be conducted word-by-word, line-by-line, or incident to incident (Charmaz, 2006). Throughout the coding process, researchers use constant comparative methods to compare similarities and differences between incidents with the same participant and across data from other participants (Glaser & Strauss, 1967). The second phase of coding is focused coding, which utilizes the initial codes that were determined to be most significant or frequent and applies them to larger amounts of data (Charmaz, 2006). This process is iterative and codes continue to be refined through additional coding and comparison. The third phase is axial coding which involves specifying the properties of categories and subcategories (Charmaz, 2006). Axial coding brings data together and can show relationships between the categories.

Overtime, GT has been criticized for having its own positivistic assumptions and for placing the researcher as the expert over participants (Bryant & Charmaz, 2007b; Charmaz, 2006). Bryant and Charmaz (2007a) also discussed that there is a tension between GT and critical theory, as grounded theory tends to value the perspective of the researcher and critical theory focuses on involving participants to avoid objectifying and misrepresenting them further. However, the authors acknowledge that accommodating critical theory can help this tension to become productive by encouraging researchers to be theoretically sensitive to developed grounded theories and acknowledge that theory could change rather than being absolute (Bryant & Charmaz, 2007a). In traditional GT, researchers are not specifically encouraged to be reflexive and analyze their own

positionality and how this influences the analysis process. Charmaz (2006) also addresses some of these concerns by using GT through a constructivist lens to examine the role of the researcher in collecting and analyzing data. Despite these limitations, GT was selected for this study for several reasons. A benefit of GT is that it provides a framework for how to code and analyze qualitative data. Utilizing this approach increases the rigor of the qualitative data analysis. It also works well with a mixed methods approach, because it involves using multiple sources of data. GT is useful for studying processes and actions, which is critical for this topic and research question. Integrating critical theory and using techniques to increase trustworthiness also help to mitigate the traditionally positivistic assumptions of GT.

Coding and data analyses were conducted using NVivo 12 software. The data were coded independently by the researcher, while engaging in peer debriefing conversations with members of the dissertation committee and peers. Throughout the coding and analysis process, the researcher kept an audit trail, engaged in memo writing, and journaled written accounts of reflexivity.

### ***Techniques to Increase Trustworthiness***

Rigor in qualitative research has been conceptualized as trustworthiness. Trustworthiness is when the study findings closely represent the meaning and perspectives of the participants (Lincoln & Guba, 1985). According to Lincoln and Guba (1985), trustworthiness can be established through credibility, transferability, dependability, and confirmability. Threats to trustworthiness include reactivity, researcher biases, and respondent biases (Padgett, 2017). Techniques used in this study to

increase trustworthiness and to reduce threats included triangulation, peer debriefing, audit trail, and reflexivity.

Triangulation can involve using multiple theories (theory triangulation), multiple methods (methodological triangulation), more than one observer (observer triangulation) and more than one data source (data triangulation) within a single study (Denzin, 1978; Padgett, 2017). This study utilized theory triangulation (ecological systems theory and critical theory), methodological triangulation (mixed methods), and data triangulation (surveys, interviews, and focus groups). Peer debriefing involves meeting with mentors and peers who are also involved in qualitative research to exchange feedback, brainstorm ideas, discuss challenges and process biases (Padgett, 2017). The researcher engaged in peer debriefing by having discussions with the dissertation committee and peers.

An audit trail is a detailed written account of the research procedures and decisions made throughout the length of the study (Lietz & Zayas, 2010). An audit trail may include samples of raw data, memos, codebook versions, and research decisions (Padgett, 2017). Memos may include thoughts, biases, connections, defining codes and categories, identifying gaps in data collection and analysis, and future directions (Charmaz, 2006). Throughout this study, the researcher kept an audit trail that was regularly updated and wrote descriptions of reflexivity throughout the research process in the audit trail (Lietz et al., 2006). Reflexivity involves managing researcher bias by actively acknowledging how the researcher's standpoint will impact the meaning and context of the study (Horsburgh, 2003). To engage in the process of reflexivity, researchers can write their reflections and discuss biases with their peers throughout the research process (Lietz et al., 2006; Mauthner & Doucet, 2003). In addition to journaling

written accounts of reflexivity in my audit trail, the researcher also engaged in discussions with the dissertation committee and peers about personal biases throughout the research process.

## CHAPTER 4

### RESULTS

#### **Phase One: Quantitative Phase**

##### *Description of the Phase One Sample*

Data were collected from a public child welfare agency, two child welfare service provider agencies, two public school districts, and two charter schools. The public child welfare agency is a statewide child protective services agency. The child welfare service provider agencies are contracted by the public child welfare agency to provide services. One agency provides educational navigation and the second agency provides educational navigation, independent living services, family preservation services, supervised visitation services, placement stability services, and foster home case management. The two public school districts serve K-12<sup>th</sup> grades. One of the charter schools serves K-6<sup>th</sup> grade and one serves 9<sup>th</sup>-12<sup>th</sup> grade credit recovery.

A total of 159 individuals participated in the survey. Four were removed as duplicate responses by the same person and the most complete response was kept between the duplicates. Eleven participants did not complete one or more scales and were removed. Eight participants indicated that they did not have any school aged children in their care in the open responses and were removed. The final sample size was 136. The sample included those who identified as child welfare professionals ( $n = 29$ , 21.32%), school professionals ( $n = 49$ ; 36.03%), and professional caregivers ( $n = 58$ ; 42.65%). The majority of participants identified as woman/female (84.44%) followed by man/male (14.81%). Participants were mostly Caucasian/White (61.03%) followed by Hispanic or Latina/o/x (16.91%). The majority identified as straight/heterosexual (80.88%). The

highest percentage had a Bachelor's degree (39.85%) followed by a Master's degree (35.34%). The average age of participants was 38.89 years old. Personal demographics are provided in Table 2.

**Table 2***Personal Demographics*

Variables	Full Sample ( <i>N</i> = 136)		Child Welfare Professionals ( <i>n</i> = 29)		School Professionals ( <i>n</i> = 49)		Professional Caregivers ( <i>n</i> = 58)	
	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<b>Gender</b>								
Woman/female	114	84.44	24	82.76	37	77.08	53	91.38
Man/male	20	14.81	5	17.24	11	22.92	4	6.90
Other	1	0.74	0	0.00	0	0.00	1	1.72
<b>Race/ethnicity</b>								
Caucasian or White	83	61.03	15	51.72	32	65.31	36	62.07
Hispanic or Latina/o/x	23	16.91	8	27.59	8	16.33	7	12.07
Black or African American	10	7.35	3	10.34	3	6.12	4	6.90
Asian or Asian American	6	4.41	2	6.90	0	0.00	4	6.90
American Indian, Native American, or Alaska Native	2	1.47	0	0.00	2	4.08	0	0.00
Two or More	10	7.35	1	3.45	4	8.16	5	8.62
Prefer not to answer	2	1.47	0	0.00	0	0.00	2	3.45
<b>Sexual Orientation</b>								
Straight/heterosexual	110	80.88	24	82.76	44	89.80	42	72.41
Gay/lesbian	9	6.62	2	6.90	1	2.04	6	10.34
Bisexual	7	5.15	2	6.90	2	4.08	3	5.17
Pansexual	2	1.47	0	0.00	0	0.00	2	3.45
Queer	1	0.74	0	0.00	0	0.00	1	1.72
Other	1	0.74	0	0.00	0	0.00	1	1.72
Prefer not to answer	6	4.41	1	3.45	2	4.08	3	5.17
<b>Education Level a</b>								
High school diploma/GED	22	16.54	0	0.00	4	8.51	18	31.58
Associates	8	6.02	0	0.00	4	8.51	4	7.02
Bachelors	53	39.85	17	58.62	16	34.04	20	35.09
Masters	47	35.34	12	41.38	22	46.81	13	22.81
Doctoral	3	2.26	0	0.00	1	2.13	2	3.51
	Mean	<i>SD</i>	Mean	<i>SD</i>	Mean	<i>SD</i>	Mean	<i>SD</i>
<b>Age b</b>	38.89	10.53	35.18	9.59	41.96	11.83	38.00	9.13

Note. a Totals for education do not equal 136 due to missing data. b Totals for education do not equal 136 due to missing data. c Totals for education do not equal 136 due to missing data.

**Agency and position demographics.** Of child welfare professionals, the majority worked for a child welfare service provider agency (62.05%) with the remainder working for a public child welfare agency (37.93%). Their positions included direct service workers (62.07%), administrators (20.69%), and supervisors/manager (17.24%). The average number of years of experience working in social services was 9.97 years. Of school professionals, slightly more worked for a public school/district (53.06%) than a charter school/district (46.94%). The majority were teachers (53.06%) followed by school administrators (16.33%). The average number of years of experience working in education was 11.10 years. Of professional caregivers, the majority were non-relative licensed foster parents (82.76%) followed by residential care/group home providers (8.62%), relative licensed foster parents (5.17%) and relative non-licensed foster parents (3.45%). The average number of years of experience being a caregiver to children in foster care was 3.82 years. Agency and position demographics are provided in Table 3.



**Table 3**  
*Agency and Position Demographics*

Variables	Child Welfare Professionals ( <i>n</i> = 29)		School Professionals ( <i>n</i> = 49)		Professional Caregivers ( <i>n</i> = 58)	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<b>Type of Agency</b>						
Child welfare service provider	18	62.07	n/a	n/a	n/a	n/a
Public child welfare agency	11	37.93	n/a	n/a	n/a	n/a
Public school/district	n/a	n/a	26	53.06	n/a	n/a
Charter school/district	n/a	n/a	23	46.94	n/a	n/a
<b>Position</b>						
Direct service worker	18	62.07	n/a	n/a	n/a	n/a
Supervisor/manager	5	17.24	n/a	n/a	n/a	n/a
Administrator	6	20.69	n/a	n/a	n/a	n/a
Teacher	n/a	n/a	26	53.06	n/a	n/a
School administrator	n/a	n/a	8	16.33	n/a	n/a
Administrative assistant/ Front office personnel	n/a	n/a	5	10.21	n/a	n/a
Special education coordinator	n/a	n/a	3	6.12	n/a	n/a
School social worker/psychologist	n/a	n/a	3	6.12	n/a	n/a
School nurse	n/a	n/a	3	6.12	n/a	n/a
Foster care liaison	n/a	n/a	1	2.04	n/a	n/a
Non-relative licensed foster parent	n/a	n/a	n/a	n/a	48	82.76
Relative licensed foster parent	n/a	n/a	n/a	n/a	3	5.17
Relative unlicensed foster parent	n/a	n/a	n/a	n/a	2	3.45
Residential care/group home	n/a	n/a	n/a	n/a	5	8.62
	Mean	<i>SD</i>	Mean	<i>SD</i>	Mean	<i>SD</i>
<b>Years of Experience</b>						
Years in social service field	9.97	8.57	n/a	n/a	n/a	n/a
Years in education field	n/a	n/a	11.10	7.81	n/a	n/a
Years as caregiver	n/a	n/a	n/a	n/a	3.82	4.97

***PINCOM-Q***

The mean composite score for the full sample was 5.30 (*SD* = 0.62). The mean score for child welfare professionals was 5.44 (*SD* = 0.48) and 5.21 (*SD* = 0.68) for school professionals. A two-sample t-test was conducted to test the difference between the two groups. There was not a significant difference between the two groups (*p* = .118). The results of the PINCOM-Q are reported in Table 4.

**Table 4**

*Scales*

Variables	Full Sample			Child Welfare Professionals			School Professionals			Professional Caregivers			T-test/ANOVA	
	<i>N</i>	Mean	<i>SD</i>	<i>n</i>	Mean	<i>SD</i>	<i>n</i>	Mean	<i>SD</i>	<i>n</i>	Mean	<i>SD</i>	<i>t/F</i> value	<i>P</i> -value
PINCOM-Q	78	5.30	0.62	29	5.44	0.48	49	5.21	0.68	n/a	n/a	n/a	1.58	.118
InDI-D	127	1.50	0.60	29	1.33	0.47	49	1.53	0.55	49	1.58	0.72	1.59	.209
COHA IPC Frequency (School)	89	3.53	1.23	23	3.00	1.17	25	4.32	0.99	41	3.53	1.23	9.14	.001
COHA IPC (School)	94	3.99	0.94	24	3.73	0.79	26	4.47	0.50	44	3.85	1.10	5.18	.007
COHA IPC Frequency (Child welfare)	87	3.33	1.02	22	4.18	1.01	22	2.64	1.14	43	3.26	0.58	17.98	.000
COHA IPC (Child welfare)	94	3.63	1.04	25	4.06	0.57	24	3.77	0.90	45	3.31	1.21	4.84	.01

*Notes:* The sample sizes in the table are different due to missing data or participants not being asked a scale due to skip logic. For example, people were not asked the COHA IPC if they did not select that they had collaborated with one of the listed professionals. PINCOM-Q = Perception of Interprofessional Collaboration Model Questionnaire, InDI-D= Intersectional Day-to-Day Discrimination Index, COHA IPC = Comprehensive Organizational Health Assessment Inter-professional Collaboration Scale.

## ***InDI-D***

The mean composite score for the full sample was 1.50 ( $SD = 0.60$ ). The mean score for child welfare professionals was 1.33 ( $SD = 0.47$ ), 1.53 ( $SD = 0.55$ ) for school professionals, and 1.58 ( $SD = 0.72$ ) for professional caregivers. A one-way ANOVA was conducted to determine whether types of professionals have significantly higher experiences of day-to-day discrimination than others. The ANOVA results show that the differences between the three groups were not statistically significant  $F(2,124) = 1.59, p = .209$ . The InDI-D scale results are reported in Table 4. Of those who completed the scale, 79 reported experiencing day-to-day discrimination in their lifetime. The aspects of themselves that they most commonly perceived as being the reasons for the discrimination included age (45.57%), other (37.97%), and gender (35.44%). The qualitative “other” responses were coded and most commonly included role/position, sexual orientation, disability, experience or lack of experience, and personality. The results are reported in Table 5.

**Table 5**  
*Perceived Reasons for Discrimination*

Variables	Full Sample ( $N = 79$ )		Child Welfare Professionals ( $n = 14$ )		School Professionals ( $n = 34$ )		Professional Caregivers ( $n = 31$ )	
	$n$	%	$n$	%	$n$	%	$n$	%
Race/ethnicity	18	22.78%	4	28.57%	8	23.53%	6	19.35%
Gender	28	35.44%	6	42.86%	11	32.35%	11	35.48%
Age	36	45.57%	9	64.29%	16	47.06%	11	35.48%
Education level	23	29.11%	3	21.43%	10	29.41%	10	32.26%
Other	30	37.97%	4	28.57%	16	47.06%	10	32.26%

### *Collaborative Activities*

Among the potential collaborative activities, child welfare professionals had most frequently introduced themselves and their role (89.66%), participated in a case-related meeting (86.21%), or asked about IEP/504 Plans (79.31%) with school professionals. They had least frequently participated in special education evaluation meetings (24.14%), made a referral for a special education evaluation (24.14%), or informed school professionals about who can transport or contact a child (27.59%) with school professionals. Professional caregivers had most frequently introduced themselves and their role (75.86%), enrolled a child in a new school (75.86%) or participated in a meeting about behavioral challenges (67.25%) with school professionals. They had least frequently been part of developing a Best Interest Determination/Transportation plan (20.69%), participating in a meeting about postsecondary planning (22.41%), or informing a school that a child entered out-of-home care (29.31%) with school professionals. The frequency of collaboration activities with school professionals are reported in Table 6.

**Table 6**  
*Collaborative Activities with School Professionals*

Variables	Full Sample ( <i>N</i> = 87)		Child Welfare Professionals ( <i>n</i> = 29)		Professional Caregivers ( <i>n</i> = 58)	
	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%
Introduced yourself and your role	70	80.46	26	89.66	44	75.86
Case-related meeting	62	71.26	25	86.21	37	63.79
Asked about IEP/504 Plan	59	67.82	23	79.31	36	62.07
Behavioral challenges meeting	57	65.52	18	62.07	39	67.24
Enrolled new school	55	63.22	11	37.93	44	75.86
Educational challenges meeting	52	59.77	18	62.07	34	58.62
Requested educational records	41	47.12	18	62.07	23	39.66
Informed placement change	40	45.98	10	34.48	30	51.72
Annual IEP/504 Plan meeting	40	45.98	12	41.38	28	48.28
Informed transportation or contact	39	44.83	8	27.59	31	53.45
IEP eligibility meeting	39	44.83	10	34.48	29	50.00
Special education evaluation	38	43.68	7	24.14	31	53.45
Determination of IEP services meeting	37	42.53	10	34.48	27	46.55
BID meeting	35	40.23	16	55.17	19	32.76
Special education referral	34	39.08	7	24.14	27	46.55
School discipline meeting	32	36.78	9	31.03	23	39.66
Development of IEP transition plan	31	35.63	9	31.03	22	37.93
Postsecondary planning meeting	31	35.63	18	62.07	13	22.41
Informed out-of-home care entrance	28	32.18	11	37.93	17	29.31
BID/Transportation Plan	25	28.74	13	44.83	12	20.69
None of the above	7	8.05	0	0	7	12.07

School professionals had most frequently participated in an annual IEP/504 Plan meeting (57.14%), introduced themselves and their role (48.98%), or participated in a meeting about educational challenges (48.98%) with child welfare professionals. They least frequently had enrolled a child in foster care in a new school without the required paperwork (12.24%), were part of developing a Best Interest Determination/Transportation plan (12.24%), or made a referral for a special education

evaluation (16.33%) with child welfare professionals. Professional caregivers had most frequently participated in a case-related meeting (67.24%), introduced themselves and their roles (53.45%), or participated in a meeting about behavioral challenges (43.10%) with child welfare professionals. They had least frequently participated in a meeting about postsecondary planning (12.07%), participated in the development of an IEP transition plan (18.97%), or participated in a determination of IEP services meeting (18.97%) with child welfare professionals. The frequency of collaboration activities with child welfare professionals are reported in Table 7.

**Table 7**  
*Collaborative Activities with Child Welfare Professionals*

Variable	Full Sample (N = 107)		School Professionals (n = 49)		Professional Caregivers (n = 58)	
	N	%	n	%	n	%
Introduced yourself and your role	55	51.40	24	48.98	31	53.45
Case-related meeting	51	47.66	12	24.49	39	67.24
Behavioral challenges meeting	45	42.06	20	40.82	25	43.10
Educational challenges meeting	43	40.19	24	48.98	19	32.76
Annual IEP/504 Plan	41	38.32	28	57.14	13	22.41
BID Meeting	31	28.97	10	20.41	21	36.21
IEP eligibility meeting	27	25.23	14	28.57	13	22.41
Special education evaluation	26	24.30	13	26.53	13	22.41
Determination of IEP services meeting	25	23.36	14	28.57	11	18.97
Special education referral	24	22.43	8	16.33	16	27.59
Development of IEP transition plan	23	21.49	13	26.53	10	17.24
School discipline meeting	23	21.49	10	20.41	13	22.41
Enrolled new school	22	20.56	6	12.24	16	27.59
BID/Transportation Plan	20	18.69	6	12.24	14	24.14
Requested educational records	19	17.76	n/a	n/a	19	32.76
Asked about IEP/504 Plan	19	17.76	n/a	n/a	19	32.76
Shared educational records	18	16.82	18	36.73	n/a	n/a
Postsecondary planning meeting	18	16.82	11	22.45	7	12.07
Shared IEP/504 Plan	17	15.89	17	34.69	0	0
None	13	12.15	7	14.29	6	10.34

### ***COHA IPC with School Professionals***

Child welfare professionals most commonly collaborated with the ESSA State Educational Agency point of contact (28.57%) and ESSA Local Educational Agency points of contact (25.00%). Professional caregivers most commonly collaborated with teachers (60.42%). School professionals most commonly collaborated with teachers (31.03%) and special education coordinator/vocational transition specialists (13.79%) when working to support a child in foster care. The school professional that participants collaborated with most frequently is reported in Table 8. The mean score for the frequency of IPC with a school professional for the full sample was 3.53 ( $SD = 1.23$ ). The mean score for child welfare professionals was 3.00 ( $SD = 1.17$ ), 4.32 ( $SD = 0.99$ ) for school professionals, and 3.53 ( $SD = 1.23$ ) for professional caregivers. A one-way ANOVA was conducted to determine whether types of professionals have significantly higher frequency of IPC than others. The ANOVA results show statistically significant differences in the average frequency of IPC between the three groups  $F(2,86) = 9.14, p < .001$ . Further analysis (Post Hoc test) indicated that the school professionals had a significantly higher mean frequency score ( $M = 4.32, SD = 0.99$ ) than child welfare professionals ( $M = 3.00, SD = 1.17$ )( $CD = 1.32, p < .001$ ). School professionals did not have a significantly higher mean score than professional caregivers ( $M = 3.53, SD = 1.23$ ) ( $CD = 0.34, p = 0.75$ ).

The mean composite score for the strength of IPC with school professionals for the full sample was 3.99 ( $SD = 0.94$ ). The mean score for child welfare professionals was 3.73 ( $SD = 0.79$ ), 4.47 ( $SD = 0.50$ ) for school professionals, and 3.85 ( $SD = 1.10$ ) for professional caregivers. A one-way ANOVA was conducted to determine whether types

of professionals have significantly higher strength of IPC than others. The ANOVA results show statistically significant differences in the average strength of IPC between the three groups  $F(2,91) = 5.18, p < .01$ . Further analysis (Post Hoc test) indicated that school professionals had a significantly higher mean frequency score ( $M = 4.47, SD = 0.50$ ) than child welfare professionals ( $M = 3.73, SD = 0.79$ ) ( $CD = .734, p < 0.05$ ). School professionals did not have a significantly higher mean score than professional caregivers ( $M = 3.85, SD = 1.10$ ) ( $CD = 0.12, p = 1.00$ ).

### ***COHA IPC with Child Welfare Professionals***

School professionals (34.78%), professional caregivers (89.36%) and child welfare professionals (80.77%) most commonly collaborated with case managers. The child welfare professional that participants collaborated with most frequently is reported in Table 9. The mean score for the frequency of IPC with a child welfare professional for the full sample was 3.33 ( $SD = 1.02$ ). The mean score for child welfare professionals was 4.18 ( $SD = 1.01$ ), 2.64 ( $SD = 1.14$ ) for school professionals, and 3.26 ( $SD = 0.58$ ) for professional caregivers. A one-way ANOVA was conducted to determine whether types of professionals have a significantly higher frequency of IPC than others. The ANOVA results show statistically significant differences in the average frequency of IPC between the three groups  $F(2,84) = 17.98, p < .001$ . Further analysis (Post Hoc test) indicated that child welfare professionals had a significantly higher mean frequency score ( $M = 4.18, SD = 1.01$ ) than school professionals ( $M = 2.64, SD = 1.14$ ) ( $CD = -1.55, p < .001$ ) and professional caregivers ( $M = 3.26, SD = 0.58$ ) ( $CD = -.93, p < .001$ ).

The mean composite score for the strength of IPC with school professionals for the full sample was 3.63 ( $SD = 1.04$ ). The mean score for child welfare professionals was



4.06 ( $SD = 0.57$ ), 3.77 ( $SD = 0.90$ ) for school professionals, and 3.31 ( $SD = 1.21$ ) for professional caregivers. A one-way ANOVA was conducted to determine whether types of professionals have significantly higher strength of IPC than others. The ANOVA results show statistically significant differences in the average strength of IPC between the three groups  $F(2,91) = 4.84, p < .01$ . Further analysis (Post Hoc test) indicated that child welfare professionals had a significantly higher mean frequency score ( $M = 4.06, SD = 0.57$ ) than professional caregivers ( $M = 3.31, SD = 1.21$ ) ( $CD = -.75, p < .01$ ). Child welfare professionals did not have a significantly higher mean score than school professionals ( $M = 3.77, SD = 0.90$ ) ( $CD = -.29, p = .91$ ). The results of the COHA IPC are reported in Table 4.

**Table 8**  
*School Professional Collaborate with Most Frequently*

Variable	Full Sample (N = 105)		Child Welfare Professionals (n = 28)		School Professionals (n = 29)		Professional Caregivers (n = 48)	
	N	%	n	%	n	%	n	%
Teacher	39	37.14	1	3.57	9	31.03	29	60.42
ESSA Local Educational Agency point of contact	12	11.43	7	25.00	3	10.34	2	4.17
ESSA State educational agency point of contact	8	7.62	8	28.57	0	0	0	0
Special education coordinator/ Vocational transition specialist	7	6.67	0	0	4	13.79	3	6.25
Administrative/ enrollment assistant	6	5.71	2	7.14	2	6.90	2	4.17
School social worker	5	4.76	3	10.71	1	3.45	1	2.08
School counselor/ psychologist	4	3.81	1	3.57	2	6.90	1	2.08
Principal	5	4.76	0	0	2	6.90	3	6.25
Administrator	5	4.76	2	7.14	1	3.45	2	4.17
Nurse	2	1.90	0	0	0	0	2	4.17
Other	2	1.90	0	0	2	6.90	0	0
None	10	9.52	4	14.29	3	10.34	3	6.25

**Table 9**  
*Child Welfare Professional Collaborate with Most Frequently*

Variable	Full Sample (N = 119)		Child Welfare Professionals (n = 26)		School Professionals (n = 46)		Professional Caregivers (n = 47)	
	n	%	n	%	n	%	n	%
Case manager	79	66.39	21	80.77	16	34.78	42	89.36
ESSA Regional point of contact	2	1.68	2	7.69	0	0	0	0
ESSA State point of contact	2	1.68	1	3.85	0	0	1	2.13
Supervisor/ administrator	2	1.68	1	3.85	1	2.17	0	0
Other	9	7.56	1	3.85	6	13.04	2	4.26
None	24	20.17	0	0	22	47.83	2	4.26

### ***Facilitators***

Through the analysis of the open-ended questions, five themes were identified as facilitators of IPC: *open and timely communication, being included in collaborative activities, multiple options for engagement, prioritizing the best interests of the child, and positive relationships*. The themes (facilitators and barriers) are listed in Table 10.

**Open and Timely Communication.** Participants frequently identified communication as a facilitator of IPC. It was often qualified as being “open” communication. Open communication related to the sharing of information. A teacher identified “having an open line of communication to discuss the needs of the child” as a facilitator. A school nurse shared that “having as much information about the child we're meeting about prior to the meeting as possible” was helpful to collaboration. Participants also described positive communication as having a timely response and follow-up. A caregiver stated that a facilitator was, “quick and consistent communication back from child welfare professionals when I reach out.” A teacher wrote, “being able to reach the [child] welfare professional to proactively address issues.”

**Being Included in Collaborative Activities.** Participants also identified that a facilitator of IPC was being included in meetings. A child welfare administrator wrote that a facilitator was receiving “an invitation to the meetings as they happen.” This was supported by having access to contact information for other professionals. Participants also described the benefit of having regular or consistent meetings. For example, having “scheduled monthly meetings” or “set meeting times” were discussed as facilitators.

**Multiple Options for Engagement.** Although participants discussed the lack of in person engagement as a barrier, a commonly discussed facilitator was having the option for multiple modes of collaborative engagement. Participants appreciated having the option of virtual meetings, phone calls, emails, in person meetings, and student web portals. A school psychologist described a facilitator to IPC as “being flexible with having meeting[s] virtual, in person, or half and half has helped.” Virtual meetings helped to improve access for more individuals, especially professional caregivers. For example, a caregiver wrote, “Remote meetings have become a more normal medium for what used to occur in person only. This means that as a foster parent I have better access to the school professionals I need to contact.” A child welfare supervisor/manager described how the option of virtual meetings also helps with scheduling, “being able to meet virtually has made the logistics of meeting with large groups of people much simpler.” Although some individuals do not see virtual meetings as the preferred meeting modality, a special education coordinator described, “since it is difficult to meet in person, this at least provides us with a way to stay in touch and provide assistance that is needed.”

**Prioritizing the Best Interests of the Child.** Child welfare and school professionals discussed having a shared goal of prioritizing the best interests of the child

as a facilitator to IPC. A child welfare supervisor/manager wrote, “ensuring that everyone has the same goal of keeping the student's best interest as a priority and ensuring that the student has a voice even among professionals.” A teacher similarly shared that a facilitator is “making sure we all realize we're on the same team and we want what's in the child's best interest.” Part of prioritizing these best interests also related to knowing the child and having an awareness of the child’s situation. A child welfare direct service worker wrote that a facilitator was, “knowing the case well, especially the child's educational needs and goals.”

**Positive Relationships.** Another facilitator described by child welfare and school professionals was having positive relationships with other professionals and understanding each other’s roles. A school psychologist wrote, “everyone stating their role and relationship to the child at the meetings is helpful.” Participants also shared how they appreciated positive relationships with other professionals and having the opportunity to contribute to the collaborative work. A teacher described both as almost reciprocal, “sharing what I know. Valuing their thoughts and opinions.” A child welfare direct service worker wrote that a facilitator to IPC was, “understanding that my relationship with school staff can significantly increase positive outcomes for students helps me better understand the importance.” A school administrator described that “being heard and having my thoughts and opinions valued” was a facilitator.

### ***Barriers***

Through the analysis of the open-ended questions, six themes were identified as being barriers of IPC, including: *overburdened systems and professionals with limited time, increased demands during COVID-19 pandemic, turnover and missing contact*

*information, lack of communication, lack of in person engagement and negative perceptions.*

**Overburdened Systems and Professionals with Limited Time.** Participants described the child welfare and school systems and professionals as being overburdened and having limited time. School professionals, child welfare professionals, and professional caregivers acknowledged the challenges facing the other systems and professionals, describing professionals in other systems as being “overworked” and “just too busy to collaborate.” High caseload and classroom sizes contributed to professionals not having the capacity to attend meetings or engage in collaborative tasks. A child welfare direct service worker described, “when caseloads are high, it is harder to schedule collaborative activities and have meaningful discussions because of time limitation.” Professionals also discussed the challenge of finding time between everyone’s schedules for meetings. Another child welfare direct service provider said, “it take[s] a very long time to schedule meetings because of everyone’s over capacity schedules.” Several school professionals and professional caregivers talked about the challenge of meetings being scheduled during the day when they are teaching or at work. A teacher described that “arranging a schedule so all parties can be present” is a barrier to engaging in IPC.

**Increased Demands During COVID-19 Pandemic.** Child welfare and school systems became increasingly overburdened by the strain of the COVID-19 pandemic which acted as a barrier to IPC. Systems and professionals struggled to meet increased student and family needs and engage in collaborative activities. A child welfare direct service worker shared that COVID-19 hindered collaboration because professionals were

“too overworked and busy to hold meetings.” A teacher echoed this by stating “since COVID, school demands have peaked so much, and I am simply too busy to fit in that many more meetings.” A special education coordinator expressed, “pre-pandemic, I feel like everyone was able to take the necessary time needed to work together but now I feel like everyone feels rushed to be exceptionally productive and this leads to things ‘falling through the cracks.’”

**Turnover and Missing Contact Information.** Participants discussed the high turnover rates and staff changes in both the child welfare and education systems as being a barrier to working together. Professionals shared that the “constant change of providers” and staffing shortages acted as barriers to engaging in IPC. A caregiver wrote, “it's been hard this year to engage with child welfare professionals due to the high turnover rate.” A challenge related to turnover was not having current contact information for other professionals. Participants described “not having updated contact information” for other professionals when staff changes occurred or never knowing who to contact in the first place. A child welfare direct service worker stated, “the people who are in the educator roles change very often and sometimes we aren't updated with the correct contact.”

**Lack of Communication.** Participants frequently identified a “lack of communication” as being a barrier to IPC. This lack of communication was further described as not receiving responses or getting delayed responses when asking to schedule a collaborative meeting, receive an update on a situation, or respond to communications. For example, a child welfare supervisor/manager shared “difficulty in making contact or not receiving responses to reach outs (phone calls, voicemails, e-

mails)” as a barrier. Participants also discussed often not being invited to collaborative meetings. A school social worker wrote that a barrier is “just not being connected or invited.”

**Lack of In Person Engagement.** In response to the COVID-19 pandemic, most meetings were held virtually instead of in person. Some participants described these types of meeting as being less engaging than in person meetings that are, “so much easier to feel connected with people.” Several participants described how the lack of in person engagement acted as a barrier to the level of involvement themselves or others had in the meeting. A caregiver wrote that, “a lack of in person meetings result in fewer questions and less ability to read body language of other participants.” A teacher said, “I think I had more of a say during live meetings. I feel I say less during [virtual] meetings.”

Participants also questioned the connection or attentiveness of other participants in virtual meetings. A caregiver shared, “in-person meetings tend to require everyone involved to focus on the meeting at hand as opposed to being distracted by email, instant messages, and other work while attending meetings online.” A teacher said, “on [virtual meeting platform], I feel like [child] welfare professionals are less connected to the children they are serving.”

**Negative Perceptions.** Some professionals expressed negative views of other professionals. For example, some school professionals and professional caregivers expressed negative perceptions of child welfare professionals, such as child welfare professionals viewing children as tasks rather than individuals. A special education coordinator wrote, “oftentimes, the meetings feel like the students are just another number to the workers and it's more of checking off a to-do list than really doing what is



best for the children.” A school administrator stated that a barrier to IPC was, “[child welfare professionals] who don't know my student. Others who just want to get done with the meeting. Others who speak down to the student.” Participants also described feeling like other professionals held negative views of them. For example, a teacher said that a barrier is child welfare professionals having a “pre-supposition that I do not care for the child's well-being.”

**Table 10**  
*Phase One Facilitators and Barriers*

Phase One Facilitators	Phase One Barriers
Open and timely communication	Overburdened systems and professionals with limited time
Being included in collaborative activities	Increased demands during COVID-19 pandemic
Multiple options for engagement	Turnover and missing contact information
Prioritizing the best interests of the child	Lack of communication
Positive relationships	Lack of in person engagement
	Negative perceptions

## **Phase Two: Qualitative Phase**

### *Description of the Phase Two Sample*

The total sample for phase two was 22 individuals, including those who identified as child welfare professionals ( $n = 6$ ; 27.27%), school professionals ( $n = 9$ ; 40.91%), and professional caregivers ( $n = 7$ ; 31.82%). Data were collected from individual interviews with child welfare professionals, school professionals, and professional caregivers ( $n = 17$ ) and two focus groups with professional caregivers ( $n = 5$ ). One focus group had three participants and one focus group had two participants.

Most of the participants identified as woman/female (86.36%) followed by man/male (13.64%). The majority of participants were Caucasian/White (63.60%) followed by Hispanic or Latina/o/x (9.2%). Most participants identified as straight/heterosexual (77.30%). The highest percentage had a Master's degree (50%) followed by a Bachelor's degree (40.8%). Child welfare professionals worked for a public child welfare agency (50%) and child welfare service provider agency (50%) in the roles of direct service workers (50%) and administrators (50%). The mean number of years of working in social services was 10.67 years ( $SD = 5.82$ ). School professionals worked for a public school/district (66.66%) and charter school/district (33.33%). The majority were working in the roles of teachers (33.33%) followed by school administrators (22.22%) and school social workers (22.22%). The mean number of years of working in the field of education was 13.22 years ( $SD = 10.23$ ). The majority of professional caregivers were non-relative licensed foster parents (71.42%). The mean number of years being a caregiver to children or youth in foster care was 2.14 years ( $SD = 2.54$ ). These data are presented in Table 11 and Table 12.

**Table 11***Interview Participant Demographics*

Variable	Full Sample ( <i>N</i> = 22)		Child Welfare Professionals ( <i>n</i> = 6)		School Professionals ( <i>n</i> = 9)		Professional Caregivers ( <i>n</i> = 7)	
	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<b>Gender</b>								
Woman/female	19	86.36	5	83.33	8	88.89	6	85.71
Man/male	3	13.64	1	16.67	1	11.11	1	14.29
<b>Race/ethnicity</b>								
Caucasian or White	14	63.64	3	50.00	6	66.67	5	71.44
Hispanic or Latina/o/x	4	18.19	1	16.66	2	22.22	1	14.28
Black or African American	2	9.09	1	16.66	0	0	1	14.28
Asian or Asian American	1	4.54	1	16.66	0	0	0	0
Two or More Identities	1	4.54	0	0	1	11.11	0	0
<b>Sexual Orientation</b>								
Straight/heterosexual	17	77.27	4	66.67	8	88.89	5	71.44
Gay/lesbian	4	18.19	1	16.66	1	11.11	2	28.56
Bisexual	1	4.54	1	16.66	0	0	0	0
<b>Education Level a</b>								
High school diploma/GED	2	9.09	0	0	0	0	2	28.57
Bachelors	9	40.91	1	16.66	5	55.56	3	42.86
Masters	11	50.00	5	83.34	4	44.44	2	28.57

**Table 12***Agency and Position Demographics*

Variable	Child Welfare Professionals ( <i>n</i> = 6)		School Professionals ( <i>n</i> = 9)		Professional Caregivers ( <i>n</i> = 7)	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<b>Type of Agency</b>						
Child welfare service provider	3	50.00	n/a	n/a	n/a	n/a
Public child welfare agency	3	50.00	n/a	n/a	n/a	n/a
Public school/district	n/a	n/a	6	66.66	n/a	n/a
Charter school/district	n/a	n/a	3	33.33	n/a	n/a
<b>Position</b>						
Direct service worker	3	50.00	n/a	n/a	n/a	n/a
Administrator	3	50.00	n/a	n/a	n/a	n/a
Teacher	n/a	n/a	3	33.33	n/a	n/a
School administrator	n/a	n/a	2	22.22	n/a	n/a
Administrative assistant/ Front office personnel	n/a	n/a	1	11.11	n/a	n/a
School social worker	n/a	n/a	2	22.22	n/a	n/a
School nurse	n/a	n/a	1	11.11	n/a	n/a
School nurse	n/a	n/a	n/a	n/a	5	71.42
Non-relative licensed foster parent	n/a	n/a	n/a	n/a	1	14.29
Relative licensed foster parent	n/a	n/a	n/a	n/a	1	14.29
Residential care/group home	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>
<b>Years of Experience</b>						
Years in social service field	10.67	5.82	n/a	n/a	n/a	n/a
Years in education field	n/a	n/a	13.22	10.23	n/a	n/a
Years as caregiver	n/a	n/a	n/a	n/a	2.14	2.54

### ***Themes and Subthemes***

During the analysis, six primary themes evolved through the constant comparison of data provided from the interviews and focus groups as being factors that facilitated effective collaboration. The six themes (facilitators) include: *centering the best interests of the child, opportunities and capacity to meaningfully engage, effective communication, being knowledgeable about the child, policies, roles, and systems, positive and trusting relationships, and empathy towards other professionals*. For each of these facilitators, there were also barriers that pushed against being able to engage with them in practice. These subthemes (barriers) include: *competing priorities or agendas, unmanageable workloads and limited time, little to no timely communication, limited knowledge about the about the child, policies, roles, and systems, weak ties and mistrust, and biases towards professional caregivers and other professionals*. The themes and subthemes are listed in Table 13. These themes and subthemes will be explored and later connected in the description of the grounded theory.

**Table 13**

*Phase Two Themes and Subthemes*

Themes (Facilitators)	Subthemes (Barriers)
Centering the best interests of the child	Competing priorities or agendas
Opportunities and capacity to meaningfully engage	Unmanageable workloads and limited time
Effective communication	Little to no timely communication
Positive and trusting relationships	Weak ties and mistrust
Being knowledgeable about the child, policies, roles, and systems	Limited knowledge about the child, policies, roles, and systems
Empathy towards other professionals	Biases towards professional caregivers and other professionals

**Centering the Best Interests of The Child.** In order to effectively collaborate with one another, professionals frequently discussed the importance of centering the best interests of the child. Participants described the importance of being “student focused” and centering collaborative engagement around youth voice whenever possible. A school administrator expressed this goal of centering the child as being important enough that “if the student is not at the forefront of the conversation then then there's no point in having the conversation.” A child welfare direct service worker said:

We like to think that [the] secret sauce [to collaboration] is like student voice and student choice.... when we have adults that truly care about the young person and their voice, then we provide a space for that student or for that young person to create their pathway.... when we center the youth voice, it changes everything. It helps with accountability, it helps with ownership of their future, it allows for adults to know exactly what they need to do, because this young person has stated

very clearly to all of us on their team, ‘I want to do this, and this is what I need from each of you, in order for me to be able to do it’. I think that's incredible.

A child welfare direct service worker from a different agency similarly shared, “I think [collaboration] goes well when we're all listening to what the youth wants and what the youth needs, giving them a chance to kind of voice what they desire, their desired outcome.” A non-relative licensed foster parent shared an example of a positive collaborative experience when a team listened to the desires of a teenager in her care:

Everyone just worked really well together and so I think it's kind of a unique experience. I feel super lucky, because everyone really fought for her and what she needed...what she wanted, whether it was changing schools or something else.

***Competing Priorities or Agendas.*** Participants also shared how not keeping the best interests of the child at the center of discussions was a barrier to collaboratively effectively. Participants described that other competing priorities or agendas would sometimes overrule the best interest of the child, such as the best interest of agencies, professionals, professional caregivers or other adults in the child’s life. A child welfare administrator said:

[During COVID] we really had fallen into a pattern, where the adults were making decisions that best met the adults needs and school should be about what meets the child and youth’s needs best... and then we realized, wow this must have been happening before COVID and you know and it’s continued to do so...the adult centric thinking is so rampant in foster care service delivery, it seems that really from all across it's what is easiest for the professional.

Participants also described finances and limited resources being a barrier to centering the best interest of the child while making decisions about special education services or which school a child would attend. For example, a non-relative licensed foster parent said based on their experiences, “money, money, money and data is driving... the IEP not necessarily what's best for the child.” A child welfare administrator shared that there are “financial issues between schools and child welfare...there are real financial barriers in transporting children long distances to school, but I would say that we just get caught up in that when that's not...really not the area of issue.” Professionals also have competing priorities of trying to manage every aspect of their job duties. A teacher shared that during IEP meetings, “sometimes it almost is like...a child welfare [professional] just wants to get through to get through.... I mean they know how important it is but to them it's not as important as maybe they could be doing something else.”

**Effective Communication.** Participants frequently identified communication as a facilitator of collaboration. Communication that helped to drive positive collaboration was often described as “open and honest communication.” A teacher added that this effective communication is “vulnerable, open, transparent.” Effective communication was also described as being timely and responsive, rather than having to wait for a response. Communicating updates and “keeping everybody in the loop” was also seen as a helpful way to engage the team. A child welfare direct service worker said:

To just keep I mean everybody in the loop... even if you don't think it's an important information to tell the team, if you have like an inkling feeling that I should tell the team this, tell the team. Not waiting because we only have CFT



meetings, sometimes like once a month and you don't have to wait to have the CFT team meeting to tell the team about a certain information.

Effective communication also involved following up or “closing the loop,” especially when professionals’ abilities to complete tasks rely on others. A school nurse shared, “we're also letting each other know when our tasks are done because that kind of signals that okay, we can proceed to the next step.” A school administrator discussed how in practice, effective communication can also mean engaging in challenging conversations, “the student only gets the help if we're all communicating and then being very real with each other and having those hard conversations when something doesn't go right.”

***Little to No Timely Communication.*** Having little to no communication with other professionals was regularly expressed as being a barrier to collaboration. A residential care/group home caregiver said, “If [school]'s going well, we don't hear from [child welfare professionals] at all. Now if grades are bad, we’re asked what are we doing to help the situation, but they never really get involved when it comes to school.” A teacher similarly shared the experience of engaging minimally with child welfare professionals, “sometimes you'll get the caseworker who will say something like ‘the kid has an IEP so what's going on...’, but there's not a lot of time[s] the caseworker themselves come in and talk to me, very rarely anymore.” Communication was also a barrier to collaboration when it was delayed or not met with a response back. A non-relative licensed foster parent shared, “another big barrier is just the non-responsiveness, so you send emails or calls and you hear nothing back from the caseworkers.” A child welfare administrator spoke to this challenge, “staff aren't always great at responding to calls or responding to emails and then I think community partners, including schools, you

know get frustrated and either stop trying to contact or give up.” A few participants also discussed issues with communication with school professionals, for example a child welfare direct service worker said:

Responding in a timely manner or getting back to us. If it's like an email thing, I'll have to like send a couple of reminders. You learn to not like send emails on Friday...if you want something done you try to get it early in the week, so that by the end of the week, you might have that document.

A non-relative licensed foster parent shared a negative experience of engaging with school professionals that was exacerbated by poor communication, “I was emailing [a teacher] for a week, and she wouldn't respond back to me after that incident.”

**Opportunities and Capacity to Meaningfully Engage.** Another facilitator was having opportunities and the capacity to meaningfully engage with other professionals. Participants described that most collaborative engagement occurred during meetings required by federal policy or agencies such as IEP meetings, BID meetings, or CFT meetings. These meetings provided structured opportunities for engagement. A child welfare direct service worker shared:

In my opinion the BID meetings are a good thing because...you get to collaborate with the school. Like as a case manager, I barely have any interactions with a school... I have had monthly meetings with the behavioral health team and the group home and the youth, but I barely get to talk to the youth's schools and teachers and counselors unless there's a specific reason why they want me to have a meeting with the school. So I think the BID meetings is that a great way to be get connected to the school.

A residential care/group home professional described that CFTs involve, “the whole team; their behavior, health, the therapist, schools...the teachers. Without [CFTs], I don't think that a lot of times the team would know what's going on with youth. They are very informative.” Participants who were able to be engage in these meetings described having time, availability, and flexibility in their schedules. A teacher shared:

I really enjoyed that piece of working in this district, where I was given a lot more support and freedom, like if you need to have a CFT in the middle of the day, then we will cover your kids so that you can participate... the educational system needs to see a benefit to our students on making teachers available to be able to do that collaboration.

A child welfare administrator described that “having available time, a flexible schedule” helped child welfare professionals have the capacity to meet with others.

***Unmanageable Workloads and Limited Time.*** More often, participants discussed not having enough capacity to meaningfully engage with other professionals due to high workloads and not having enough time. A commonly identified barrier that professionals experienced themselves or shared that other professionals experienced was having too many children on caseloads, in classes, or in group homes to be able to effectively collaborate with others around their needs. A school administrator said, “sometimes it's the caseload is a barrier because they're just... too many, so staffing models are not strong enough to support the number of students that have the need.” A school social worker discussed the challenges of connecting with the foster care liaison for her district, “we have a foster care liaison but there's one for the entire district, and we have... something like 50,000 kids... obviously the caseload for that or that trying to keep up

with that is overwhelming for sure.” A school administrator discussed how this issue affects each type of professional:

We have some incredible relationships with [child welfare professionals], with [group home] managers...most of the time they're doing the best they can... but you know their cases are just overflowing...we lean on our social worker a lot and we lean on those partnerships a lot, but the reality is that everybody's caseload...everybody's plate is very, very full.

Participants also discussed having limited time to meet or schedules that did not align with the schedules of other professionals. A school social worker said:

It's hard for people at the educational level to really be involved in a meaningful way in some of the collaborative meetings because they're not really conducive to the way the education world works... I don't necessarily have you know an hour to sit in a meeting... it's hard to carve out that time because I always have people knocking on my door... Sometimes CFTs you know, obviously work around the family schedule... might be... six o'clock at night, which is not a time when I'm available as an educator and if we want input from teachers, obviously we can't get that in the school day because they're teaching.

A child welfare administrator echoed this issue, saying that what got in the way of collaboration going well with school professionals was their limited time and schedule, “available time...in education...you're there to teach from certain hours...they have a contract start and end time...that can potentially not free up a lot of time for out of classroom collaboration or discussion with providers...that have a more flexible

schedule.” An administrative assistant/front office personnel who helps with scheduling BID meetings shared:

You have to correlate schedules between like the principal, the teachers...counselors from both districts... it is difficult... it's very time consuming because everybody's schedules are so different... You need about a week minimum to two weeks maximum to make sure everybody's on board between the two districts.

A non-relative licensed foster parent gave an example of not being able to hold a meeting due to differing schedules:

I tried to get like a meeting with... her mental health team, her counseling, case manager, with the school psychologist... but we couldn't come up with a coherent time you know to meet. And unfortunately, that right there is a barrier too because we wanted to have that meeting to help the school help her... we couldn't because it was... just chaotic and everybody's busy.

**Positive and Trusting Relationships.** Participants discussed the importance of having positive and trusting relationships with other professionals to be able to effectively work with one another. Part of this process was intentionally building rapport and relationships with other members of a child's team. A child welfare direct service worker discussed this process when working with professional caregivers:

I do my best to gain rapport with them... When I come to see my youth, I'll check in with them, ask them how they're doing, offer to bring them coffee... anything that will kind of share with them...I'm here to help them... I'm on their side with what the youth needs.

Another child welfare direct service worker described:

When school personnel really focus on building rapport and building relationships, I think that comes first and then all the other stuff will kind of fall into place and it will help to build that collaborative relationship with the student and their team, but none of that can happen if there's no relationships.

A relative licensed foster parent shared that school professionals can better collaborate with professional caregivers by, “building that rapport so families can feel comfortable you know opening up to the professional and then vice versa.”

Positive relationships were described as being trustworthy and having a shared respect. A teacher described that when having positive relationships with a team, “I feel like I am much more an equal with those voices and so like, even if I am just the teacher, they want to hear my voice as well.” A child welfare direct service provider described that professionals shared power and work together better when, “respecting one another, when we do meet with each other, giving every agency a time to talk.”

***Weak Ties and Mistrust.*** Participants also discussed having weak ties to other professionals as a barrier to collaboration. One of the challenges to building trusting relationships is the high turnover in child welfare agencies and schools. A school social worker shared that a barrier to collaborating with child welfare professionals is, “the turnover of the officials. You get used to having a POC that is responsive... like okay, we got this and then it changes so I kind of feel like a child, like you left me.” A child welfare direct service worker also identified turnover in schools as a barrier:

Turnover... that becomes a barrier for us too when we're not able to identify like, this is the social worker that we go to for this student at the school all the time.

And then months later... it's a new person and then having to go back and share kind of everything we've been working on and here's what this student's needs are. It just it becomes a much...lengthier process than what it could be.

Another factor that influenced collaboration was having fear or mistrust of other professionals and systems. A school administrator said:

A lot of employees feel intimidated by [public child welfare agencies]...because it's the government and they feel like it's kind of like the police of child welfare... When I can get on a call or our social worker, to kind of model...we're just all having a conversation here about the student and these people aren't out to get us or to find something flawed with what we're doing, and we are not here to criticize them, let's just focus on the student.

A non-relative licensed foster parent described the fear of engaging with school professionals, when stating, "I know foster parents that just dread having to go to school." Another non-relative licensed foster parent described having a fear of getting on the 'bad side' of child welfare professionals by contacting them:

The fear that foster parents have of bothering a case manager is like a constant issue and it makes a lot of us not reach out to them. We don't want to be on their bad side... being in fear reaching out as much as we need to... We have been in the running for adoption and... maybe the case manager her opinion will weigh heavily in the decision of who gets to adopt a child... If you're on their bad side or you feel like you've annoyed them by reaching out so much then maybe they won't choose you to be the adoptive placement.

Another barrier was feeling like other professionals were using power and authority inappropriately in shared decision-making. A child welfare direct service worker expressed that instead of seeing each other as coworkers, these power differences can feel like, “You're working for me or you're working like, you respond to me... instead of collaborating and working together as equals you kind of hold on to your like status.” A school social worker shared that from her perspective:

Sometimes the bio[logical] parents... know or they feel that they don't have the authority to make the final decision. And you feel that some child welfare officials, they know they have... authority and they will automatically dismiss any feedback or opinions that come from the other team members and they have already made their decision and ultimately, they know that they have the authority.

A child welfare administrator gave an example of child welfare professionals sometimes not sharing decision making power when determining if it is in the best interest of the child to stay in their school of origin:

Unfortunately, you know I hear... of those situations that come up where the school district is upset or concerned because [child welfare agency] just said we're going to do this because we have the decision-making ability at the end of the day, but we don't even go through the process.

**Being Knowledgeable About the Child, Policies, Roles, and Systems.** Having an adequate level of knowledge about the youth, policies, roles, and systems helped to promote effective collaboration. Participants discussed the importance that everyone on the team “know the kid.” A child welfare direct service worker said that a facilitator of



collaboration is, “knowing the youth in the case and knowing what they really want and their strengths really helps in collaboration.” A teacher envisioned that team members having knowledge of the youth translates into effective collaboration, “each of us carry expertise, different knowledge of this child... use that to be able to support the child... help them continue to feel supported and to try to make... decisions, knowing the child.” Participants also discussed the importance of understanding policies and procedures. A child welfare direct service worker described that a facilitator to collaborating with school professionals is, “understanding that the school has a variety of provisions and policies that they have to follow from the state level...what I think works best is understanding the rules, policies, and provisions.” A school nurse described how having clear policies and processes helped her to better collaborate with child welfare professionals while making mandated reports, “as a new school nurse... it helps me if there's a policy like steps... something to where you can like check boxes off and say okay we've completed this and we're moving on to this.” Participants also expressed the importance of understanding the roles of the different professionals and systems. A child welfare direct service worker explained that collaboration goes well when, “everyone has a chance to like to explain who they are, what their role is, where they're coming from, and get a chance to explain what they're doing with the youth.” A teacher reflected on a recent experience of supporting a youth and that through the process felt that she was able to “better understand the roles of behavioral health and [child welfare agency] and like the different sides. I think that just helps gauge my expectations in a more realistic way it keeps everybody a little bit more successful.” A foster parent similarly shared how understanding roles can help to mitigate conflict:

Everyone understanding how we're all in it together here to help but... this is my boundary, this is within my role... Then you wouldn't be having people frustrated with other people like 'why aren't you doing this?' Well that's outside of my scope of work... I just think that would be a lot more helpful than just everyone kind of sitting and like fuming in the background or like making assumptions like why isn't someone so doing it when that's not their job or responsibility.

Several participants described feeling better equipped to engage in collaboration because of past experiences of working within the other system. For example, a school social worker shared, "prior to my job here, I spent 13 years working at [a child welfare agency], so I am quite familiar with what the other side looks like and what a good collaborative team should look like for a student." Participants also discussed that collaboration could be improved if there was a better understanding of both systems. For example, a school administrator said:

I think if educators could spend some time in the [child welfare] world and then, if [child welfare] could spend some time in the educators' world that maybe if everybody could see both sides... Looking through those lenses... then we could come together and make something work that might really work for the child's best interest.

***Limited Knowledge About the Child, Policies, Roles, and Systems.*** Participants also identified that a barrier to engaging well is "a lack of knowledge about the kid." A school social worker said:

If collaboration is not going well then, I probably don't even know who the kid is... Oftentimes the placement or the group home... don't even think to involve

the school...or they may not even be aware that there are school people to involve. I think that's kind of when it when it breaks down and falls apart.

A child welfare direct service worker described how having limited knowledge about the child can affect meetings, "if one person in the team doesn't really know the youth... they're just going to keep suggesting like services and other stuff that would really not benefit the youth. It's like a waste of time." Another challenge is confusion over policies and procedures that dictate or influence collaborative meetings. An administrative assistant/front office personnel discussed confusion over BID meetings and not knowing how they worked for a while:

I'm just finding out that the BID doesn't need be take place if [children in foster care are] being reunified with a parent... but I mean I didn't realize all this... I withdrew a student a year ago, two years ago and the foster care office with [district] came down on me pretty hard and said, 'you cannot withdraw the student without a BID happening.' I was surprised, but I definitely learned.

A child welfare administrator shared that a barrier to collaboration is:

A lack of knowledge... 1200 field staff and plus, you've got caregivers and support people and trying to figure out all the how to keep everybody up to date... Also [the] Arizona school system is just kind of challenging... there's not a lot of oversight.

Another challenge is having many schools and school districts that operate under different policies. A child welfare direct service worker described that "in Arizona... most of our schools, if not all of them, have total autonomy to do, essentially, whatever they like. All of their policies are written by their own individual governing boards...

some districts take advantage of that.” A residential care/group home caregiver described the struggle as, “you're fighting for 10 kids... four different schools we deal with... each school has different rules, different regulations, different this different that.” Participants also discussed that not understanding roles and systems was often a barrier. A non-relative licensed foster parent shared, “when people don't understand each other's like boundaries of like what your job consists of, or what you're looking for, or what your goals are it's hard to understand the other side.” Another non-relative licensed foster parent added to the discussion, “there's just a lack of knowledge on what the two parties can do to one another”. Professionals shared examples of how this confusion about roles and systems affected collaborative meetings. A child welfare direct service worker described that one of the areas with a lot of confusion about roles is related to the special education process:

[Policy's] very detailed about who can do what and who can say and sign but for some reason, everyone kind of feels empowered in feeling like they should be able to make that decision which in reality it's not appropriate.

Another barrier was not understanding the other system. A child welfare administrator said:

Schools are probably not as familiar with the inner workings or requirements for youth in care or how the systems kind of operate... Most of us probably went through school so we know how a school system works but not everyone has worked in a child welfare system.

A school social worker noted that this belief that others understand the school system can also be a barrier:

People think that they know how school works and how education works, because we've all been to school, but I don't I don't think that people know the nuances... In the child welfare world and in the behavioral health world, I don't think that they understand how high school works now versus you know however long ago that we were personally in school.

A teacher described this problem of not understanding other systems as, "I think when you work in that system...you think everybody knows it but people don't understand that."

**Empathy Towards Other Professionals.** Participants shared that having empathy towards other professionals allowed them to work through challenges and frustrations that inevitably arose in collaborative engagements. Participants would often talk about a barrier or challenge of working with other professionals and then qualify it with a statement of empathy about the other professionals' limitations. A school social worker described the challenge of child welfare professionals not responding to communication and then added, "I do understand that they have multiple cases not just one... so that's hard...I understand that there's a lot of turnover, absolutely. Time constraints, absolutely. And a lot of times changes are hard for a lot of us." A non-relative licensed foster parent described that when you can "understand everyone's role responsibilities or what they're trying to accomplish it helps you... have empathy for the other side... You know they're really trying, but these are within their limits of what they're capable of or allowed to do." A child welfare direct service worker said:

We have to give each other like grace and understanding.... I'm able to give my full attention to that one youth, but sometimes another person isn't because of how

many kids are on their case or how many kids are watching... Keeping that in mind... when something is missed or a problem arises, knowing no one is doing it out of like bad intentions, it may just be like unawareness.

A child welfare direct service worker described it as, “we have to be able to give folks grace and compassion and know that they're doing the best they can with what they have.” A teacher said that a facilitator to working together is, “being ready to listen and understand and accept... some of the constraints that you know somebody else is working with... Like moving forward in grace and...trying to believe that the other person or people have their best intentions at heart.”

***Biases Towards Professional caregivers and Other Professionals.*** Although professionals often discussed having empathy towards others, there were also statements demonstrating biases towards professional caregivers and other professionals. Several professional caregivers discussed feeling discriminated against by school professionals. A residential care/group home caregiver shared, “a lot of times schools don't even want to associate with the foster or the group homes of the guardians, because they're just temporary guardians of these children.” A non-relative licensed foster parent expressed a similar sentiment:

I honestly feel because [children] are in the [child welfare] system, when [child welfare and school professionals] collaborate, they may not get the same effort because ‘oh they're not going to be here for the whole year now’ or ‘oh she's just a foster parent so I you know I'm not going to give her the same respect’... I mean that's... how I felt this school year.

Professionals also discussed how other professionals or themselves had biases against professional caregivers. A school administrator said that:

When we or staff members feel as though [group homes] don't care and that they're not doing their best to advocate for students, that negativity starts in the relationship and that's a huge barrier...The teachers will [think], 'Oh, they just don't care'...They make these leaps.

A teacher also shared a negative view about some group homes and foster parents:

Some of these group homes were great. I mean they really were on the ball, and some of them were just like literally there to make money and you could tell the difference...I assume it's the same thing with foster parents, some of them are there because they literally care about the kids, and some are there just to get paid.

Professionals also talked about feeling like other professionals viewed education as being a lower priority. A child welfare administrator described that for direct service workers in child welfare:

Education just seems to kind of fall to like the bottom of the priority list. And while I recognize that, of course, safety and placement is always like the first concern, I think what we're failing to do a lot of times is identify that the educational well-being piece could help those things.

A residential care/group home caregiver described how supporting the education of CYFC gets pushed to professional caregivers, "it gets frustrating, because the caseworkers don't have time to worry about the education. That's why they give it to us to worry about, but in return, there's only so much we can do." A child welfare direct service worker said, "I hear a lot of case managers complain about having a high caseload

and it's sometimes it's so bad, but sometimes I feel like education is last on their to do list.”

Professionals also shared about implicit biases that come up within collaborative meetings. Another child welfare direct service worker, who identified as a Black/African American woman, shared how implicit bias showed up, especially around race:

I rarely see a lot of like explicit bias so we're not seeing a lot of like really toxic and hurtful speech... but implicit bias, I feel like that is probably what we see the most of and really that is just the understanding that a lot of us in the field come...at every job come, from totally different walks of life... I think [that] makes things a little more challenging, because we make a lot of assumptions... some of these [child welfare professionals] and like other providers come in and don't have that cultural understanding, don't have an idea about the community, and I think that sometimes can impact the dynamic of the team. Sometimes we do see a lot of... issues around race, though, and this concept of like a white savior complex... coming in to like save these black and brown kids.... that's more implicit so like, we're not actually saying it.

A female child welfare administrator similarly shared that “when we don't understand the culture of an individual and that we’re not free and open to learn about a culture of an individual, then it lessens the collaboration and ability to partner.” A female teacher described that biases:

Can be one of those things that can be like the great disrupter... it can hinder anything... if you're sitting at a table and have the opportunity to have a perfect time of collaboration it can disrupt... because of the way that I'm receiving



information or maybe how I'm feeling about a person based on looks or who they are... I feel like it probably hinders collaboration the most.

### ***Triangulation***

This study included methodological triangulation (mixed methods explanatory sequential design) and data triangulation (surveys, interviews, and focus groups). The phase one and phase two samples had a similar percentages of child welfare professionals (21.32% in phase one vs. 27.27% in phase two), school professionals (36.03% vs. 40.91%), and professional caregivers (42.65% vs. 31.82%) as participants. In both samples, the majority of participants identified as woman/female (84.44% vs. 86.36%), Caucasian/White (61.03% vs. 63.60%), and straight/heterosexual (80.88% vs. 77.30%). The highest percentage of participants in phase one had a Bachelor's degree (39.85%) and the highest percentage in phase two had a Master's degree (50%).

The findings from phase one suggest that child welfare professionals, school professionals, and professional caregivers have similar perceptions of IPC and levels of day-to-day discrimination. However, the frequency and strength of their IPC differed. School professionals had a significantly higher mean frequency scores for the strength and frequency of IPC with other school professionals than child welfare professionals. The differences in strength and frequency of IPC with school professionals was not statistically significantly different between school professionals and professional caregivers. This suggests that professional caregivers have more collaborative engagements with school professionals and rate those engagements to be stronger than do child welfare professionals. Similarly, child welfare professionals had a significantly higher mean frequency scores for the strength and frequency of IPC with other child

welfare professionals than school professionals. These differences were not statistically significant between child welfare professionals and professional caregivers. This also implies that professional caregivers have stronger and more frequent IPC with child welfare professionals than school professionals. Professionals caregivers may serve as a natural link in helping to build and support the collaboration between teams of child welfare and school professionals as they have more regular and positive engagements with both types of professionals.

Most of these facilitators and barriers of IPC that were identified in the phase one open-ended questions were then corroborated and expanded upon in the second phase of the study. For example, an identified facilitator in phase one was “open and timely communication” and a barrier was “lack of communication.” In phase two, these concepts about communication were part of the description of the theme “effective communication” and subtheme “little to no timely communication.” The finalized facilitators and barriers were those that were most pertinent across the three types of professionals. However, some factors were more salient for particular groups. For example, weak ties and mistrust were discussed by participants in each group, but it was more commonly brought up by school professionals fearing the child welfare system and caregivers fearing both school and child welfare systems.

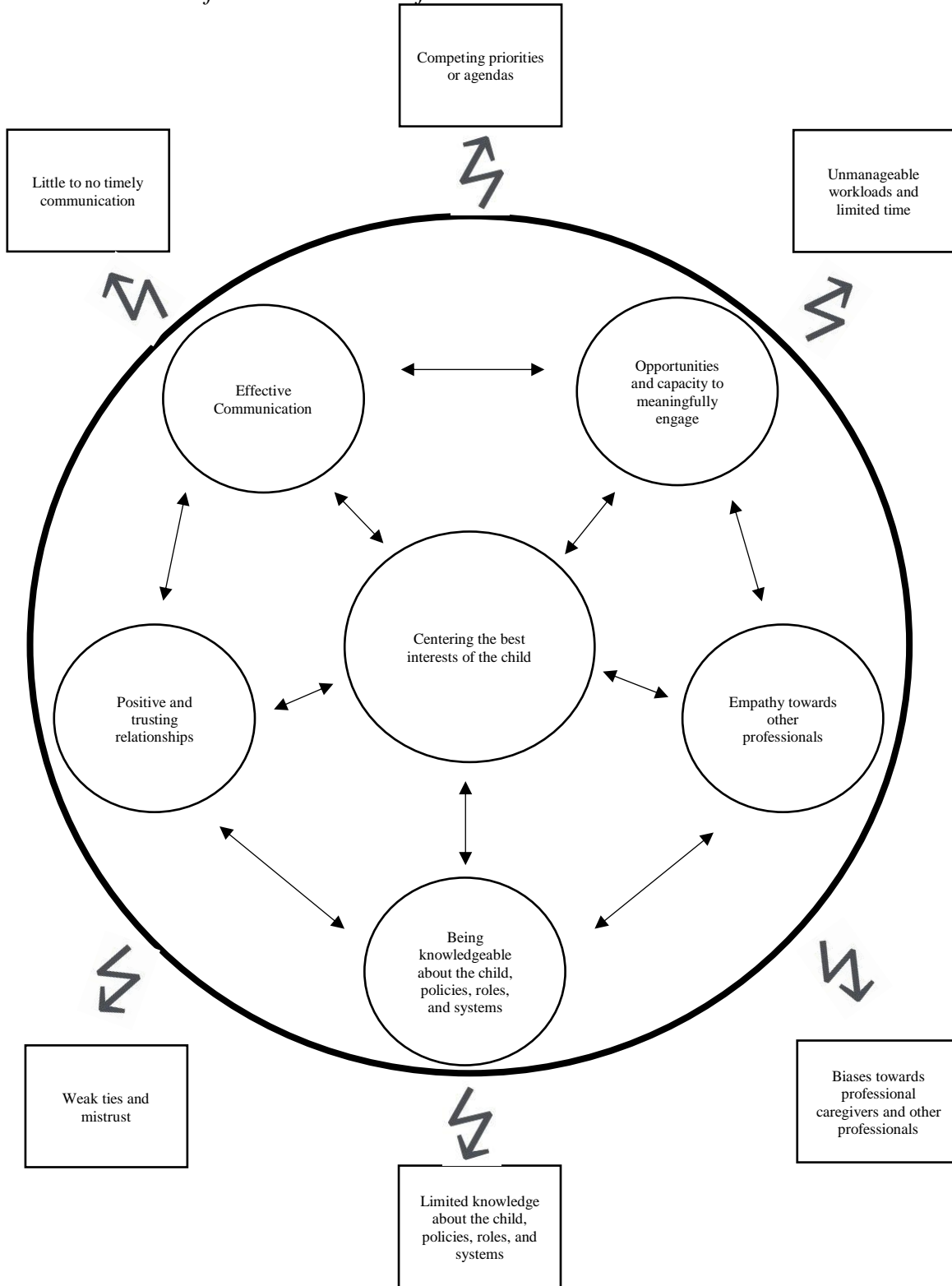
Themes identified in phase one but were not identified in phase two included *increased demands during COVID-19 pandemic, lack of in person engagement and multiple options for engagement*. Across the three samples, professionals commonly identified that their demands increased during the COVID-19 pandemic as well as the demands on professionals in the other system. The lack of in person engagement barrier

was most frequently reported by school professionals and professional caregivers, suggesting the in-person engagement was more important to them to be able to engage in IPC well. The facilitator of having multiple options for engagement was seen across the three samples. This implies that it was helpful for each type of professional to have more modalities available to engage with others.

### ***Description of Theory***

The emerging theory offers a conceptualization of the ways in which child welfare and school professionals engage in effective collaboration while supporting the educational well-being of children and youth in foster care in K-12 education. A visual representation of the theory is provided in Figure 2. The large circle represents effective IPC amongst child welfare and school professionals. Each of the primary themes identified in phase two are represented as circles, displaying the factors that help to promote effective collaboration between professionals. The theme “centering the best interest of the child” is in the middle, representing how effective collaboration is rooted in a shared goal amongst professionals to work towards supporting the best interest of the child despite any challenges that may arise. The two-sided arrows within the circle represent the reciprocal relationships between the facilitators, often building on each other. The subthemes identified in phase two are represented as rectangles on the outside of the circle, showing the factors that act as barriers to IPC. The jagged arrows represent how barriers pull professionals away from effective collaboration.

Figure 2  
*Visual Representation of Grounded Theory of Effective Interprofessional Collaboration  
 Between Child Welfare and School Professionals*



## CHAPTER 5

### DISCUSSION

#### **Discussion**

This study was designed to examine the collaboration between professionals who support the K-12 education of CYFC. The research question was: What are the perceived facilitators and barriers to effective interprofessional collaboration when working to advance K-12 educational well-being for children and youth in foster care? The aim of this study was to explore the elements that child welfare professionals, school professionals, and professional caregivers perceived as necessary to foster effective interprofessional collaboration. Previous research had identified common facilitators and barriers of IPC between other types of professionals, but no study had specifically examined the factors between these types of professionals. This gap is critical because CYFC experience educational inequity compared to their peers, especially CYFC who also have disabilities or identify as BIPOC. Both child welfare and school professionals are responsible for their educational well-being and outcomes but no research has explored what promotes and hinders their work together. This discussion will address how the findings of phase one and phase two connect to the existing literature and theoretical frameworks guiding the study.

#### ***Phase One: Quantitative Phase***

During phase one, participants completed multiple quantitative scales including the PINCOM-Q, InDI-D, collaborative activities, and COHA IPC. Participants also responded to open-ended questions about the facilitators and barriers of collaborating with other professionals and the effects of the COVID-19 pandemic on IPC. Each of

these scales and open-ended questions will be discussed within the context of existing literature and study's theoretical framework.

The PINCOM-Q scale results showed that child welfare and school professionals had similar levels of general perceptions of IPC that were not significantly different, with scale means for both groups having scores between “mildly agree” and “moderately agree.” This suggests that both groups of professionals have similar mindsets that are generally positive about IPC in the workplace. If professionals have similar mindsets about the importance of IPC, then they may be more likely to engage in positive reciprocal transactions when engaging on behalf of CYFC. Orentlicher et al. (2019) found that occupational therapists and other school professionals that had positive views of collaboration, collaborated more often with other professionals. Research has also found that negative perceptions of collaboration can be a barrier to collaboration (Drabble, 2010). Child welfare professionals, school professionals, and professional caregivers act as links between the microsystems that CYFC are engaged in or affected by (e.g., school, out-of-home) and their intersetting communicating and knowledge can strengthen or weaken the links between the microsystems. Stronger links between the settings can help CYFC to have aligned expectations across settings and experience smoother ecological transitions. It is assumed that positive views of collaboration could lead to more effective IPC and stronger links between the settings that the child engages in. However, more frequent collaboration would not necessarily positively impact professionals or CYFC and could potentially cause more oversight and harm.

The InDI-D scale results demonstrated that child welfare professionals, school professionals, and professional caregivers also experienced similar levels of day-to-day

discrimination throughout their lifetime. The differences between the three groups were not statistically significant, and the scale means for each group were between “never” and “yes, but not in the past year.” This suggests that these groups have experienced similar levels of discrimination in professional settings. Professionals attributing workplace discrimination to gender and role/position have been discussed in literature about IPC (San Martin-Rodriguez et al., 2005; Walsh et al., 1999; Widmark et al., 2016). However, participants in this study also noted experiencing discrimination due to their age, education level, race/ethnicity, sexual orientation, disability status, experience or lack of experience, and personality. Many participants also identified more than one aspect of themselves as the perceived reasons for the discrimination. This highlights the importance of examining discrimination from an intersectional lens and shows how it could occur in many different ways during engagement with other professionals (Crenshaw, 1989; Crenshaw, 1990). Professionals who identify as being part of one or more marginalized groups may also hold less power within workplaces and suffer more discrimination and racism. Differential power within collaborative partnerships is inherent and these differences in power and experiences of discrimination can lead to misuses of power or exploitation (Lotia & Hardy, 2008).

Of the potential collaborative activities that professionals could have engaged in with one another; a) introducing yourself and your role; b) participating in meetings related to cases, special education, behavioral or educational challenges and; c) school changes were most commonly reported. This suggests that professionals see value or easily have opportunities to introduce themselves to other professionals. It also implies that professionals engage in meetings that are required by agencies or federal policies

such as Annual IEP/504 Plan meetings or CFTs over meetings that are not required. Shea et al. (2010) found that education liaisons for children in foster care in California schools took meeting attendance requirements by a state policy into consideration when deciding if they would attend a meeting. Although these requirements may encourage participation, there also could be unintended consequences such as professionals feeling resentful and less cooperative by being mandated to engage. There were professional caregivers who reported not having engaged in any collaborative activities with school professionals or child welfare professionals. Similarly, there were school professionals who reported not having engaged in any of the activities with child welfare professionals. Many factors could contribute to whether a professional engages in activities or not, such as their professional role and job duties. For example, a professional in an elementary school is likely not having meetings about postsecondary planning. Engaging in these collaborative activities is important for building strong intersetting communication and knowledge between the settings and support the CYFC's development (Bronfenbrenner, 1979). For example, a child's ecological transition to a new school could be supported by relevant information (e.g., transcripts, IEP/504 Plan) being shared between their indirect links (e.g., case manager, administrative assistant at former school, administrative assistant at new school) prior to their entry. By professionals not engaging in these collaborative activities, there may be no links between the settings, miscommunication, or differing approaches or expectations for supporting the child.

Results from the COHA IPC scales show that differences exist between child welfare professionals, school professionals and professional caregivers in how frequently they collaborate with other professionals and in the strength of the IPC. The findings



suggested that collaboration is more frequent and stronger among professionals within the same system (e.g., school professionals with other school professionals). IPC is likely strengthened when professionals work in the same setting because they have more opportunities to naturally interact and develop relationships. When professionals work in different settings, there needs to be more intentionality to strengthen the linkages within the mesosystem of the CYFC. A need thus exists to better understand what factors contribute to the differences in frequency and strength of IPC between professionals, which were explored in the open-ended questions about the facilitators and barriers of IPC and in phase two of the study.

The facilitators and barriers identified in the analysis of the open-ended questions in phase one and were endorsed and expanded upon in phase two, will be addressed in the phase two section of the discussion. The themes identified in phase one that were not represented in phase two included *increased demands during COVID-19 pandemic*, *lack of in person engagement* and *multiple options for engagement*. These themes may have emerged because the open-ended survey questions specifically asked about how COVID-19 had influenced collaboration and the interview and focus group protocols did not. The significant changes within the chronosystem caused by the COVID-19 pandemic affected the demands at work and types of interactions between child welfare professionals, school professionals, and professional caregivers. Participants shared that child welfare professionals, school professionals, and professional caregivers had increased workloads during the COVID-19 pandemic, which was a barrier to collaborating together. Professionals were often having to do more work with less resources. A study of early childhood educators, found that they experienced higher workloads in 2020 after the

beginning of the pandemic as well as increased work-related stress (Crawford et al., 2021). Similarly, social workers expressed having increased workloads due to the pandemic (Ashcroft et al., 2022). During the COVID-19 pandemic, professional caregivers also had additional caregiving responsibilities and were often managing changes in their own workplaces. CYFC were mostly attending school remotely from home and professional caregivers had to monitor their schooling, often while working themselves. This was especially difficult for residential care/group home caregivers who were caring for multiple CYFC and professional caregivers who still had to work outside the home with limited or no childcare resources. Whitt-Woosley et al. (2022) found that during this time of great stress, foster parents felt they received a lack of support and resources from child welfare workers and teachers.

Participants also expressed that having limited opportunities for in person engagement was a barrier to IPC because there were less connections and interactions with other participants and felt like there was less attentiveness to the conversations. During the COVID-19 pandemic, most engagement with schools transitioned to communicating digitally. A study of preschool teacher and parent communication during COVID-19 identified similar limitations to digital communication, that parents felt it was less personal and made it more difficult to form a connection with the teacher (Chen & Rivera-Vernazza, 2022). This may be especially true for professional caregivers who may be caring for multiple children or not have known school professionals for as long as other parents. On the other hand, participants also identified that the COVID-19 pandemic brought more options for engagement such as virtual meetings, phone calls, emails, and student web portals. This flexibility was helpful for professionals and

professional caregivers with limited time and capacity to communicate and collaborate. Another study of family engagement during COVID-19 found that schools increased the number of ways that families could communicate with them such as drop-in Zoom office hours and apps (Wilinski et al., 2022). Teachers felt that these flexible options for communicating helped to build relationships. Mishna et al. (2021) found that during the pandemic, social workers adapted to using a broad range of information and communication technology options (e.g., mobile devices, social media, text messages) and that it was important to center the use of these options on the preferences and unique needs of clients. Although these multiple modes of communication have benefitted professionals, they may negatively impact vulnerable families, including those who are child welfare involved. Families with limited access to technology or who do not speak English may miss out on communication and opportunities to collaborate that were once in person. The macrosystem beliefs about communication and engagement have likely shifted from now on because of the pandemic. Moving forward, these themes highlight a desire to have both in person meetings and other options for engagement and communication. Taking the approach of centering which modes of communication to use based on the needs of the professionals and family members involved, may help to increase meaningful collaborative engagement.

### ***Phase Two: Qualitative Phase***

Six themes or facilitators and related subthemes or barriers were identified in phase two. These included 1) *centering the best interests of the child and competing priorities or agendas*; 2) *opportunities and capacity to meaningfully engage and unmanageable workloads and limited time*; 3) *effective communication and little to no*

*timely communication; 4) being knowledgeable about the child, policies, roles, and systems and limited knowledge about the about the child, policies, roles, and systems; 5) positive and trusting relationships, and weak ties and mistrust; and 6) empathy towards other professionals and biases towards professional caregivers and other professionals.* Each of these themes and subthemes will be discussed within the context of existing literature about facilitators and barriers of IPC and study's theoretical framework.

Participants commonly discussed the importance of centering the best interests of the child and voice of the youth. Participants described that when collaboration was going well, the child and their voice was at the center of collaborative decision-making. This shared vision of doing what was in the best interest of the child helped professionals to work through challenges and keep collaborative engagements focused on specific tasks or goals. This may be especially important when collaborative engagement involves making significant decisions for a CYFC or when the child is present in the meeting. Previous research has identified having shared goals or a shared vision as a facilitator of IPC in healthcare and child welfare (Billups, 1989; Blakey, 2014; D'Amour et al., 2005; D'Amour et al., 2008; Galyean et al., 2018; Phillips, 2019; San Martin-Rodriguez et al., 2005; Spath et al., 2008). However, no known research of IPC has identified the more specific goal of prioritizing the best interests of the child to be a facilitator. Galyean et al. (2018) found that effective interprofessional partnerships in child welfare had a shared vision of client-centered values, which is similar to the idea of centering the best interests of the child. For this study, the CYFC was conceptualized as being the developing person of interest at the center of the ecological system. The finding about the importance of centering the best interests of the child speaks to this conceptualization and highlights

that the goal of IPC between these professionals should always be to best serve CYFC. As children and youth who experience marginalization and oppression, it is even more important to have professionals advocating for the needs of CYFC.

A barrier to being able to center the best interests of the child was having competing priorities or agendas. Some of these included limited resources, limited finances, and competing job priorities. This can be especially challenging when professionals have to consider the best interests of their agency, which may not align with those of the CYFC. Studies have identified differing goals between professionals working in child welfare and other systems as well as inadequate resources to be barriers to IPC (Blakey, 2014; Darlington et al., 2004; Darlington et al., 2005; Spath et al., 2008). For example, Blakey (2014) found that differing goals between caseworkers and substance abuse professionals was a barrier to IPC and associated with professionals working against each other. From a critical perspective of IPC, these power differentials and divergent priorities are largely inevitable and part of the nature of working with other people and agencies. Known existing research, however, has not considered how professionals may be struggling with how to navigate their own competing priorities and agendas, those of their agency, and those of other professionals when trying to support the best interests of the child. This is a critical gap because within collaborative partnerships there are inevitably going to be competing interests and power differentials that are in conflict with or undermine the best interests of the CYFC (Lotia & Hardy, 2008). When the priorities of other agencies or professionals are valued over those of CYFC, then the child can face negative consequences and further oppression.

Communication that was considered to be effective between professionals was described as being open, honest, and timely. It also involved providing updates about the child and following up about completed tasks or unmet needs. Having strong communication is one of the most commonly identified facilitators of IPC in healthcare, child welfare and other social service literature (Langender-Magruder, 2019b; Phillips, 2016; Philips & Walsh, 2019; San Martin-Rodriguez, et al., 2005; Spath et al., 2008). Research in these fields have described communication that facilitates collaboration as open, direct, timely, and frequent. For example, Phillips and Walsh (2019) found that a sub-component of communication between child welfare and court professionals was timely communication and information sharing. This idea of following up or closing the loop may be especially important when professionals rely on others to complete tasks or in order to move forward with their own. Communication that facilitates IPC was described in a similar way to intersetting communication between settings that the CYFC is involved in. The purpose of intersetting communication is to send messages from one setting to the other, which can help to strengthen ecosystem of support for the CYFC and build positive relationships between the professionals in both settings (Bronfenbrenner, 1979). Communicating effectively can help to more quickly address challenges that arise in one or more settings.

A barrier to effective communication was having little to no timely communication. Participants described sometimes receiving no communication, very little communication, or communication that was not delivered in a timely manner. A lack of communication is also frequently cited as a barrier to IPC across disciplines (Altshuler, 2003; Beeman et al., 1999; Darlington et al., 2004; Langender-Magruder et

al., 2019a; Lee et al., 2015; Noonan et al., 2012; Spath et al., 2008). Communication that acts as a barrier was described in the literature as limited, lacking, delayed, restricted, and conflicting. For example, a study of collaboration between child welfare and intimate partner violence responders found that not receiving information in a timely manner could impede service provision for clients (Langender-Magruder et al., 2019a). A lack of communication can also impede being able to have meetings with other professionals or move forward on collaborative tasks. Poor communication could also hinder the decision-making process in settings of power. Settings of power are those that affect the other settings the CYFC is engaged in such as the school they will attend (Bronfenbrenner, 1979). If professionals experience bias or discrimination in settings of power, they may feel less comfortable sharing their knowledge and thoughts. Missing out on the perspectives of all professionals supporting the CYFC could make it more difficult to have a holistic picture of the needs and strengths of the child and ultimately make the best decisions for them.

Another facilitator of effective IPC was having opportunities and the capacity to meaningfully engage with other professionals. Opportunities were often provided through meetings that are already required to be held and have agency representation, such as Best Interest Determination meetings or IEP/504 Plan meetings. These policies at the macrosystem level that mandate collaboration drove much of the engagement between professionals. Without these requirements, there may be less opportunities for interactions and shared decision-making. Having this set infrastructure of meetings helped to ensure that at least some professionals met with one another which can help professionals to agree upon shared developmental goals for the CYFC and shift power

towards the CYFC (Bronfenbrenner, 1979). In order for professionals to attend these meetings, they also needed to have the time and capacity within their schedules to do so. San Martin-Rodriguez et al. (2005) found that a common facilitator of IPC across healthcare studies was having available time and space to interact. In order to have capacity, professionals need to have supportive agency policies and procedures. For example, Spath et al. (2008) found that a facilitator to collaboration between public and private child welfare agencies was having time for meetings and clerical support to schedule meetings. With practical support from agencies, professionals may have more time to participate in collaborative meetings which can in turn facilitate IPC (Noonan, 2012). However, this can be very challenging for schools and child welfare agencies with limited resources and professional caregivers who also have limited capacity.

Barriers to participants having the capacity to participate were unmanageable workloads and limited time. Professionals often discussed that themselves and other professionals had too many children in their care to be able to effectively engage in IPC to support CYFC. A study of collaboration between child welfare and early care and education found that a barrier to working together was professionals having high workloads (Lee et al., 2015). Similarly, Kapp et al. (2013) found that high caseloads for mental health and juvenile justice professionals hindered collaboration. This was especially challenging during the COVID-19 pandemic when school and child welfare professionals were faced increased job demands and even higher workloads (Ashcroft et al., 2022; Crawford et al., 2021). Most schools and child welfare agencies are working with limited funding which leads to high caseloads and staffing shortages. These funding issues at the macrosystems level then affect the amount and quality of work that



professionals are able to do on behalf of CYFC. Similarly, professional caregivers often receive low compensation for the very demanding work of caring for CYFC. These professionals are facing marginalization with having to manage high demand and stressful positions while receiving low compensation for their work. Society's lack of value for these systems and professionals at the chronosystem level, ultimately harms CYFC who are not being adequately served.

Participants also described that having positive and trusting relationships was a facilitator to effective collaboration. Positive relationships with strong rapport were described as having shared trust and respect. Common facilitators of IPC described in the healthcare, child welfare, and other social service literature include having trust and mutual respect (Carnochan et al., 2007; Phillips, 2016; Phillips & Walsh, 2019; San Martin-Rodriguez et al., 2005). Miesner et al. (2022) identified that relational trust facilitated collaboration between school staff members, regardless of their meeting structures. This suggests that strong relationships might help to mitigate other barriers to collaboration, such as having limited opportunities for meetings. Positive reciprocal transactions between professionals can help to support the overall ecosystem of the CYFC and outcomes (Rothery, 2016). For example, Altshuler (2003) found that developing trusting and collaborative relationships between child welfare workers, educators, and foster parents supported the education of students in foster care. An important component of having positive relationships was building rapport with other members of teams. Langender-Magruder et al. (2019b) found that building rapport was a facilitator of collaboration between professionals. If professionals have positive

relationships and share power with one another, it can help to reduce the potential for exploitation and for power to be misused.

Relationships were described as being negative when the ties between professionals were weak, often due to turnover and the constant changing of contacts. Carnochan et al. (2007) found that a barrier between collaboration between child welfare and court professionals was the limited availability of human resources, most often due to turnover. Similarly, a study of IPC between mental health and juvenile justice professionals found that staff turnover was a barrier to IPC and effective communication (Kapp et al., 2013). Turnover is common among child welfare professionals, school professionals, and professional caregivers due to the high work demands and low compensation in often highly stressful environments, among other challenges (Carver-Thomas & Darling-Hammond, 2017; DePanfilis & Zlotnik, 2008; Geiger et al., 2013). IPC was also negatively affected by fear and mistrust of other systems and professionals. Widmark et al. (2016) found that mistrust was a barrier to collaboration between healthcare, social services, and schools. Mistrust also came from professionals using power and authority inappropriately. Altshuler (2003) found that distrust and adversarial relationships between child welfare and school professionals were barriers to the educational success of CYFC. From the perspective of critical theory, power is inherently unequal and there are going to be differences and disagreements. McLean (2012) found that sometimes decisions about children in out-of-home care were made without consulting the child's team by those who had more power and authority. Participants in this study also identified fear as being a barrier to developing positive relationships with other professionals. Fear often stemmed from the power differentials between agencies,

roles, and identities (e.g., gender, race/ethnicity). For example, some professional caregivers feared engaging with child welfare workers because of the differences in roles and decision-making power. Limited research has identified fear as a barrier to collaboration. McLean (2012) also identified that foster parent's fear of retribution from other professionals in power (e.g., child welfare workers, teachers, mental health professionals) made it difficult for them to advocate for their children. However, no known literature has found the fear of other systems and professionals to be a barrier to IPC, highlighting how issues of power are rarely discussed in research on collaboration (Konrad et al., 2019).

Being knowledgeable about the child, policies, roles, and systems was also seen as a facilitator of collaboration. Some healthcare research has discussed the importance of understanding the practices and differences of other professionals and systems when engaging in IPC (Reeves et al., 2017; San Martin-Rodriguez et al., 2005). Role clarity has commonly been identified in the literature across disciplines as a facilitator to collaboration (D'Amour et al., 2005; Darlington et al., 2004; Lewandowski & GlenMaye, 2002). However, no known research has identified knowledge of the child or policy to be facilitators of IPC. This is a critical gap as many collaborative engagements are to be guided by policies, beyond just those identified in this study. Intersetting knowledge is when knowledge that exists in one setting is also known to the other setting (Bronfenbrenner, 1979). Having shared knowledge about the child, policies, roles, and systems between professionals supporting the same CYFC can help to promote similar expectations for the CYFC across the settings they engage with, which can help the child to feel more consistency amidst an environment that is often changing.

On the opposite side, a lack of knowledge about the child, policies, roles, and systems was a barrier to IPC. Role confusion has been a barrier of IPC noted in literature in various fields (Gibbel, 2014; Noonan et al., 2012; Oehrtmann, 2018). For example, Gibbel (2014) found that school social workers and child welfare workers were often confused about their own roles and the roles of the other professional. A study that explored barriers to cross-system collaboration between child welfare and school professionals found that professionals had limited knowledge about policies, procedures, and policy implementation (Noonan et al., 2012). This suggests that this barrier may be particularly pertinent for collaboration between these types of professionals. Research has not identified the lack of knowledge about the child to be a barrier of collaboration. This may be more important in contexts where collaborative engagement is very dictated by policy and driven by the needs of a child. Without these understandings, it can be difficult for professionals to make decisions in the best interests of the child and may cause more harm. It is critical that the voices of CYFC who are historically excluded and oppressed be represented, by their own involvement or through the voice of other knowledgeable and caring professionals.

Participants expressed that having empathy towards other professionals was a facilitator to collaboration. This was often expressed by the acknowledgement that other professionals were carrying heavy workloads or high caseloads, and may be the reason for their lack of response or inability to attend a meeting. Professionals recognized that structural and personal barriers existed and contributed to their own experiences and the experiences of others, rather than only making negative assumptions. Institutional empathy is understanding the context and environment of the other system and how it

operates and works with families (Banks et al., 2008). Two studies discussed the importance of institutional empathy in collaboration between child welfare and other systems (Colvin et al., 2020; Langenderfer-Magruder et al., 2019). Although this is an aspect of the empathy that professionals discussed, they also seemed to describe social empathy. Social empathy is the ability to understand and have compassion towards other people and groups (Segal, 2018). No known research has explored social empathy as a facilitator to IPC. Empathy is an important facilitator as it helped professionals to navigate through some of the challenges they experienced working with others and to build more positive relationships.

A barrier to empathy was having biases towards professional caregivers and other professionals. Some participants spoke negatively about professional caregivers during the interviews or described hearing other professionals talking negatively about them in the past, such as implying that they are only serving in the role to make money. Several women in the study shared that implicit biases came up during collaborative engagements, related to how a person looked or their culture. The most detailed accounts of implicit bias within collaborative partnerships were shared by women of color. Sukhera et al. (2022) conducted a scoping review of the influence of implicit biases within interprofessional teams from all disciplines and found there to be limited research on this topic. Most of the literature has been in the healthcare field, focused on one aspect of bias, and had not considered the relationships between race, age, and gender biases (Sukhera et al., 2022). This is a critical gap because of intersectional experiences of discrimination in the workplace. This study highlights how implicit biases of all types can be a barrier to IPC and need to be further explored. Critical perspectives of IPC

acknowledge that collaboration may cause harm to professionals, including bias or discrimination (Lotia & Hardy, 2008). If professionals, especially professional caregivers, are experiencing implicit or explicit bias during collaborative engagements then it can be assumed they are experiencing some degree of harm. This may make professionals with intersecting marginalized identities particularly vulnerable to discrimination and oppression. To mitigate harm, it is important to better understand how to address implicit and explicit biases within the workplace and collaborative engagements.

### **Limitations**

This study has several limitations. The results of this study are not generalizable. This study utilized a cross-sectional design which limits the ability to make causal claims based on observations that were made at one point in time (Rubin & Babbie, 2014). A future study could address this concern by testing the identified facilitators and barriers overtime through a longitudinal study. Another limitation was the use of convenience sampling as it has less external validity than probability sampling. Considering challenges expected in garnering a random sample from this area particularly during a pandemic, for feasibility reasons, this was necessary to ensure an adequate number of participants from each group. A future study could utilize probability sampling to increase validity. Another sampling limitation was that the original inclusion criteria did not specify that professional caregivers needed to be caring for a child in foster care who was school-aged. After this issue was identified, the inclusion criteria were changed and several individuals were removed from the final sample. However, a few participants may not have revealed in the open-ended questions that they were not caring for a school

aged child and are still included. Additionally, the facilitators and barriers were identified across samples, rather than by each type of professional or other demographic difference. A future study could consider how the facilitators and barriers may compare and contrast across samples. Another limitation is that the author did not engage in member checking to give interview and focus group participants the opportunity to review and provide feedback on the study results. This could limit the trustworthiness of the qualitative data.

### **Implications for Practice**

An educational achievement gap exists between CYFC and their peers without foster care histories. These disparities in educational outcomes and well-being are even greater for CYFC who are BIPOC or have disabilities. CYFC face the educational challenges related to their foster care experience in addition to trauma, systemic racism, poverty, and other factors. It is the responsibility of child welfare and school professionals to prevent and mitigate these challenges as best as they can for CYFC. Much of this work necessitates collaboration because multiple professionals are responsible for different aspects of their educational well-being. This study has highlighted that professionals experience many barriers in being able to collaborate effectively with one another, but facilitators also exist that can help to mitigate and reduce those barriers. Although this study focused on the IPC between child welfare and school professionals, many of the practice implications may also relate to social workers who practice in a variety of positions and settings that need to engage and collaborate with professionals from other professions.

Many of the identified barriers in the study are related to structural issues of limited funding and resources at the agency level. Limited funding contributes to low

staffing, high caseloads and classroom sizes, and low compensation. Child welfare professionals, school professionals, and professional caregivers have high workloads and limited capacity. These structural barriers often prevent professionals from communicating and engaging in collaborative meetings or activities. Not having these opportunities for communication or meetings can hinder professionals from making well-informed decisions about the education of the child with the input of multiple individuals (e.g., teachers, professional caregivers, school social workers) who know the child well and engage with them in different settings. Collaborative decision-making on behalf of CYFC who have disabilities or behavioral challenges may be even more difficult as there are often more professionals involved in their care teams to coordinate between. For example, to be able to best identify how to address the holistic needs of a child needing accommodations for a disability, it is imperative to have the perspectives of their case manager, teacher, caregiver, biological family, behavioral health specialist and other professionals involved in their education and care. BIPOC CYFC may also be negatively impacted by having professionals who do not understand their cultural background or are not involving professionals in educational decision-making processes who do. Not having this collaborative engagement also limits the ability to implement and uphold the federal protections designed to improve educational outcomes for CYFC. Without addressing these barriers, CYFC and especially those who are the most marginalized will not be reach educational parity with their peers.

The facilitators identified in the study demonstrate how IPC between these professionals can still be achieved in spite of the barriers and provide implications for how to improve the practices of working together to promote positive outcomes for



CYFC. When professionals have and stay committed to a shared goal of supporting the best interests of the child, then they are able to navigate the differing interests and power dynamics that are inevitably at play. Those who choose to work in the child welfare and school systems or be a caregiver deeply care for children and want them to succeed. Building on this shared belief can help professionals to deepen their collaboration together, even in the midst of barriers. In order for professionals to engage in effective collaboration, they need to be given opportunities to meet and communicate with one another by having availability in their schedules. This could be supported by having blocked time in school professional schedules (e.g., after school or during prep time) that is held open for meetings and known by the administrative assistant/front office personnel to be able to support with quicker scheduling. Schools could also provide substitute coverage for teachers to participate in meetings during the school day. To make meetings more accessible, meetings could be held in-person at the school and via video conferencing. Having both options allows flexibility for those who prefer in-person meetings or have limited access to technology, as well as those who would not be able to participate if the meeting was only offered in-person due to other work or personal commitments. Outside of meetings, professionals can utilize multiple modes of communication including email, phone, and student web portals. This could be especially beneficial for professional caregivers who may have limited availability during the workday but more time to respond in the evenings or on weekends. When possible, adapting to the preferences of the professional caregivers for communication could help to increase engagement.

Another implication is the need to increase the knowledge and understanding that professionals have about the other system and the roles of the professionals within that system. When professionals better understand the other settings that the CYFC is engaged in and their activities and roles within those settings, they can better support their holistic development. Cross training could be developed and specified to the different knowledge that is most appropriate and necessary to each professional role as well as strategies to promote effective collaboration (Haas et al., 2011). Cross training could also focus on training professionals about federal policies and collaborative tasks and expectations to support the education of CYFC such as Best Interest Determination meetings. Helping professionals to better understand how the other system works could also reduce some fear and mistrust.

Fear and mistrust can also stem from implicit bias, explicit bias, and experiences of discrimination within the workplace and during collaborative engagements. Professionals could also participate in trainings around diversity, equity, and inclusion to further explore their own biases and how to engage with other professionals, professional caregivers, and CYFC from different cultural backgrounds (Metinyurt et al., 2021). This is especially important as professionals discussed the biases often held against professional caregivers and the need to better support the educational outcomes of CYFC who are BIPOC. This study also highlighted the need to raise professionals' level of institutional and social empathy to promote IPC. Research has suggested that mindfulness interventions, role-playing activities, and reflective journaling may help to increase empathy of professionals (Kreplin et al., 2018; Outlaw et al., 2018; Watson et al., 2019). These types of interventions and activities could be integrated into cross training to

promote the further development of empathy. Reflective supervision/consultation and mindfulness practice have been studied as ways to reduce the implicit bias of professionals (Burgess et al., 2017; Lingras, 2022). Supervisors could also integrate discussions about implicit bias into their supervision meetings.

### **Implications for Policy**

This study also highlights the need to improve the implementation of federal child welfare and education policies that include educational protections for CYFC. One of the needs is to increase the knowledge of professionals about the aspects of IDEA, FCA, USA, and ESSA that relate to the education of CYFC so that they can work to ensure that well-meaning policies are implemented in practice. There is a need for an increase in basic knowledge about the policies and professionals' roles in implementation as well as specified knowledge for professionals whose roles involve the implementation of these policies on a frequent basis (e.g., points of contact, case managers). This information could be provided through the previously discussed cross training as well as fact sheets, policy implementation guides, online training courses or training videos. Making the information easily accessible and digestible could help to promote implementation in practice.

Beyond knowing and understanding the policies, professionals also need to have the capacity to engage in the implementation. Federal funding could be provided for CWA, SEA, and LEA point of contact positions mandated by ESSA to ensure that educational protections for CYFC are being followed. This would allow agencies and school districts to have staff dedicated to these roles rather than needing to fund them through another position, which limits their capacity to truly meet the needs of CYFC.

This could especially help LEAs in urban areas serving lower-income and BIPOC communities, which likely have disproportionately high rates of CYFC in their schools. Providing this federal funding could help to reduce disparities between services that various CWAs, SEAs, and LEAs can offer due to funding issues.

Another major policy implementation issue in being able to keep children in their school of origin is the cost of transportation and having to determine which agency or agencies will pay. The cost of transportation is not allowed to be a factor in considering if a child should remain in their school of origin and change schools. However, this inherently causes there to be differing interests and power differentials between agencies and professionals and there is no way to ensure that the cost of transportation is not consciously or subconsciously influencing decisions. By not providing funding, there may be an increased risk of decisions being made based on finances rather than the best interests of the child. Federal funding could pay to transport children to their school of origin, rather than agencies having to negotiate which will pay out of their generally very limited funds. Transportation funding specifically for CYFC would make the boundaries between agencies clearer and reduce one of the greatest barriers to keeping CYFC in their school of origin. Ultimately, providing this funding could help to reduce the number of school changes that CYFC are making, which has a deep impact on their educational well-being and outcomes. If additional funding is not feasible, the federal government could provide more specific guidance on how to implement challenging aspects of policies like sharing the cost of transportation, suggestions for potentially accessing other sources of funding, and recommended timelines for when meetings and decisions need to be made. Having more detailed policy guidance to facilitate collaborative decision-

making could help to reduce the effect of other competing priorities (e.g., cost to agencies) and support professionals ability to focus on the best interests of the child.

### **Implications for Social Work Education**

This study also has several implications for social work education. Professions often have courses within their degree programs that introduce students to other professions and areas of practice. For example, a model of education that has been used largely in healthcare professions is interprofessional education (IPE), which “occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes” (World Health Organization, 2010, p. 13). Utilizing models such as IPE within social work could be effective models for preparing social workers to engage in IPC in practice settings. According to a study of interdisciplinary collaboration in social work education from the perspective of program deans and directors, the majority of programs reported plans to further develop students’ expertise in interdisciplinary collaboration (Bronstein et al., 2010). In recent years, more social work programs have developed IPE models to prepare students for collaborative practice with other fields such as healthcare and law (Adamson et al., 2020; Kozakiewicz et al., 2020). Within IPE, facilitators of effective collaboration and should be taught and evaluated within social work education, including those identified in this study such as centering the best interests of the client, empathy, addressing implicit biases, effective communication, and building rapport with other professionals. This study brings increased awareness to the need for more preparation in social work education to focus on IPC and learning from other professionals, especially with the field of K-12 education.

Many social workers engage with K-12 school professionals as part of their roles and IPE models could better prepare social workers for these interactions.

This study also has implications for the courses and training specifically for child welfare and school social workers. Students preparing to be social workers in these areas of practice need to learn that educational well-being is a critical component to promoting overall well-being for a CYFC and their roles in supporting educational well-being. Child welfare and school social work course content could discuss the disparate educational outcomes for CYFC and those with other intersecting identities, common educational needs and strengths, and how to collaborate with schools/child welfare agencies and other professionals to meet these needs. To encourage current child welfare and school social workers to be actively engaged in the education of CYFC, it is important to integrate this training and discussion into courses at the BSW and MSW level as well as on-going training for those currently in the field. Without raising awareness among child welfare and school social workers of the educational challenges facing CYFC and opportunities to support change, it is unlikely that educational outcomes for CYFC will move in a more positive direction.

### **Implications for Research**

This study also has implications for future research. Within this study, several facilitators and barriers were identified that have been minimally or not explored in the literature. Factors that warrant future research to expand on the understanding found in this study include centering the best interests of the child, knowledge or lack of knowledge of the child and policies, fear and mistrust of other systems or professionals, and implicit biases. These may be important contributors and hindrances to IPC among

professionals beyond those in this study. To further investigate the influences of fear, mistrust, and implicit biases on IPC, it is especially important to center the perspectives of professionals who are BIPOC or have other traditionally marginalized identities and are more likely to experiences of discrimination during collaborative engagements.

The grounded theory developed in this study could also be tested in another state or region to assess if the facilitators and barriers of effective collaboration between child welfare and school professionals are similar or different to those in Maricopa County. For example, these results may differ in a rural area or in a denser urban area. Another area of study is to examine if the facilitators and barriers identified in this study are also present between child welfare professionals and professionals in other social service systems that intersect with the child welfare system or school system (e.g., behavioral health, courts). Gaining a better understanding of the facilitators and barriers to IPC with other systems could strengthen IPE and practice models. A practice implication from this study was to develop cross trainings to help child welfare and school professionals learn more about the other system, other professionals' roles, strategies to promote collaboration, and federal expectations for collaboration and educational protections for CYFC. After these interventions have been developed, future research could evaluate the short-term and long-term effects of the interventions. This could involve the development of a measure of these facilitators and barriers in practice to assess the strength of the collaboration between child welfare professionals and professionals in other social service systems. This tool could also support agency needs assessments and measure changes over time following the implementation of interventions.

Another important area of future research is studying the positive and negative associations between IPC and outcomes for professionals and clients. Most research on IPC has assumed that it leads to positive outcomes for professionals and clients without considering potential negative consequences or harm. In child welfare research more generally, we also need to have stronger evidence for how IPC affects outcomes for children, youth, families, and professionals. In regards to the specific implications from this study, research is needed to test how effective or ineffective IPC between professionals influences the educational outcomes and educational well-being for CYFC. A tool could be developed to evaluate the strength of the IPC among teams supporting CYFC and examine if those teams with strong IPC are associated with CYFC being served by those teams having better measures of educational well-being.

## **Conclusion**

The purpose of this study was to identify the facilitators and barriers to effective interprofessional collaboration between child welfare and school professionals who work together to support the educational well-being of children and youth in foster care. The study identified six themes that were facilitators of IPC: *centering the best interests of the child, opportunities and capacity to meaningfully engage, effective communication, being knowledgeable about the child, policies, roles, and systems, positive and trusting relationships, and empathy towards other professionals*. Pushing against these factors were barriers which included: *competing priorities or agendas, unmanageable workloads and limited time, little to no timely communication, limited knowledge about the about the child, policies, roles, and systems, weak ties and mistrust, and biases towards professional caregivers and other professionals*. To better support IPC between these



professionals, it is critical that professionals, agencies, and systems work to promote the facilitators and reduce the barriers through practices and policies.

## REFERENCES

- Abramson, J. S., & Rosenthal, B. B. (1995). Interdisciplinary and interorganizational collaboration. In *Encyclopedia of social work* (pp. 1479-1489). Washington, DC: NASW.
- Adamson, K., Ashcroft, R., Langlois, S., & Lising, D. (2020). Integrating social work into interprofessional education: A review of one university's curriculum to prepare students for collaborative practice in healthcare, *Advances in Social Work*, 20(2), 454-472. <https://doi.org/10.18060/23602>
- Agger, B. (2006). *Critical social theories: An introduction* (2nd ed.). Paradigm Publishers.
- Altshuler, S. J. (2003). From barriers to successful collaboration: Public schools and child welfare working together. *Social Work*, 48(1), 52-63. <https://doi.org/10.1093/sw/48.1.52>
- Arizona Department of Child Safety. (2022). Semi-annual child welfare report. Reporting period: December 31, 2021 through June 30, 2022. <https://dcs.az.gov/news-reports/dcs-reports>
- Arizona Department of Education. (2022). State accountability overview. <https://azreportcards.azed.gov/state-reports>
- Arizona Department of Education. (n.d.). AZ school report cards. <https://azreportcards.azed.gov/>
- Ashcroft, R., Sur, D., Greenblatt, A., & Donahue, P. (2022). The impact of the COVID-19 pandemic on social workers at the frontline: A survey of Canadian social workers. *British Journal of Social Work*, 52, 1724-1746. <https://doi.org/10.1093/bjsw/bcab158>
- Banks, D., Dutch, N., & Wang, K. (2008). Collaborative efforts to improve system response to families who are experiencing child maltreatment and domestic violence. *Journal of Interpersonal Violence*, 23, 876-902. <https://doi.org/10.1177/0886260508314690>
- Barrat, V., & Berliner, B. (2013). *The invisible achievement gap, part 1: Education outcomes of students in foster care in California's public schools*. WestEd
- Barrat, V. X., Berlinder, B., & Felida, N.J. (2015). *Arizona's invisible achievement gap: Education outcomes of students in foster care in the state's public schools*. WestEd.

- Batsche, C., Hart, S., Ort, R., Armstrong, M., Strozier, A., & Hummer, V. (2014). Post-secondary transitions of youth emancipated from foster care. *Child & Family Social Work, 19*, 174–184. <https://doi.org/10.1111/j.1365-2206.2012.00891.x>
- Bauer, G. R., & Scheim, A. I. (2019). Methods for analytic intercategory intersectionality in quantitative research: Discrimination as a mediator of health inequalities. *Social Science & Medicine, 226*, 236-245. <https://doi.org/10.1016/j.socscimed.2018.12.015>
- Beeman, S. K., Hagemester, A. K., & Edleson, J. L. (1999). Child protection and battered women's services: from conflict to collaboration. *Child Maltreatment, 4*(2), 166-126. <https://doi.org/10.1177/1077559599004002004>
- Berg-Weger, M., & Schneider, F. D. (1998). Interdisciplinary collaboration in social work education. *Journal of Social Work Education, 34*, 97-107. <https://doi.org/10.1177/0020872809358399>
- Billups, J. O. (1987). Interprofessional team process. *Theory Into Practice, 26*(2), 146-152. <https://doi.org/10.1080/00405848709543265>
- Blakey, J. M. (2014). We're all in this together: Moving toward an interdisciplinary model of practice between child protection and substance abuse treatment professionals. *Journal of Public Child Welfare, 8*, 491-513. <https://doi.org/10.1080/15548732.2014.948583>
- Blome, W. (1997). What happens to foster kids: Educational experiences of a random sample of foster care youth and a matched group of non-foster care youth. *Child and Adolescent Social Work Journal (14)*1, 41-53. <https://doi.org/10.1023/A:1024592813809>
- Bronfenbrenner, U. (1979). *Ecology of human development: Experiments by nature & design*. Harvard University Press.
- Bronfenbrenner, U. (1989). Ecological systems theory. In R. Vasta (Ed.), *Annals of Child Development, Vol. 6, Six Theories of Child Development: Revised Formulations and Current Issues* (pp. 187–249). JAI Press.
- Bronfenbrenner, U. (1994). Ecological models of human development. In T. Husen & T. N. Postlethwaite (Eds.), *International Encyclopedia of Education* (2nd ed., Vol. 3, pp. 1643–1647). Pergamon/Elsevier Science.
- Bronstein, L. (2002). Index of interdisciplinary collaboration. *Social Work Research, 26*(2), 113–123. <https://doi.org/10.1093/swr/26.2.113>

- Bronstein, L.R. (2003). A model for interdisciplinary collaboration. *Social Work*, 48(3), 297-306. <https://doi.org/10.1093/sw/48.3.297>
- Bronstein, L. R., & Abramson, J. S. (2003). Understanding Socialization of Teachers and Social Workers: Groundwork for Collaboration in the Schools. *Families in Society*, 84(3), 323–330. <https://doi.org/10.1606/1044-3894.110>
- Bronstein, L., Mizrahi, T., Korazim-Korosy, Y., & McPhee, D. (2010). Interdisciplinary collaboration in social work education in the USA, Israel and Canada: Deans' and directors' perspectives. *International Social Work*, 53(4), 457-473. <https://doi.org/10.1177/0020872809358399>
- Burgess, D. J., Beach, M. C., & Saha, S. (2017). Mindfulness practice: A promising approach to reducing the effects of clinician implicit bias on patients. *Patient Education and Counseling*, 100, 372-276. <http://dx.doi.org/10.1016/j.pec.2016.09.005>
- Bryant, A. & Charmaz, K. (2007a). Accommodating critical theory. In *The SAGE handbook of grounded theory*. Sage Publications.
- Bryant, A. & Charmaz, K. (2007b). Grounded Theory in historical perspective: An epistemological account. In *The SAGE handbook of grounded theory*. Sage Publications.
- Calhoun, C., & Karaganis, J. (2001). Critical theory. In *Handbook of Social Theory*. Sage Publications.
- CAPTA Reauthorization Act of 2010 (P.L. 111-320), 42 U.S.C. § 5101, Note (§ 3).
- Carnochan, S., Taylor, S., Abramson-Madden, A., Han, M., Rashid, S., Maney, J., Teuwen, S., & Austin, M. J. (2007). Child welfare and the courts: An exploratory study of the relationship between two complex systems. *Journal of Public Child Welfare*, 1(1), 117-136. [https://doi.org/10.1300/J479v01n01\\_06](https://doi.org/10.1300/J479v01n01_06)
- Carroll, T.L. (1999). Multidisciplinary collaboration: A method for measurement. *Nursing Quarterly*, 23(4), 86-90. <https://doi.org/10.1097/00006216-199907000-00012>
- Carver-Thomas, D. & Darling-Hammond, L. (2017). *Teacher turnover: Why it matters and what we can do about it*. Palo Alto, CA: Learning Policy Institute
- Centers for Disease Control and Prevention. (2021). *Health equity considerations & racial & ethnic minority groups*. <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>

- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Sage.
- Chen, J. J. & Rivera-Vernazza, D. E. (2022). Communicating digitally: Building preschool teacher-parent partnerships via digital technologies during COVID-19. *Early Childhood Education Journal*. <https://doi.org/10.1007/s10643-022-01366-7>
- Cheung, C., Lwin, K., & Jenkins, J. M. (2012). Helping youth in care succeed: Influence of caregiver involvement on academic achievement. *Children and Youth Services Review*, 34(6), 1092-1100. <https://doi.org/10.1016/j.childyouth.2012.01.033>
- Children's Bureau. (2020). Key indicators of a child's well-being. <https://www.all4kids.org/news/blog/key-indicators-of-a-childs-well-being/>
- Choi, B. C. K., & Pak, A. W. P. (2006). Multidisciplinarity, interdisciplinarity and transdisciplinarity in health research, services, education and policy: 1. Definition, objectives, and evidence of effectiveness. *Clinical & Investigative Medicine*, 29(6), 351-364. <https://doi.org/10.25011/cim.v30i6.2950>
- Chuang, E., & Lucio, R. (2011). Interagency collaboration between child welfare agencies, school, and mental health providers and children's mental health service receipt. *Advances in School Mental Health Promotion*, 4(2). <https://doi.org/10.1080/1754730X.2011.9715625>
- Chuang, E., & Wells, R. (2010). The role of interagency collaboration in facilitating receipt of behavioral health services for youth involved with child welfare and juvenile justice. *Children and Youth Services Review*, 32(12), 184-1822. <https://doi.org/10.1016/j.childyouth.2010.08.002>
- Claiborne, N. & Lawson, H. A. (2005). An intervention framework for collaboration. *Families in Society: The Journal of Contemporary Social Services*, 86, 93-103. <https://doi.org/10.1606/1044-3894.1881>
- Clemens, E. V. (2014). *Dropping out and into sight: Graduation and dropout rates for Colorado students in foster care: 5-year trend analysis (2007–08 to 2011–12)*. University of Northern Colorado.
- Clemens, E. V., Klopfenstein, K., Tis, M., & Lalonde, T. L. (2017). Educational stability policy and the interplay between child welfare placement and school moves. *Children and Youth Services Review*, 83, 209-217. <https://doi.org/10.1016/j.childyouth.2017.11.003>
- Clemens, E. V., Lalonde, T. L., & Sheesley, A. P. (2016). The relationship between school mobility and students in foster care earning a high school credential.

- Children and Youth Services Review*, 68, 193-201.  
<https://doi.org/10.1016/j.chilyouth.2016.07.016>
- Colebrook, J. I. (2016). *Development of a measure of interprofessional collaboration among school mental health professionals*. (10242803). [Doctoral dissertation, University of Denver]. ProQuest Dissertations Publishing.
- Colvin, M. L., Thompson, H. M., & Cooley, M. E. (2020). The ‘cost’ of collaboration and other challenges in inter-organizational child welfare practice: a community-wide perspective. *Journal of Public Child Welfare*, 15(5), 617-651.  
<https://doi.org/10.1080/15548732.2020.1778597>
- Courtney, M. E., & Dworsky, A. (2006). Early outcomes for young adults transitioning from out-of-home care in the USA. *Children and Family Social Work*, 11(3), 209–219. <https://doi.org/10.1111/j.1365-2206.2006.00433.x>
- Courtney, M., Dworsky, A., Brown, A., Cary, C., Love, K., & Vorhies, V. (2011). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26*. Chapin Hall at the University of Chicago.
- Courtney, M., Dworsky, A., Ruth, G., Keller, T., Havlicek, J., & Bost, N. (2005). *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 19*. Chapin Hall Center for Children at the University of Chicago.
- Courtney, M., E., Terao, S., & Bost, N. (2004). *Midwest evaluation of the adult functioning of former foster youth: Conditions of youth preparing to leave state care*. Chapin Hall at the University of Chicago.  
<https://www.chapinhall.org/research/conditions-of-youth-preparing-to-leave-state-care/>
- Courtney, M. E., Dworsky, A., Lee, J. S., & Raap, M. (2010). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at ages 23 and 24*. Chapin Hall at the University of Chicago.
- Crawford, C. Vaughn, K. A., Guttentag, C. L., Verghese, C., Oh, Y., & Zucker, T. A. (2021). “Doing what I can, but I got no magic wand:” A snapshot of early childhood educator experiences and efforts to ensure quality during the COVID-19 pandemic. *Early Childhood Educ Journal* 49, 829–840.  
<https://doi.org/10.1007/s10643-021-01215-z>
- Crawford, K. (2012). *Interprofessional collaboration in social work practice*. Sage Publications Inc.

- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *u. Chi. Legal f.*, 139.
- Crenshaw, K. (1990). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stan. L. Rev.*, 43, 1241.
- Creswell, J.W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). Sage Publications
- Creswell, J. W., & Plano Clark, V. L. (2018). *Designing and conducting mixed methods research* (3rd ed.). Sage Publications.
- Crosse, S., Kaye, E., & Ratnofsky, A. (1992). *A report on the maltreatment of children with disabilities*. Westat, Inc.
- D'Amour, D., Ferrada-Videla, M., Rodriguez, L. S. M., & Beaulieu, M. D. (2005). The conceptual basis for interprofessional collaboration: Core concepts and theoretical frameworks. *Journal of Interprofessional Care*, 19(2005), 116-131.  
<https://doi.org/10.1080/13561820500082529>
- D'Amour, D., Goulet, L., Labadie, J., San Martin-Rodriguez, L., & Pineault, R. (2008). A model and typology of collaboration between professionals in healthcare organizations. *BMC Health Services Research*, 8(188).  
<https://doi.org/10.1186/1472-6963-8-188>
- Darlington, Y., Feeney, J. A., & Rixon, K. (2004). Complexity, conflict and uncertainty: Issues in collaboration between child protection and mental health services. *Children and Youth Services Review*, 26, 1175-1192.  
<https://doi.org/10.1016/j.childyouth.2004.08.009>
- Darlington, Y., Feeney, J.A., & Rixon, K. (2005). Interagency collaboration between child protection and mental health services: Practices, attitudes and barriers. *Child Abuse & Neglect*, 29(10), 1085–1098.  
<https://doi.org/10.1016/j.chiabu.2005.04.005>
- Davis, R. J. (2006). *College access, financial aid, and college success for undergraduates from foster care*. National Association of Student Financial Aid Administrators.
- Day, A., Dworsky, A., Fogarty, K., & Damashek, A. (2011). An examination of post-secondary retention and graduation among foster care youth enrolled in a four-year university. *Children and Youth Services Review*, 33, 2335-2341.  
<https://doi.org/10.1016/j.childyouth.2011.08.004>

- Day, A., Edwards, H., Pickover, S., & Leever, M. (2013). When does confidentiality become an impediment rather than a pathway to meeting the educational needs of students in the foster care system? *Journal of Social Work Values and Ethics*, 10(2), 36-47.
- Denzin, N. K. (1978). *The research act: A theoretical introduction to sociological methods* (2nd ed.). McGraw-Hill.
- DePanfilis, D. & Zlotnik, J. L. (2008). Retention of front-line staff in child welfare: A systematic review of research. *Children and Youth Services Review*, 30(9), 995-1008. <https://doi.org/10.1016/j.childyouth.2007.12.017>
- Dolan, M., Smith, K., Casanueva, C., & Ringeisen, H. (2011). NSCAW II baseline report: Caseworker characteristics, child welfare services, and experiences of children placed in out-of-home care, final report. <https://www.acf.hhs.gov/opre/report/nscaw-ii-baseline-report-caseworker-characteristics-child-welfare-services-and>
- Drabble, L. (2007). Pathways to collaboration: Exploring values and collaborative practice between child welfare and substance abuse treatment fields. *Child Maltreatment*, 12(1), 31–42. <https://doi.org/10.1177/1077559506296721>
- Drabble, L. (2010). Advancing collaborative practice between substance abuse treatment and child welfare fields: What helps and hinders the process? *Administration in Social Work*, 35(1), 88–106. <https://doi.org/10.1080/03643107.2011.533625>
- Drabble, L., & Poole, N. (2011). Collaboration between addiction treatment and child welfare fields: Opportunities in a Canadian context. *Journal of Social Work Practice in the Addictions*, 11(2), 124-149. <https://doi.org/10.1080/1533256X.2011.570657>
- Dworsky, A., White, C. R., O'Brien, K., Pecora, P., Courtney, M., Kessler, R., Sampson, N., & Hwang, I. (2010). Racial and ethnic differences in the outcomes of former foster youth. *Children and Youth Services Review*, 32(6), 90–912. <http://dx.doi.org/10.1016/j.childyouth.2010.03.001>
- Every Student Succeeds Act. (2015). 20 U.S.C. § 6301.
- Family Educational Rights and Privacy Act (1974). 20 U.S.C. § 1232g.
- Fantuzzo, J. W., Perlman, S. M., & Dobbins, E. K. (2011). Types and times of child maltreatment and early school success: A population-based investigation. *Children and Youth Services Review*, 33, 1404-1411. <https://doi.org/10.1016/j.childyouth.2011.04.010>



- Ferguson, H. B. & Wolkow, K. (2012). Educating children and youth in care: A review of barriers to school progress and strategies for change. *Children and Youth Services Review*, 34, 1143-1149. <https://doi.org/10.1016/j.chidyouth.2012.01.034>
- Font, S. A., Sattler, K. M. P., Gershoff, E. T. (2018). Measurement and correlates of foster care placement moves. *Children and Youth Services Review*, 91, 248-258. <https://doi.org/10.1016/j.chidyouth.2018.06.019>
- Fook, J. (2015). Critical social work practice. In *International Encyclopedia of the Social & Behavioral Sciences* (2nd ed.), Volume 5. 287-292.
- Fostering Connections to Success and Increasing Adoptions Act. (2008). 42 U.S.C. § 1305.
- Fries, L., Klein, S., & Ballantyne, M. (2016). Are foster children's schools of origin always best? School quality in birth vs. foster parent neighbourhoods. *Child and Family Social Work*, 21(3), 317-327. <https://doi.org/10.1111/cfs.12145>
- Fry, D., Fang, X., Elliott, S., Casey, T., Zheng, X., Li, J., Florian, L. & McCluskey, G. (2018). The relationship between violence in childhood and educational outcomes: A global systematic review and meta-analysis. *Child Abuse & Neglect*, 75, 6-28. <https://doi.org/10.1016/j.chiabu.2017.06.021>
- Galyean, L., Lawson, J., Jones, J., Dreyfus, S., & Berrick, K. (2018). Child welfare. In A.L. Iachini, L.R. Bronstein, & E. Mellin (Eds.), *A guide for interprofessional collaboration* (pp. 161-190). CSWE Press.
- Garstka, T.A., Lieberman, A., Biggs, J., Thompson, B., & Levy, M. M. (2014). Barriers to cross-systems collaboration in child welfare, education, and the courts: Supporting educational well-being of youth in care through systems change. *Journal of Public Child Welfare*, 8, 190-211. <https://doi.org/10.1080/15548732.2014.888697>
- Gee, K. A. (2020). Predictors of special education receipt among child welfare-involved youth. *Children and Youth Services Review*, 114. <https://doi.org/10.1016/j.chidyouth.2020.105018>
- Geenen, S., & Powers, L. E. (2007). "Tomorrow is another problem" The experiences of youth in foster care during their transition into adulthood. *Children and Youth Services Review*, 29, 1085-1101. <https://doi.org/10.1016/j.chidyouth.2007.04.008>
- Geiger, J. M., & Beltran, S. J. (2017a). Experiences and outcomes of foster care alumni in postsecondary education: A review of the literature. *Children and Youth Services Review*, 79, 186-197. <https://doi.org/10.1016/j.chidyouth.2017.06.023>

- Geiger, J. M., & Beltran, S. J. (2017b). Readiness, access, preparation, and support for foster care alumni in higher education: A review of the literature. *Journal of Public Child Welfare*, 11(4-5), 487-515.  
<https://doi.org/10.1080/15548732.2017.1354795>
- Geiger, J. M., Hayes, M. J., & Lietz, C. A. (2013). Should I stay or should I go? A mixed methods study examining the factors influencing foster parents' decisions to continue or discontinue providing foster care. *Children and Youth Services Review*, 35(9), 1356-1365, <https://doi.org/10.1016/j.childyouth.2013.05.003>
- Germain, C. B., & Gitterman, A. (1995). Ecological perspective. In R. L. Edwards (Ed-in-Chief), *Encyclopedia of social work* (19th ed., Vol. 1, pp. 816– 824). NASW Press.
- Gibbel, D. S. (2014). The relationship between child protection workers and school social workers. Retrieved from Sophia, the St. Catherine University repository website: [https://sophia.stkate.edu/msw\\_papers/317](https://sophia.stkate.edu/msw_papers/317)
- Glaser, B. G. & Strauss, A. L. (1967). *The discovery of Grounded Theory: Strategies for qualitative research*. Chicago, IL: Aldine.
- Green, B. L., Rockhill, A., & Burrus, S. (2008). The role of interagency collaboration for substance-abusing families involved with child welfare. *Child Welfare*, 87(1), 29-62.
- Greer, R. D. (2016). *Critical reflection: Foster care youth experiences at a four year postsecondary institution* (Publication No. 10138153). [Doctoral dissertation, Southern Illinois University Carbondale]. ProQuest Dissertations Publishing.
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, 18(1), 59-82.  
<https://doi.org/10.1177/1525822X05279903>
- Gypen, L., Vanderfaeillie, J., De Maeyer, S., Belenger, L., & Van Holen, F. (2017). Outcomes of children who grew up in foster care: Systematic-review. *Children and Youth Services Review*, 76, 74-83.  
<https://doi.org/10.1016/j.childyouth.2017.02.035>
- Haas, S. M., Bauer-Leffler, S., & Turley, E. (2011). Evaluation of cross-disciplinary training on the co-occurrence of domestic violence and child victimization: Overcoming barriers to collaboration. *Journal of Health & Human Services Administration*, 34(3), 352-386.
- Han, M., Carnochan, S., & Austin, M. J. (2008). The challenges to promoting collaboration between child protection services workers and court professionals.

- Journal of Public Child Welfare*, 1(3), 115–131.  
<https://doi.org/10.1300/J479v01n03>
- Harris, M. S., Jackson, L. J., O'Brien, K., & Pecora, P. J. (2009). Disproportionality in education and employment outcomes of adult foster care alumni. *Children and Youth Services Review*, 31(11), 1150-1159.  
<https://doi.org/10.1016/j.childyouth.2009.08.002>
- Hart, C. B. (2011). The “elephant in the room”: Using emotion management to uncover hidden discourses in interprofessional collaboration and teamwork. *Journal of Interprofessional Care*, 25, 373-374.  
<https://doi.org/10.3109/13561820.2011.578224>
- Held, D. (1980). *Introduction to critical theory: Horkheimer to Habermas*. University of California Press.
- Hill, K. M. (2010). *The transition of youth with disabilities from the child welfare system: An analysis of state administrative data*. (Publication No. 3433770). [Doctoral dissertation, University of Minnesota]. ProQuest Dissertations Publishing.
- Hill, K. (2012). The prevalence of youth with disabilities among older youth in out-of-home placement: An analysis of state administrative data. *Child Welfare*, 91(4), 61–84.
- Hong, S., Rhee, T. G., & Piescher, K. N. (2018). Longitudinal association of child maltreatment and cognitive functioning: Implications for child development. *Child Abuse & Neglect*, 84, 64-73. <https://doi.org/10.1016/j.chiabu.2018.07.026>
- Horsburgh, D. (2003). Evaluation of qualitative research. *Journal of Clinical Nursing*, 12, 307-312. <https://doi.org/10.1046/j.1365-2702.2003.00683.x>
- Hutchins, D. L. (2017). *Increasing college access: A look at college readiness from the experiences of foster youth* (Publication No. 10636304). [Doctoral dissertation, Indiana University]. ProQuest Dissertations Publishing.
- Individuals with Disabilities Education Act (1990). 20 U.S.C. § 1400.
- Ivankova, N. V., Creswell, J. W., & Stick, S. L. (2006). Using mixed-methods sequential explanatory design: From theory to practice. *Field Methods*, 18(1), 3-20.  
<https://doi.org/10.1177/1525822X05282260>
- Johnson, K. F. (2016). Understanding interprofessional perceptions and experiences: An investigation of professional counselors and allied health professionals. *Health and Interprofessional Practice*, 3(1), 1-14. <https://doi.org/10.7710/2159-1253.1095>

- Jones, L., Bellis, M. A., Wood, S., Hughes, K., McCoy, E., Eckley, L., Bates, G., Mikton, C., Shakespeare, T., & Officer, A. (2012). Prevalence and risk of violence against children with disabilities: A systematic review and meta-analysis of observational studies. *The Lancet*, 380, 899-907. [https://doi.org/10.1016/S0140-6736\(12\)60692-8](https://doi.org/10.1016/S0140-6736(12)60692-8)
- Kapp, S. A., Petr, C. G., Robbins, M. L., & Choi, J. J. (2013). Collaboration between community mental health and juvenile justice systems: Barriers and facilitators. *Child and Adolescent Social Work Journal*, 30, 505-517. <https://doi.org/10.1007/s10560-013-0300-x>
- Kenaszchu, C., Reeves S., Nicholas, D., Zwarenstein, M. (2010). Validity and reliability of a multiple-group measurement scale for interprofessional collaboration. *BMC Health Services Research*, 10(83).
- Kendall-Tackett, K.A., & Eckenrode, J. (1996). The effects of neglect on academic achievement and disciplinary problems: A developmental perspective. *Child Abuse & Neglect*, 20(3), 161-169.
- Kim, J., & Cicchetti, D. (2010). Longitudinal pathways linking child maltreatment, emotion regulation, peer relations, and psychopathology. *The Journal of Child Psychology and Psychiatry*, 51(6), 706-716. <https://doi.org/10.1111/j.1469-7610.2009.02202.x>
- Kirk, C. M., Lewis, R. K., Nilsen, C., & Colvin, D. Q. (2011). The educational aspirations and expectations of youth in the foster care system. *Youth & Society*, 45(3), 207-323. <https://doi.org/10.1177/0044118X11417734>
- Konrad, S. C., Fletcher, S., Hood, R., & Patel, K. (2019). Theories of power in interprofessional research- developing the field. *Journal of Interprofessional Care*, 33(5), 401-405. <https://doi.org/10.1080/13561820.2019.1669544>
- Kothari, B. H., Godlewski, B., McBeath, B., McGee, M., Waid, J., Lipscomb, S., & Bank, L. (2018). A longitudinal analysis of school discipline events among youth in foster care. *Children and Youth Services Review*, 93, 117-125. <https://doi.org/10.1016/j.childyouth.2018.07.017>
- Kozakiewicz, J., Pope, D., & Battjes, K. (2020). Michigan State University's Chance at Childhood Program: Interprofessional social work/law education, field practice, and community-based advocacy. *Advances in Social Work*, 20(2), 300-319. <https://doi.org/10.18060/23658>
- Kreplin, U., Farias, M., & Brazil, I. A. (2018). The limited prosocial effects of meditation: A systematic review and meta-analysis. *Scientific Reports*, 8, 2403.

- <https://doi.org/10.1038/s41598-018-20299-z>
- Langenderfer-Magruder, L., Alven, L., Wilke, D. J., & Spinelli, C. (2019a). “Getting everyone on the same page”: Child welfare workers’ collaboration challenges on cases involving intimate partner violence. *Journal of Family Violence*, 34, 21-31. <https://doi.org/10.1007/s10896-018-0002-4>
- Langenderfer-Magruder, L., Olson, C., Wilke, D. J., & Alven, L. (2019b). RISE Up: Facilitating frontline responder collaboration on co-occurring child welfare and intimate partner violence cases. *Journal of Interpersonal Violence*, 00(0), 1-23. <https://doi.org/10.1177%2F0886260519832921>
- Langer, C. L., & Lietz, C. (2014). *Applying theory to generalist social work practice*. John Wiley & Sons, Incorporated.
- Lee, S., Benson, S. M., Klein, S. M., & Franke, E. M. (2015). Accessing quality early care and education for children in child welfare: Stakeholders’ perspectives on barriers and opportunities for interagency collaboration. *Children and Youth Services Review*, 55, 170-181. <https://doi.org/10.1016/j.childyouth.2015.06.003>
- Legal Center for Foster Care & Education. (2014). *School discipline & Youth in foster care: New federal guidance from the U.S. Departments of Education and Justice can help*. [https://www.fostercareandeducation.org/DesktopModules/Bring2mind/DMX/Download.aspx?EntryId=1992&Command=Core\\_Download&method=inline&PortalId=0&TabId=124](https://www.fostercareandeducation.org/DesktopModules/Bring2mind/DMX/Download.aspx?EntryId=1992&Command=Core_Download&method=inline&PortalId=0&TabId=124)
- Lewandowski, K. A., & GlenMaye, L. F. (2002). Teams in child welfare settings: interprofessional and collaborative processes. *Families in Society: The Journal of contemporary Human Services*, 83(3), 245-256. <https://doi.org/10.1606%2F1044-3894.25>
- Lietz, C.A., Langer, C. L., Furman, R. (2006). Establishing trustworthiness in qualitative research in social work. *Qualitative Social Work*, 5(4), 441-458. <https://doi.org/10.1177%2F1473325006070288>
- Lietz, C.A., & Zayas, L.E. (2010). Evaluating qualitative research for social work practitioners. *Advances in Social Work*, 11(2), 188-202. <https://doi.org/10.18060/589>
- Lightfoot, E. (2014). Children and youth with disabilities in the child welfare system: An overview. *Child Welfare*, 93(2), 23-45.
- Lightfoot, E., Hill, K., & LaLiberte, T. (2011). Prevalence of children with disabilities in the child welfare system. *Children and Youth Services Review*, 33(11), 2069–

2075. <https://doi.org/10.1016/j.childyouth.2011.02.019>
- Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic Inquiry*. Sage Publications, Inc.
- Lingras, K. A. (2022). Mind the gap(s): Reflective supervision/consultation as a mechanism for addressing implicit bias and reducing our knowledge gaps. *Infant Mental Health*, 43(6), 638-652. <https://doi.org/10.1002/imhj.21993>
- Lotia, N., & Hardy, C. (2008). Critical perspectives on collaboration. *The Oxford Handbook of Inter-Organizational Relations*. Oxford University Press.
- Marshall, C., & Rossman, G. B. (2011). *Designing qualitative research* (5th ed.). Sage Publications, Inc.
- Mauther, N. S. and Doucet, A. (2003). Reflexive accounts and accounts of reflexivity in qualitative data analysis. *Sociology* 37(3), 413–31. <https://doi.org/10.1177%2F00380385030373002>
- McKelvey, L. M., Selig, J. P., & Whiteside-Mansell, L. (2017). Foundations for screening adverse childhood experiences: Exploring patterns of exposure through infancy and toddlerhood. *Child Abuse and Neglect*, 70, 112–121. <https://doi.org/10.1016/j.chiabu.2017.06.002>
- McKelvey, L. M., Edge, N. C., Mesman, G. R., Whiteside-Mansell, L., & Bradley, R. H. (2018). Adverse experiences in infancy and toddlerhood: Relations to adaptive behavior and academic status in middle childhood. *Child Abuse & Neglect*, 82, 168-177. <https://doi.org/10.1016/j.chiabu.2018.05.026>
- McLain, B. R. (1988). Collaborative practice: A critical theory perspective. *Research in Nursing & Health*, 11, 391-398. <https://doi.org/10.1002/nur.4770110607>
- McLean, S. (2012). Barriers to collaboration on behalf of children with challenging behaviours: A large qualitative study of five constituent groups. *Child & Family Social Work*, 17, 478-486. <https://doi.org/10.1111/j.1365-2206.2011.00805.x>
- Mellin, E. A., Bronstein, L., Anderson-Butcher, D., Amorose, A. J., Ball, A., & Green, J. (2010). Measuring interprofessional team collaboration in expanded school mental health: Model refinement and scale development. *Journal of Interprofessional Care*, 24(5), 514-523. <https://doi.org/10.3109/13561821003624622>
- Metinyurt, T., Haynes-Baratz, M. C., & Bond, M. A. (2021). A systematic review of interventions to address workplace bias: What we know, what we don't, and lessons learned. *New Ideas in Psychology*, 63, 100879. <https://doi.org/10.1016/j.newideapsych.2021.100879>

- Miesner, H. R., Blair, E.E., Packard, C. C., Velazquez, M., Macgegor, L., & Grodsky, E. (2022). Collaborating in context: Relational trust and collaborative formats at eight elementary schools. *Teaching and Teacher Education, 115*, 103729. <https://doi.org/10.1016/j.tate.2022.103729>
- Mishna, F., Milne, E., Bogo, M., & Pereora, L. F. (2021). Responding to COVID-19: New trends in social workers' use of information and communication technology. *Clinical Social Work Journal, 49*, 484-494. <https://doi.org/10.1007/s10615-020-00780-x>
- Mitchell, M. (2016). *The neglected transition: Building a relational home for children entering foster care*. Oxford University Press.
- Morton, B. M. (2015). Barriers to academic achievement for foster youth: The story behind the statistics. *Journal of Research in Childhood Education, 29*(4), 476-491.
- Moyer, A. M., & Goldberg, A. E. (2020). Foster youth's educational challenges and supports: Perspectives of teachers, foster parents, and former foster youth. *Child and Adolescent Social Work Journal, 37*, 12-136. <https://doi.org/10.1007/s10560-019-00640-9>
- Naccarato, T., Brophy, M., & Courtney, M. E. (2010). Employment outcomes of foster youth: The results from the Midwest Evaluation of the Adult Functioning of Foster Youth. *Children and Youth Services Review, 32*, 551-559. <https://doi.org/10.1016/j.childyouth.2009.11.009>
- National Association of Social Workers. (2020). Read the Code of Ethics. <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>
- National Child Welfare Workforce Institute. (n.d.). Overview of the Comprehensive Organizational Health Assessment (COHA). [https://ncwwi.org/files/Org\\_Environment/Comprehensive\\_Organizational\\_Health\\_Assessment\\_COHA.pdf](https://ncwwi.org/files/Org_Environment/Comprehensive_Organizational_Health_Assessment_COHA.pdf)
- National Center for Education Statistics. (2020). Race and ethnicity of public school teachers and their students. <https://nces.ed.gov/pubs2020/2020103/index.asp>
- Nichols, M. P., & Schwartz, R. C. (2004). *Family therapy: Concepts and methods* (6th ed.). New York, NY: Pearson.
- Noonan, K., Matone, M., Zlotnik, S., Hernandez-Mekonnen, R., Watts, C., Rubin, D., & Mollen, C. (2012). Cross-system barriers to educational success for children in

- foster care: The front line perspective. *Children and Youth Services Review*, 34, 403-408. <https://doi.org/10.1016/j.chidyouth.2011.11.006>
- O'Brien, K., Pecora, P. J., Echohawk, L. A., Evans-Campbell, T., Palmanteer-Holder, N., & Roller White, C. (2010). Educational and employment achievements of American Indian/Alaska Native alumni of foster care. *Families in Society: The Journal of Contemporary Social Services*, 91(2), 149-157. <https://doi.org/10.1606%2F1044-3894.3974>
- O'Higgins, A., Seeba, J., & Gardner, F. (2017). What are the factors associated with educational achievement for children in kinship or foster care: A systematic review. *Children and Youth Services Review*, 79(2017), 198-220. <https://doi.org/10.1016/j.chidyouth.2017.06.004>
- Odegard, A. (2006). Exploring perceptions of interprofessional collaboration in child mental health care. *International Journal of Integrated Care*, 6(18), 1-13. <https://doi.org/10.5334/ijic.165>
- Odegard, A. & Strype, J. (2009). Perceptions of interprofessional collaboration within child mental health in Norway. *Journal of Interprofessional Care*, 23(3), 286-296. <https://doi.org/10.1080/13561820902739981>
- Oehrtmann, J. P. (2018). School counselors and intra/interprofessional collaboration: A grounded theory study on school counselors' utilization of intra/interprofessional collaboration and its perceived impact on student success. [Doctoral dissertation, Ohio State University]. OhioLINK Electronic Theses and Dissertations Center. [http://rave.ohiolink.edu/etdc/view?acc\\_num=osu1523473250075462](http://rave.ohiolink.edu/etdc/view?acc_num=osu1523473250075462)
- Ogbonnaya, I. N., & Keeney, A. J. (2018). A systematic review of the effectiveness of interagency and cross-system collaborations in the United States to improve child welfare outcomes. *Children and Youth Services Review*, 94, 225-245. <https://doi.org/10.1016/j.chidyouth.2018.10.008>
- Okpych, N. J. (2015). Receipt of independent living services among older youth in foster care: An analysis of national data from the US. *Children and Youth Services Review*, 51, 74–86. <https://doi.org/10.1016/j.chidyouth.2015.01.021>
- Oliver, D. P., Wittenberg-Lyles, E. M., & Day, M. (2007). Measuring interdisciplinary perceptions of collaboration on hospice teams. *American Journal of Hospice & Palliative Medicine*, 24(1), 49-53. <https://doi.org/10.1177/1049909106295283>
- Olsen, R. F., & de Montgomery, C. J. (2018). Revisiting out-of-home placed children's poor educational outcomes- Is school change part of the explanation? *Children and Youth Services Review*, 88, 103-113. <https://doi.org/10.1016/j.chidyouth.2018.03.005>



- Orentlicher, M., Lashinsky, D., Teixeira, S. B., & Mograby, A. (2019). The experiences and perceptions of collaboration between OTs and other school professionals. *The American Journal of Occupational Therapy*, 73(4\_Supplement\_1), 7311505127. <https://doi.org/10.5014/ajot.2019.73S1-PO4003>
- Outlaw, K., & Rushing, D. S. (2018). Increasing empathy in mental health nursing using simulation and reflective journaling. *The Journal of Nursing Education*, 57(12), 766. <https://doi.org/10.3928/01484834-20181119-13>
- Padgett, D. K. (2017). *Qualitative methods in social work research* (3<sup>rd</sup> ed.). Sage Publications, Inc.
- Pears, K. C., Kim, H. K., Buchanan, R., & Fisher, P. A. (2015). Adverse consequences of school mobility for children in foster care: A prospective longitudinal study. *Child Development*, 86(4), 1210–1226. <https://doi.org/10.1111/cdev.12374>
- Pears, K. C., Kim, H. K., & Leve, L. D. (2012). Girls in foster care: Risk and promotive factors for school adjustment across the transition to middle school. *Children and Youth Services Review*, 34, 234-243. <https://doi.org/10.1016/j.childyouth.2011.10.005>
- Pecora, P. & O'Brien, K. (2007). American Indian/Alaska Native findings from the Casey National Study: Analyses of mental health, education, and employment outcomes. [https://caseyfamilypro-wpengine.netdna-ssl.com/media/AlumniStudy\\_US\\_Findings\\_AI-AN.pdf](https://caseyfamilypro-wpengine.netdna-ssl.com/media/AlumniStudy_US_Findings_AI-AN.pdf)
- Pecora, P. J., Kessler, R. C., O'Brien, K., White, C. R., Williams, J., Hiripi, E., English, D., White, J., & Herrick, M. A. (2006a). Educational and employment outcomes of adults formerly placed in foster care: Results from the Northwest foster care alumni study. *Children & Youth Services Review*, 28, 1459–1481. <https://doi.org/10.1016/j.childyouth.2006.04.003>
- Pecora, P. J., Williams, J., Kessler, R. C., Hiripi, E., O'Brien, K., Emerson, J., Herrick, M. A. & Torres, D. (2006b). Assessing the educational achievements of adults who were formerly placed in family foster care. *Child & Family Social Work*, 11(3), 220-231. <https://doi.org/10.1111/j.1365-2206.2006.00429.x>
- Phillips, J. D. (2016). A qualitative study of collaboration between guardians ad litem and caseworkers in the child welfare system. *Children and Youth Services Review*, 60, 61–67. <https://doi.org/10.1016/j.childyouth.2015.11.019>
- Phillips, J. D. (2019). *Working together to achieve safe and timely reunification: A mixed-methods study of interprofessional collaboration in the child welfare*

- system (22585294). [Doctoral dissertation, University of Denver]. Proquest Dissertation and Theses.
- Phillips, J.D., & Walsh, M.A. (2019). Teaming up in child welfare: The perspective of guardians ad litem on the components of interprofessional collaboration. *Children and Youth Services Review*, 96, 17-26.  
<https://doi.org/10.1016/j.childyouth.2018.11.016>
- Pollitt, C. (1995). Justification by works or faith? Evaluating the New Public Management. *Evaluation* 1(2), 133–154.  
<https://doi.org/10.1177%2F135638909500100202>
- Potter, C.C., Leake, R., Longworth-Reed, L., Altschul, I. & Rienks, S. (2016). Measuring organizational health in child welfare agencies. *Children and Youth Services Review*, 61, 31-39. <https://doi.org/10.1016/j.childyouth.2015.11.002>
- Puzzanchera, C., Taylor, M., Kang, W., & Smith, J. (2022). *Disproportionality rates for children of color in foster care dashboard*. National Council of Juvenile and Family Court Judges.  
[http://ncjj.org/AFCARS/Disproportionality\\_Dashboard.aspx](http://ncjj.org/AFCARS/Disproportionality_Dashboard.aspx)
- Reeves, S., Pelone, F., Harrison, R., Goldman, J., & Zwarenstein, M. (2017). Interprofessional collaboration to improve professional practice and healthcare outcomes. *Cochrane Database of Systematic Reviews*, 6, CD000072.  
<https://doi.org/10.1002/14651858.CD000072.pub3>
- Robison, R., Jagers, J., Rhodes, J., Blackmon, B. J., & Church, W. (2017). Correlates of educational success: Predictors of school dropout and graduation for urban students in the Deep South. *Children and Youth Services Review*, 73, 37-46.  
<https://doi.org/10.1016/j.childyouth.2016.11.031>
- Rothery, M. (2007). Critical Ecological Systems Theory. In N. Coady & P. Lehmann (Eds.), *Theoretical Perspectives for Direct Social Work Practice* (2nd ed., pp. 89-118). Springer Publishing Company.
- Rothery, M. (2016). Critical Ecological Systems Theory. In N. Coady & P. Lehmann (Eds.), *Theoretical Perspectives for Direct Social Work Practice* (3rd ed., pp. 81-107). Springer Publishing Company.
- Rouse, H. L. & Fantuzzo, J. W. (2009). Multiple risks and educational well being: A population-based investigation of threats to early school success. *Early Childhood Research Quarterly*, 24, 1-14. <https://doi.org/10.1016/j.ecresq.2008.12.001>
- Rousseau, C., Laurin-Lamothe, A., Nadeau, L., Deshaies, S., & Measham, T. (2012). Measuring the quality of interprofessional collaboration in child mental health

- collaborative care. *International Journal of Integrated Care*, 12, 1-8.  
<http://doi.org/10.5334/ijic.676>
- RTI International & Stuart Foundation. (2015). *Charting the course: Using data to support foster youth college success*. Research Triangle Park: North Carolina. Retrieved from <https://www.luminafoundation.org/files/resources/charting-the-course.pdf>
- Rubin, A., Babbie, E. R. (2014). *Research methods for social work* (8th ed.). Brooks/Cole.
- Rumberger, R. W. & Losen, D. J. (2017). *The hidden costs of California's harsh school discipline: And the localized economic benefits from suspending fewer high school students*. The Center for Civil Rights Remedies and California Dropout Research Project. Retrieved from <https://files.eric.ed.gov/fulltext/ED573326.pdf>
- Ryan, J. P., Jacob, B. A., Gross, M., Perron, B.E., Moore, A., & Ferguson, S. (2018). Early exposure to child maltreatment and academic outcomes. *Child Maltreatment*, 23(4), 365-375. <https://doi.org/10.1177%2F1077559518786815>
- San Martin-Rodriguez, L., Beaulieu, M., D'Amour, D., & Ferrada-Videla, M. (2005). The determinants of successful collaboration: A review of theoretical and empirical studies. *Journal of Interprofessional Care*, Supplement 1, 132-147.  
<https://doi.org/10.1080/13561820500082677>
- Scheim, A. I., & Bauer, G. R. (2019). The Intersectional Discrimination Index: Development and validation of measures of self-reported enacted and anticipated discrimination for intercategory analysis. *Social Science & Medicine*, 226, 225-235. <https://doi.org/10.1016/j.socscimed.2018.12.016>
- Scherr, T.G. (2007). Educational experience of children in foster care: Meta-analyses of special education, retention, and discipline rates. *School Psychology International*, 28(4), 419-436. <https://doi.org/10.1177/0143034307084133>
- Shelton, L. G. (2019). *The Bronfenbrenner primer: A guide to develecology*. Routledge.
- Sebba, J., Berridge, D., Luke, N., Fletcher, J., Bell, K., Strand, S., Thomas, S., Sinclair, I. & O'Higgins, A. (2015). *The educational progress of looked after children in England: Linking care and educational data*. Rees Centre.  
<http://www.education.ox.ac.uk/wp-content/uploads/2019/05/Linking-Care-and-Educational-Data-Overview-Report-Nov-2015.pdf>
- Segal, L. (2018). *Social empathy: The art of understanding others*. Columbia University Press.

- Seyfried, S., Pecora, P., Downs, C., Levine, P., & Emerson, J. (2000). Assessing the educational outcomes of children in long-term foster care: First findings. *School Social Work Journal*, 24, 69–88.
- Smithgall, C., Gladden, R., Howard, E., Goerge, R. & Courtney, M. (2004). *Educational Experiences of Children in Out-of-Home Care*. Chapin Hall at the University of Chicago. [https://www.chapinhall.org/wp-content/uploads/Smithgall\\_Educational-Experiences-Children-Out-of-Home\\_Report\\_2004.pdf](https://www.chapinhall.org/wp-content/uploads/Smithgall_Educational-Experiences-Children-Out-of-Home_Report_2004.pdf)
- Stanley, S. G. (2012). Children with disabilities in foster care: The role of the school social workers in the context of special education. *Children & Schools*, 34(3), 190-192. <https://doi.org/10.1093/cs/cds012>
- Stewart, C. J., Kum, H., Barth, R. P., & Duncan, D. F. (2014). Former foster youth: Employment outcomes up to age 30. *Children and Youth Services Review*, 36, 220-229. <https://doi.org/10.1016/j.childyouth.2013.11.024>
- Stringer, K. (2019, February, 20). *ESSA says state report cards must track how many students in foster care are passing reading & math tests and graduating high school. Only 16 do*. The 74 Million. <https://www.the74million.org/article/essa-says-state-report-cards-must-track-how-many-students-in-foster-care-are-passing-their-reading-math-tests-and-graduating-high-school-only-16-do/>
- Stipes, C. (2020). *New movement seeks to ‘upEND’ child welfare system*. <https://uh.edu/news-events/stories/july-2020/07142020-upend.php>
- Stone, S., D’Andrade, A., & Austin, M. (2007). Educational services for children in foster care: Common and contrasting perspectives of child welfare and education stakeholders. *Journal of Public Child Welfare*, 1(2), 53-70. [https://doi.org/10.1300/J479v01n02\\_04](https://doi.org/10.1300/J479v01n02_04)
- Smith, B. D., & Mogro-Wilson, C. (2008). Inter-agency collaboration: Policy and practice in child welfare and substance abuse treatment. *Administration in Social Work*, 32(2), 5–24. [https://doi.org/10.1300/J147v32n02\\_02](https://doi.org/10.1300/J147v32n02_02)
- Smithgall, C., Jarpe-Ratner, E., & Walker, S. (2010). *Looking back, moving forward: Using integrated assessments to examine the educational experiences of children entering foster care*. Chapin Hall at the University of Chicago.
- Spath, R., Werrbach, G.B., & Pine, B.A. (2008). Sharing the baton, not passing it: Collaboration between public and private child welfare agencies to reunify families. *Journal of Community Practice*, 16(4), 481–507. <https://doi.org/10.1080/10705420802473766>
- Sukhera, J., Bertram, K., Hendriks, S., Chisolm, M. S., Perzhinsky, J., Kennedy, E.,

- Lingard, L., & Goldszmidt, M. (2022). Exploring implicit influences on interprofessional collaboration: a scoping review. *Journal of Interprofessional Care*, 36(5), 716-724, <https://doi.org/10.1080/13561820.2021.1979946>
- Sullivan, P. & Knutson, J. (2000). Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse and Neglect*, 24(100), 1257-1273. [https://doi.org/10.1016/s0145-2134\(00\)00190-3](https://doi.org/10.1016/s0145-2134(00)00190-3)
- Tate, T. R. (2017). *From foster care to freshman year: Foster youths' perspectives on the transition and adaptation to college* (10744446). [Doctoral dissertation, Fielding Graduate University]. Proquest Dissertation and Theses.
- Trout, A., Hagaman, J., Casey, K., Reid, R., & Epstein, M. (2008). The academic status of children and youth in out-of-home care: A review of the literature. *Children and Youth Services Review*, 30, 979–994. <https://doi.org/10.1016/j.childyouth.2007.11.019>
- Twardosz, S., & Lutzker, J. R. (2010). Child maltreatment and the development brain: A review of neuroscience perspectives. *Aggression and Violent Behavior*, 15, 59-68. <https://doi.org/10.1016/j.avb.2009.08.003>
- Uninterrupted Scholars Act. (2013), Public Law 112-278.
- U.S. Bureau of Labor Statistics. (2020). Learn more, earn more: Education leads to higher wages, lower unemployment. <https://www.bls.gov/careeroutlook/2020/data-on-display/education-pays.htm>
- U.S. Census Bureau. (2022). QuickFacts Maricopa County, Arizona. <https://www.census.gov/quickfacts/maricopacountyarizona>
- U.S. Department of Education & U.S. Department of Health and Human Services. (2016). *Non-regulatory guidance: Ensuring educational stability for children in foster care*.
- U.S. Department of Health and Human Services. (2008). *Guidance on Fostering Connections to Success and Increasing Adoptions Act of 2008*.
- U.S. Department of Health and Human Services Administration on Children, Youth and Families. (2010). *Program instruction*.
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families & Children's Bureau. (2015). *Understanding the effects of maltreatment on brain development*. [https://permanent.fdlp.gov/gpo87623/brain\\_development.pdf](https://permanent.fdlp.gov/gpo87623/brain_development.pdf)

- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families & Children's Bureau. (2019). *Definitions of child abuse and neglect*. <https://www.childwelfare.gov/pubPDFs/define.pdf>
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families & Children's Bureau. (2022). *The AFCARS Report: Preliminary FY 2021 estimates as of June 28, 2022 – No. 29*. <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcars-report-29.pdf>
- U.S. Government Accountability Office. (2014). *HHS needs to improve oversight of Fostering Connections Act implementation*. <https://www.gao.gov/assets/670/663655.pdf>
- U. S. Government Accountability Office. (2019). *Foster care: Education could help states improve educational stability for youth in foster care*. <https://www.gao.gov/assets/710/701532.pdf>
- Villagrana, K. M. (2020). A model to improve educational stability collaborations between child welfare and educational agencies: Applying the Theory of Collaborative Advantage. *Child Welfare*, 98(2), 85-102.
- Villegas, S., Rosenthal, J., O'Brien, K., & Pecora, P. J. (2014). Educational outcomes for adults formerly in foster care: The role of ethnicity. *Children and Youth Services Review*, 36, 42-52. <https://doi.org/10.1016/j.childyouth.2013.11.005>
- Walsh, M. E., Brabeck, M. M., & Howard, K. A. (1999). Interprofessional collaboration in children's services: Toward a theoretical framework. *Children's Services: Social Policy, Research, and Practice*, 2(4), 183-208. [https://doi.org/10.1207/s15326918cs0204\\_1](https://doi.org/10.1207/s15326918cs0204_1)
- Watson, C. S., Leigh, G., & McCarthy, J. (2019). Increasing empathy through role-play: A meal planning and grocery shopping activity. *Teaching and Learning in Nursing*, 14, 149-152. <https://doi.org/10.1016/j.teln.2019.01.006>
- Watt, T. T., Kim, S., & Garrison, K. (2018). The relationship between state supports and post-secondary enrollment among young aging out of foster care: An analysis of the National Youth in Transition Database. *Child Welfare*, 96(3), 1-20.
- Weinstein, J., Whittington, C., & Leiba, T. (2003). *Collaboration in social work practice*. Jessica Kingsley Publisher Ltd.

- Weiss, J. S., & Davis, H. P. (1985). Validity and reliability of the Collaborative Practice Scales. *Nursing Research*, 34(5), 299-305. <https://doi.org/10.1097/00006199-198509000-00010>
- Wells, R., Chuang, E., Haynes, L. E., Lee, I., & Bai, Y. (2011). Child welfare agency ties to providers and schools and substance abuse treatment use by adolescents. *Journal of Substance Abuse Treatment*, 40(1), 26-34. <https://doi.org/10.1016/j.jsat.2010.08.004>
- Whitbread, K. M., Bruder, M. B., Fleming, G., & Park, H. J. (2007). Collaboration in special education: Parent-professional training. *TEACHING Exceptional Children*, 39(4), 6-14.
- Whitt-Woosley, A., Sprang, G., & Eslinger, J. (2022). Foster care during the COVID-19 pandemic: A qualitative analysis of caregiver and professional experiences. *Child Abuse & Neglect*, 124, 105444. <https://doi.org/10.1016/j.chiabu.2021.105444>
- Widmark, C., Sandahl, C., Piuva, K., & Bergman, D. (2016). What do we think about them and what do they think about us? Social representations of interprofessional and interorganizational collaboration in the welfare sector. *Journal of Interprofessional Care*, 30(1), 50-55. <https://doi.org/10.3109/13561820.2015.1055716>
- Wiegmann, W., Putnam-Hornstein, E., Barrat, V. X., Magruder, J. & Needell, B. (2014). *The invisible achievement gap part 2: How the foster care experiences of California public school students are associated with their education outcomes*. WestEd.
- Wilinski, B., Morley, A., & Wu, J. H. (2022). Uncovering new opportunities for family engagement during COVID-19. *Phi Delta Kappan*, 103(7), 14-17. <https://doi.org/10.1007/s10615-020-00780-x>
- Williams, R. G. (2016). The role of school counselors in the career and college readiness of foster care youth: An ecological systems theory approach. *Journal of Counselor Leadership and Advocacy*, 3(2), 135-146, <https://doi.org/10.1080/2326716X.2015.1133335>
- Wulczyn, F., Smithgall, C., & Chen, L. (2009). Child well-being: The intersection of schools and child welfare. *Review of Research in Education*, 33, 35-62. <https://doi.org/10.3102/0091732X08327208>
- Wolanin, T. R. (2005). *Higher education opportunities for foster youth: A primer for policy makers*. The Institute for Higher Education Policy.

- World Health Organization. (2010). *Framework for action on interprofessional education & collaborative practice*.  
[https://apps.who.int/iris/bitstream/handle/10665/70185/WHO\\_HRH\\_HP\\_N\\_10.3\\_eng.pdf;jsessionid=D1AC7A094001B051AD642F79CD871B5D?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/70185/WHO_HRH_HP_N_10.3_eng.pdf;jsessionid=D1AC7A094001B051AD642F79CD871B5D?sequence=1)
- Zetlin, A., & Weinberg, L. (2013). *Placed at risk by the system: The educational vulnerability of children and youth in foster care*. Nova Science Publishers, Inc.
- Zetlin, A. G., Weinberg, L. A., & Shea, N. M. (2006a). Improving educational prospects for youth in foster care: The education liaison model. *Intervention in School and Clinic, 41*(5), 267-272. <https://doi.org/10.1177%2F10534512060410050301>
- Zetlin, A. G., Weinberg, L. A., & Shea, N. M. (2006b). Seeing the whole picture: Views from diverse participants on barriers to educating foster youth. *Children & Schools, 28*(3), 165-173. <https://doi.org/10.1093/cs/28.3.165>
- Zima, B. T., Bussing, R., Freeman, S., Yang, X., Belin, T. R., & Forness, S. R. (2000). Behavior problems, academic skill delays and school failure among school-aged children in foster care: Their relationship to placement characteristics. *Journal of Child and Family Studies, 9*, 87–103. <https://doi.org/10.1023/A:1009415800475>
- 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 and Youth Services Review, 35*, 826-833. <https://doi.org/10.1016/j.childyouth.2013.02.006>



APPENDIX A  
AGENCY DEMOGRAPHIC SURVEY

1. What is the name of your agency, school, or school district?  
\_\_\_\_\_
  
2. Which best describes the organization you are representing?
  - Public child welfare agency
  - Agency contracted with the Arizona Department of Child Safety
  - School
  - Public school district
  - Charter school network
  - Other, please describe: \_\_\_\_\_
  
3. (*Schools Only*) Which grade levels does your school serve?
  - K-5<sup>th</sup> grade
  - K-6<sup>th</sup> grade
  - K-8<sup>th</sup> grade
  - K-12<sup>th</sup> grade
  - 6<sup>th</sup>-8<sup>th</sup> grade
  - 6<sup>th</sup>-12<sup>th</sup> grade
  - 9<sup>th</sup>-12<sup>th</sup> grade
  - Other, please describe: \_\_\_\_\_
  
4. (*Schools and School Districts Only*) Which grade levels does your school district/charter school network serve?
  - K-12<sup>th</sup>
  - K-8<sup>th</sup>
  - 9<sup>th</sup>-12<sup>th</sup>
  - Other, please describe: \_\_\_\_\_
  
5. (*Schools Only*) Which describes your school? *Select all that apply.*
  - Public school
  - Charter school
  - Magnet school
  - Special education school
  - Virtual school
  - Other, please describe: \_\_\_\_\_
  
6. (*School district only*) How many schools are within your school district/charter school network?  
\_\_\_\_\_

7. *(Service provider agencies only)* What services does your agency provide to children and families involved in the child welfare system? *Select all that apply.*
- Parent aide services
  - Family reunification or preservation services
  - Family time or supervised visitation services
  - Independent living services
  - Placement stabilization services
  - Foster home case management
  - Educational navigation services
  - Other, please describe: \_\_\_\_\_
8. *(School only)* How many employees does your school have? *If you do not know exactly, please enter your best guess.*
- \_\_\_\_\_
9. *(School district only)* How many employees does your school district/charter network have? *If you do not know exactly, please enter your best guess.*
- \_\_\_\_\_
10. *(DCS and service provider agencies only)* How many employees does your agency have? *If you do not know exactly, please enter your best guess.*
- \_\_\_\_\_
11. *(School Only)* How many students does your school currently have enrolled? *If you do not know exactly, please enter your best guess.*
- \_\_\_\_\_
12. *(School District Only)* How many students does your school district/charter network currently have enrolled? *If you do not know exactly, please enter your best guess.*
- \_\_\_\_\_
13. *(School or School District Only)* How many of those enrolled students are in foster care? *If you do not know exactly, please enter your best guess.*
- \_\_\_\_\_
14. *(Service Provider agencies)* How many children and youth in foster care does your agency serve each year? *If you do not know exactly, please enter your best guess.*
- \_\_\_\_\_
15. *(DCS only)* How many children and youth in foster care does your office serve each year? *If you do not know exactly, please enter your best guess.*
- \_\_\_\_\_

16. What year did your organization begin operating? *If you do not know exactly, please enter your best guess.*

\_\_\_\_\_

APPENDIX B

SCHOOL PROFESSIONALS ONLINE SURVEY INSTRUMENT

Please enter the following information, which is your Study ID. What are the last four digits of your primary telephone number? \_\_\_\_\_

1. Please select the school/school district that you currently work for.

- Name of school
- (If selected, skip to end of survey) I am not currently employed at one of these schools/school districts

2. How do you identify your sex or gender? Select all that apply.

- Woman/female
- Man/male
- Transgender or trans
- Queer
- Non-binary or third sex
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to answer

3. How do you identify your ethnicity/race? Select all that apply.

- American Indian, Native American, or Alaska Native
- Asian or Asian American
- Black or African American
- Hispanic or Latina/o/x
- Native Hawaiian or other Pacific Islander
- White
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to answer

4. How do you identify your sexual orientation? Select all that apply.

- Bisexual
- Gay/lesbian
- Pansexual
- Queer
- Questioning
- Straight/heterosexual
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to answer

5. Please select your age range.

- 18 to 24 years old
- 25 to 34 years old
- 35 to 44 years old
- 45 to 54 years old
- 55 to 64 years old
- 65+ years old
- Prefer not to answer

6. Please select which best describes your highest level of education.

- High school diploma/GED
- Associates degree, please list degree: \_\_\_\_\_
- Bachelor's degree, please list degree: \_\_\_\_\_
- Master's degree, please list degree: \_\_\_\_\_
- PhD, EdD, DSW, MD, JD, or other doctoral degree, please list degree: \_\_\_\_\_
- Prefer not to answer

7. Which best describes your current employment status?

- Employed full-time (35+ hours per week)
- Employed part-time (Less than 35 hours per week)

8. Which describes your current position/role? Please select all that apply.

- Teacher
- School social worker

- School counselor
- School psychologist
- Enrollment/admissions personnel
- Administrative assistant/front office personnel
- Nurse
- Vocational/transition specialist
- Special education coordinator
- Foster Care Liaison (Local Educational Agency Point of Contact)
- Foster Care Education Coordinator (State Educational Agency Point of Contact)
- Assistant principal
- Principal
- Other school administrator
- District administrator
- Other (please describe): \_\_\_\_\_

9. In your current role, have you directly or indirectly supported children/youth who you knew were involved in child protective services or foster care?

- Yes
- No
- Don't know/unsure

10. (*Professionals who have supported children/youth in foster care only*) In your current role, about how many children/youth have you directly or indirectly supported who you knew were involved in child protective services or foster care in your current role?

\_\_\_\_ children/youth

11. How many total years have you worked in the field of education? (If you can't recall exactly, enter your best guess.)

\_\_\_\_ years

12. What do you see as the K-12 educational barriers facing children and youth in foster care?

13. Think about engaging in collaborative activities with professionals from other disciplines (nurses, case managers, etc.) and consider the claims presented below. Please indicate your level of agreement from 1 = strongly agree to 7 = strongly disagree).

*Interprofessional collaboration is a process of professionals from different professions working together to address needs, provide services, and/or improve outcomes for clients. Interprofessional groups include one or more professionals from different disciplines engaging in collaborative activities.*

Statement	Strongly Disagree	Moderately Disagree	Mildly Disagree	Neither Agree nor Disagree	Mildly Agree	Moderately agree	Strongly Agree
<b>1. I find working in interprofessional groups valuable</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>2. I get to use my creativity and imagination when I work in interprofessional groups</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. It is important to be personally engaged when collaborating in interprofessional groups</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. I experience personal growth when I work in interprofessional groups</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. I always have clear goals when I work interprofessionally</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. I experience that other professionals have expectations that are contradictory to mine when I work in interprofessional groups</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. My experience is that our roles are always clearly defined</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. I experience that my area of responsibility is clearly defined when I work in interprofessional groups</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Some professionals act in ways that make interprofessional</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>collaboration difficult</b>							
<b>10. If some professionals had greater insight in their behavior, collaboration would be easier</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. Some professionals lack openness and do not participate much in interprofessional groups</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. Interprofessional collaboration calls for openness of mind and not all professionals are able to live up to that</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13. Some professionals dominate the interprofessional meetings with their professional viewpoints</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14. Some professionals supply the premises in interprofessional groups</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15. Sometimes I am not able to present my perspectives because other high-status professionals talk all the time</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16. Occasionally interprofessional groups do not work because some</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>professionals dominate the meetings</b>							
--	--	--	--	--	--	--	--

14. These questions are about experiences related to who you are. This includes both how you describe yourself and how others might describe you. For example, your race or ethnicity, gender, sexual orientation, age and education level. Because of who you are, while engaging in collaborative activities with other professionals have you...

<b>Statement</b>	<b>Never</b>	<b>Yes, but not in the past year</b>	<b>Yes, once or twice in the past year</b>	<b>Yes, many times in the past year</b>
<b>1. Been treated as if you were unfriendly, unhelpful or rude</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Been treated as if others are afraid of you</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Been told that you should think, act, or look more like others</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Heard that you or people like you don't belong</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Been treated as if you are less smart or capable than others</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. (If yes to any scale questions) Which aspect(s) of who you are do you think were the reasons for this/these experience(s) while engaging in collaborative activities with other professionals? *Select all that apply.*

- Your race or ethnicity
- Your gender
- Your sexual orientation
- Your age
- Your education level
- Other, please describe: \_\_\_\_\_

16. (If yes to any of the scale questions) What is an example of a time that you had one of these experiences because of who you are while engaging in collaborative activities with other professionals?

17. In your current role, which of the following collaborative activities have you ever engaged in with one or more child welfare professionals? *Select all that apply.*

*Child welfare professionals work for a child protective services agency (such as the Arizona Department of Child Safety) or an agency that provides direct services specifically to parents, children, youth, and/or families involved in child protective services (such as FosterEd).*

- Participated in a Best Interests Determination (BID) meeting to determine if a child/youth in foster care should remain in their school of origin

- Completed a Best Interests Determination and Transportation Plan to evaluate if a child/youth in foster care should remain in their school of origin
- Participated in meeting about the safety, permanency, and well-being of a child/youth in foster care (e.g., Child and Family Team Meeting)
- Shared educational records for a child/youth in foster care
- Shared if a child/youth in foster care has an Individualized Education Plan (IEP) or 504 Plan
- Referred a child/youth in foster care for an evaluation for special education services
- Participated in an evaluation for special education services for a child/youth in foster care
- Participated in an IEP eligibility meeting for a child/youth in foster care
- Participated in the development of an IEP and determination of services for a child/youth in foster care with a child welfare professional

- Participated in the development of an IEP transition plan for a child/youth in foster care
- Participated in an annual IEP or 504 Plan meeting for a child/youth in foster care
- Participated in a meeting related to school discipline (e.g., suspension, expulsion) for a child/youth in foster care
- Participated in a meeting related to a child/youth in foster care's behavioral challenges at school
- Participated in a meeting related to a child/youth in foster care's educational challenges at school
- Participated in a meeting to discuss a child/youth in foster care's postsecondary plans/goals
- Enrolled a child/youth in foster care in a school without necessary paperwork
- Introduced yourself and your role
- Other, please describe: \_\_\_\_\_
- None of the above

18. To what extent has your engagement in collaborative activities with child welfare professionals changed or stayed the same since the beginning of the COVID-19 pandemic in March 2020?

- Decreased greatly
- Decreased slightly
- Stayed the same
- Increased slightly
- Increased greatly
- Not applicable to my role

19. How does your engagement in collaborative activities with child welfare professionals now compare to your engagement prior to the beginning of the COVID-19 pandemic in March 2020?

20. What helps you to engage in collaborative activities with child welfare professionals?

21. The COVID-19 pandemic has brought many changes in the ways that we work and collaborate with other professionals. Since the beginning of the COVID-19 pandemic in March 2020, what changes have helped you to engage in collaborative activities with school professionals?

22. What hinders you from engaging in collaborative activities with child welfare professionals?

23. The COVID-19 pandemic has brought many changes in the ways that we work and collaborate with other professionals. Since the beginning of the COVID-19 pandemic in March 2020, what changes have hindered you from engaging in collaborative activities with child welfare professionals?

Which of the following **child welfare professionals** do you interact with most frequently? *Select only one.*

*Child welfare professionals work for a child protective services agency (such as the Arizona Department of Child Safety) or an agency that provides direct services specifically to parents, children, youth, and/or families involved in child protective services (such as FosterEd). Arizona Department of Child Safety (DCS) is the state child protective services agency*

- |  |   |
|--|---|
| <input type="checkbox"/> DCS Case manager  | <input type="checkbox"/> DCS State Education Specialist |
| <input type="checkbox"/> Non-DCS Case manager  | <input type="checkbox"/> DCS Supervisor                 |
| <input type="checkbox"/> FosterEd Education Liaison                                      | <input type="checkbox"/> DCS Administrator              |
| <input type="checkbox"/> DCS TDM Facilitator   | <input type="checkbox"/> Non-DCS Administrator          |
| <input type="checkbox"/> DCS State Education Liaison (ESSA State Point of Contact)       | <input type="checkbox"/> Non-DCS supervisor             |
| <input type="checkbox"/> DCS Regional Education Liaison (ESSA Regional Point of Contact) | <input type="checkbox"/> None of the above              |

24. *(If school professional has experience engaging with this child welfare professional)* How frequently does your job require you to interact with this child welfare professional?

- |  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> Once a year or less | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> A few times a year  | <input type="checkbox"/> Daily  |
| <input type="checkbox"/> Monthly             |                                 |

25. *(If school professional has experience engaging with a child welfare professional)* Thinking about this child welfare professional, please indicate the extent to which you agree with the following statements:

Statement	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
<b>1. We communicate as frequently as needed to effectively serve our client(s).</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. They provide me with the information that I need in a timely manner.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. When working together, we identify goals for our client(s) which we both can agree on.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. We work together to resolve problems and conflicts.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>5. We understand each other's job responsibilities.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. We respect each other's expertise and opinions.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Overall, we collaborate well with one another.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Which of the following **school professionals** do you interact with most frequently **when supporting the educational well-being of children and youth in foster care**? *Select only one.*

- |   |  |
|---|--|
| <input type="checkbox"/> Teacher  | <input type="checkbox"/> Foster Care Liaison (Local Educational Agency Point of Contact)               |
| <input type="checkbox"/> School social worker                             | <input type="checkbox"/> Assistant principal   |
| <input type="checkbox"/> School counselor                                 | <input type="checkbox"/> Principal   |
| <input type="checkbox"/> School psychologist                              | <input type="checkbox"/> Other school administrator  |
| <input type="checkbox"/> Enrollment/admissions professional               | <input type="checkbox"/> Foster Care Education Coordinator (State Educational Agency Point of Contact) |
| <input type="checkbox"/> Administrative assistant/ front office personnel | <input type="checkbox"/> District administrator  |
| <input type="checkbox"/> Nurse  | <input type="checkbox"/> Other (please describe): _____  |
| <input type="checkbox"/> Vocational/transition specialist                 | <input type="checkbox"/> None of the above   |
| <input type="checkbox"/> Special education coordinator                    |  |

27. (If school professional has experience engaging with this school professional) How frequently does your job require you to interact with this school professional?

- Once a year or less
- A few times a year
- Monthly
- Weekly
- Daily

28. (If school professional has experience engaging with a school professional) Thinking about this school professional, please indicate the extent to which you agree with the following statements:

<b>Statement</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree or Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>1. We communicate as frequently as needed to effectively serve our client(s).</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. They provide me with the information that I</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>need in a timely manner.</b>					
<b>3. When working together, we identify goals for our client(s) which we both can agree on.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. We work together to resolve problems and conflicts.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. We understand each other's job responsibilities.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. We respect each other's expertise and opinions.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Overall, we collaborate well with one another.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Would you be interested in participating in a focus group or interview to further discuss your experiences engaging in interprofessional collaboration with child welfare professionals? Participants will receive a \$25 Amazon gift card. If you are interested in being selected to participate, please provide your email address. \_\_\_\_\_

APPENDIX C

CHILD WELFARE PROFESSIONALS ONLINE SURVEY INSTRUMENT

Please enter the following information, which is your Study ID. What are the last four digits of your primary telephone number? \_\_\_\_\_

1. Please select the agency that you currently work for.

- Name of agency
- (If selected, skip to end of survey) I am not currently employed at one of these agencies

2. How do you identify your sex or gender? *Select all that apply.*

- Woman/female
- Man/male
- Transgender or trans
- Queer
- Non-binary or third sex
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to answer

3. How do you identify your ethnicity/race? *Select all that apply.*

- American Indian, Native American, or Alaska Native
- Asian or Asian American
- Black or African American
- Hispanic or Latina/o/x
- Native Hawaiian or other Pacific Islander
- White
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to answer

4. How do you identify your sexual orientation? *Select all that apply.*

- Bisexual
- Gay/lesbian
- Pansexual
- Queer
- Questioning
- Straight/heterosexual
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to answer

5. Please select your age range.

- 18 to 24 years old
- 25 to 34 years old
- 35 to 44 years old
- 45 to 54 years old
- 55 to 64 years old
- 65+ years old
- Prefer not to answer

6. Please select which best describes your highest level of education.

- High school diploma/GED
- Associates degree, please list degree: \_\_\_\_\_
- Bachelor's degree, please list degree: \_\_\_\_\_
- Master's degree, please list degree: \_\_\_\_\_
- PhD, EdD, DSW, MD, JD, or other doctoral degree, please list degree: \_\_\_\_\_
- Prefer not to answer

7. Which best describes your current employment status?

- Employed full-time (35+ hours per week)
- Employed part-time (Less than 35 hours per week)

8. (DCS only) Which describes your current position/role? *Please select all that apply.*

- Specialist in investigations unit
- Specialist in ongoing unit



- Specialist in permanency unit
- Specialist in adoptions unit
- Specialist in ICWA unit
- Specialist in Young Adult Program unit
- Unit Supervisor
- Program Manager or Program Administrator

- Regional Education Liaison (ESSA Regional Point of Contact)
- State Education Liaison (ESSA State Point of Contact)
- State Education Specialist
- Other (please describe): \_\_\_\_\_

9. (Service Provider Agencies Only) Which describes your current position/role? Please select all that apply.

- Case manager
- FosterEd Education Liaison
- Direct care worker
- Supervisor
- Manager
- Administrator
- Other (please describe): \_\_\_\_\_

10. (DCS Only) How many total years have you worked in the field of child welfare? (If you can't recall exactly, enter your best guess.)

\_\_\_\_\_ years

11. (Service Provider Agencies Only) How many total years have you worked in the field of social services? (If you can't recall exactly, enter your best guess.)

\_\_\_\_\_ years

12. What do you see as the K-12 educational barriers facing children and youth in foster care?

13. Think about engaging in collaborative activities with professionals from other disciplines (nurses, case managers, etc.) and consider the claims presented below. Please indicate your level of agreement from 1 = strongly agree to 7 = strongly disagree).

*Interprofessional collaboration is a process of professionals from different professions working together to address needs, provide services, and/or improve outcomes for clients. Interprofessional groups include one or more professionals from different disciplines engaging in collaborative activities.*

Statement	Strongly Disagree	Moderately Disagree	Mildly Disagree	Neither Agree nor Disagree	Mildly Agree	Moderately agree	Strongly Agree
1. I find working in interprofessional groups valuable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I get to use my creativity and imagination when	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>I work in interprofessional groups</b>							
<b>3. It is important to be personally engaged when collaborating in interprofessional groups</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. I experience personal growth when I work in interprofessional groups</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. I always have clear goals when I work interprofessionally</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. I experience that other professionals have expectations that are contradictory to mine when I work in interprofessional groups</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. My experience is that our roles are always clearly defined</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. I experience that my area of responsibility is clearly defined when I work in interprofessional groups</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Some professionals act in ways that make interprofessional</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>collaboration difficult</b>							
<b>10. If some professionals had greater insight in their behavior, collaboration would be easier</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. Some professionals lack openness and do not participate much in interprofessional groups</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. Interprofessional collaboration calls for openness of mind and not all professionals are able to live up to that</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13. Some professionals dominate the interprofessional meetings with their professional viewpoints</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14. Some professionals supply the premises in interprofessional groups</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15. Sometimes I am not able to present my perspectives because other high-status professionals talk all the time</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>16. Occasionally interprofessional groups do not work because some professionals dominate the meetings</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

14. These questions are about experiences related to who you are. This includes both how you describe yourself and how others might describe you. For example, your race or ethnicity, gender, sexual orientation, age and education level. Because of who you are, while engaging in collaborative activities with other professionals have you...

<b>Statement</b>	<b>Never</b>	<b>Yes, but not in the past year</b>	<b>Yes, once or twice in the past year</b>	<b>Yes, many times in the past year</b>
<b>1. Been treated as if you were unfriendly, unhelpful or rude</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Been treated as if others are afraid of you</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Been told that you should think, act, or look more like others</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Heard that you or people like you don't belong</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Been treated as if you are less smart or capable than others</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. (If yes to any scale questions) Which aspect(s) of who you are do you think were the reasons for this/these experience(s) while engaging in collaborative activities with other professionals? *Select all that apply.*

- Your race or ethnicity
- Your gender
- Your sexual orientation
- Your age
- Your education level
- Other, please describe: \_\_\_\_\_

16. (If yes to any of the scale questions) What is an example of a time that you had one of these experiences because of who you are while engaging in collaborative activities with other professionals?

17. In your current role, which of the following collaborative activities have you ever engaged in with one or more school professionals? *Select all that apply.*  
School professionals work for a school or school district.

- |  |   |
|--|---|
| <input type="checkbox"/> Participated in a Best Interests Determination (BID) meeting to determine if a child/youth should remain in their school of origin    | <input type="checkbox"/> Participated in the development of an IEP transition plan  |
| <input type="checkbox"/> Completed a Best Interests Determination and Transportation Plan to evaluate if a child/youth should remain in their school of origin | <input type="checkbox"/> Participated in an annual IEP or 504 Plan meeting  |
| <input type="checkbox"/> Participated in a Team Decision-Making (TDM) meeting, Child and Family Team (CFT) meeting, staffing, or other care-related meeting    | <input type="checkbox"/> Participated in a meeting related to school discipline (e.g., suspension, expulsion)             |
| <input type="checkbox"/> Requested educational records   | <input type="checkbox"/> Participated in a meeting related to a child/youth's behavioral challenges                       |
| <input type="checkbox"/> Asked if a child/youth has an Individualized Education Plan (IEP) or 504 Plan   | <input type="checkbox"/> Participated in a meeting related to a child/youth's educational challenges                      |
| <input type="checkbox"/> Referred a child/youth for an evaluation for special education services   | <input type="checkbox"/> Participated in a meeting to discuss a child/youth's postsecondary plans/goals                   |
| <input type="checkbox"/> Participated in an evaluation for special education services  | <input type="checkbox"/> Enrolled a child/youth in a new school   |
| <input type="checkbox"/> Participated in an IEP eligibility meeting  | <input type="checkbox"/> Informed a school that a child/youth currently enrolled in their school entered out-of-home care |
| <input type="checkbox"/> Participated in the development of an IEP and determination of services meeting   | <input type="checkbox"/> Informed a school that a child/youth's placement changed   |
|  | <input type="checkbox"/> Informed a school of who can transport or have contact with a child/youth                        |
|  | <input type="checkbox"/> Introduced yourself and your role  |
|  | <input type="checkbox"/> Other, please describe: _____  |
|  | <input type="checkbox"/> None of the above  |

18. To what extent has your engagement in collaborative activities with school professionals changed or stayed the same since the beginning of the COVID-19 pandemic in March 2020?

- |   |  |
|---|--|
| <input type="checkbox"/> Decreased greatly  | <input type="checkbox"/> Increased slightly        |
| <input type="checkbox"/> Decreased slightly | <input type="checkbox"/> Increased greatly         |
| <input type="checkbox"/> Stayed the same    | <input type="checkbox"/> Not applicable to my role |

19. How does your engagement in collaborative activities with school professionals now compare to your engagement prior to the beginning of the COVID-19 pandemic in March 2020?

20. What helps you to engage in collaborative activities with school professionals?

21. The COVID-19 pandemic has brought many changes in the ways that we work and collaborate with other professionals. Since the beginning of the COVID-19 pandemic in March 2020, what changes have helped you to engage in collaborative activities with school professionals?

22. What hinders you from engaging in collaborative activities with school professionals?

23. The COVID-19 pandemic has brought many changes in the ways that we work and collaborate with other professionals. Since the beginning of the COVID-19 pandemic in March 2020, what changes have hindered you from engaging in collaborative activities with school professionals?

24. Which of the following **school professionals** do you interact with most frequently? *Select only one.*

*School professionals work for a school or school district.*

- |   |  |
|---|--|
| <input type="checkbox"/> Teacher  | <input type="checkbox"/> Foster Care Liaison (Local Educational Agency Point of Contact)               |
| <input type="checkbox"/> School social worker                             | <input type="checkbox"/> Assistant principal   |
| <input type="checkbox"/> School counselor                                 | <input type="checkbox"/> Principal   |
| <input type="checkbox"/> School psychologist                              | <input type="checkbox"/> Other school administrator  |
| <input type="checkbox"/> Enrollment/admissions professional               | <input type="checkbox"/> Foster Care Education Coordinator (State Educational Agency Point of Contact) |
| <input type="checkbox"/> Administrative assistant/ front office personnel | <input type="checkbox"/> District administrator  |
| <input type="checkbox"/> Nurse  | <input type="checkbox"/> Other (please describe): _____  |
| <input type="checkbox"/> Vocational/transition specialist                 | <input type="checkbox"/> None of the above   |
| <input type="checkbox"/> Special education coordinator                    |  |

25. *(If child welfare professional has experience engaging with this school professional)* How frequently does your job require you to interact with this school professional?

- |  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> Once a year or less | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> A few times a year  | <input type="checkbox"/> Daily  |
| <input type="checkbox"/> Monthly             |                                 |

26. *(If child welfare professional has experience engaging with a school professional)* Thinking about this school professional, please indicate the extent to which you agree with the following statements:

Statement	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
<b>1. We communicate as frequently as needed to effectively serve our client(s).</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. They provide me with the information that I need in a timely manner.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. When working together, we identify goals for our</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>client(s) which we both can agree on.</b>					
<b>4. We work together to resolve problems and conflicts.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. We understand each other's job responsibilities.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. We respect each other's expertise and opinions.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Overall, we collaborate well with one another.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Which of the following **child welfare professionals** do you interact with most frequently **when supporting the educational well-being of children and youth in foster care**? *Select only one.*

- |  |   |
|--|---|
| <input type="checkbox"/> DCS Case manager  | <input type="checkbox"/> DCS State Education Specialist |
| <input type="checkbox"/> Non-DCS Case manager  | <input type="checkbox"/> DCS Supervisor                 |
| <input type="checkbox"/> DCS TDM Facilitator   | <input type="checkbox"/> DCS Administrator              |
| <input type="checkbox"/> FosterEd Education Liaison                                      | <input type="checkbox"/> Non-DCS Administrator          |
| <input type="checkbox"/> DCS State Education Liaison (ESSA State Point of Contact)       | <input type="checkbox"/> Non-DCS supervisor             |
| <input type="checkbox"/> DCS Regional Education Liaison (ESSA Regional Point of Contact) | <input type="checkbox"/> Other (please describe): _____ |
|  | <input type="checkbox"/> None of the above              |

28. *(If child welfare professional has experience engaging with this child welfare professional)* How frequently does your job require you to interact with this child welfare professional?

- Once a year or less
- A few times a year
- Monthly
- Weekly
- Daily

29. *(If child welfare professional has experience engaging with a child welfare professional)*

Thinking about this child welfare professional, please indicate the extent to which you agree with the following statements:

<b>Statement</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree or Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>1. We communicate as frequently as needed to effectively serve our client(s).</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>2. They provide me with the information that I need in a timely manner.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. When working together, we identify goals for our client(s) which we both can agree on.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. We work together to resolve problems and conflicts.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. We understand each other's job responsibilities.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. We respect each other's expertise and opinions.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Overall, we collaborate well with one another.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Would you be interested in participating in a focus group or interview to further discuss your experiences engaging in interprofessional collaboration with child welfare professionals? Participants will receive a \$25 Amazon gift card. If you are interested in being selected to participate, please provide your email address. \_\_\_\_\_



APPENDIX D

PROFESSIONAL CAREGIVERS ONLINE SURVEY INSTRUMENT

1. Please enter the following information, which is your Study ID. What are the last four digits of your primary telephone number? \_\_\_\_\_
  
2. Do you currently live in Arizona?
  - Yes
  - No (*If selected, skip to end of survey*)
  
3. Which of the following roles best describes you?
  - Non-relative licensed foster parent/caregiver
  - Relative (kinship) licensed foster parent/caregiver
  - Relative (kinship) unlicensed foster parent/caregiver
  - Therapeutic foster parent/caregiver
  - Residential care/group home caregiver for children/youth in foster care
  - (*If selected, skip to end of survey*) None of the above
  
4. How many total years have you served in this role as a caregiver? If you can't recall exactly, enter your best guess.  
 \_\_\_\_\_ years
  
5. How many children/youth in foster care have you been a caregiver for? If you can't recall exactly, enter your best guess. \_\_\_\_\_
  
6. (*If foster, therapeutic, or kinship caregiver*) Please enter the zip code of your primary residence. \_\_\_\_\_
  
7. (*If group home staff*) Please enter the zip code of the primary residential care/group home that you are employed at. \_\_\_\_\_
  
8. How do you identify your sex or gender? Select all that apply.
 

<input type="checkbox"/> Woman/female	<input type="checkbox"/> Non-binary or third sex
<input type="checkbox"/> Man/male	<input type="checkbox"/> Prefer to self-describe: _____
<input type="checkbox"/> Transgender or trans	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Queer	
  
9. How do you identify your ethnicity/race? Select all that apply.
 

<input type="checkbox"/> American Indian, Native American, or Alaska Native	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Asian or Asian American	<input type="checkbox"/> Caucasian or White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Prefer to self-describe: _____
<input type="checkbox"/> Hispanic or Latina/o/x	<input type="checkbox"/> Prefer not to answer
  
10. How do you identify your sexual orientation? Select all that apply.
 

<input type="checkbox"/> Bisexual	<input type="checkbox"/> Questioning
<input type="checkbox"/> Gay/lesbian	<input type="checkbox"/> Straight/heterosexual
<input type="checkbox"/> Pansexual	<input type="checkbox"/> Prefer to self-describe: _____
<input type="checkbox"/> Queer	<input type="checkbox"/> Prefer not to answer

11. What is your age?

\_\_\_\_\_

Prefer not to answer

12. Please select which best describes your highest level of education.

Less than a high school diploma/GED

High school diploma/GED

Associates degree, please list degree: \_\_\_\_\_

Bachelor's degree, please list degree: \_\_\_\_\_

Master's degree, please list degree: \_\_\_\_\_

PhD, EdD, DSW, MD, JD, or other doctoral degree, please list degree: \_\_\_\_\_

Prefer not to answer

13. What do you see as the K-12 educational barriers facing children and youth in foster care?

14. In your current role, which of the following collaborative activities have you ever engaged in **with one or more school professionals**? *Select all that apply.*

*School professionals work for a school or school district.*

- Participated in a Best Interests Determination (BID) meeting to determine if a child/youth should remain in their school of origin
- Completed a Best Interests Determination and Transportation Plan to evaluate if a child/youth should remain in their school of origin
- Participated in a Team Decision-Making (TDM) meeting, Child and Family Team (CFT) meeting, staffing, or other care-related meeting
- Requested educational records
- Asked if a child/youth has an Individualized Education Plan (IEP) or 504 Plan
- Referred a child/youth for an evaluation for special education services
- Participated in an evaluation for special education services
- Participated in an IEP eligibility meeting
- Participated in the development of an IEP and determination of services meeting
- Participated in the development of an IEP transition plan

- Participated in an annual IEP or 504 Plan meeting
- Participated in a meeting related to school discipline (e.g., suspension, expulsion)
- Participated in a meeting related to a child/youth's behavioral challenges
- Participated in a meeting related to a child/youth's educational challenges
- Participated in a meeting to discuss a child/youth's postsecondary plans/goals
- Enrolled a child/youth in a new school
- Informed a school that a child/youth currently enrolled in their school entered out-of-home care
- Informed a school that a child/youth's placement changed
- Informed a school of who can transport or have contact with a child/youth
- Introduced yourself and your role
- Other, please describe: \_\_\_\_\_
- None of the above

15. In your current role, which of the following collaborative activities have you ever engaged in **with one or more child welfare professionals**? *Select all that apply.*

*Child welfare professionals work for a child protective services agency (such as the Arizona Department of Child Safety) or an agency that provides direct services specifically to parents, children, youth, and/or families involved in child protective services (such as FosterEd).*

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Participated in a Best Interests Determination (BID) meeting to determine if a child/youth should remain in their school of origin</li> <li><input type="checkbox"/> Completed a Best Interests Determination and Transportation Plan to evaluate if a child/youth should remain in their school of origin</li> <li><input type="checkbox"/> Participated in meeting about the safety, permanency, and well-being of a child/youth (e.g., Child and Family Team Meeting)</li> <li><input type="checkbox"/> Shared educational records for a child/youth</li> <li><input type="checkbox"/> Shared if a child/youth has an Individualized Education Plan (IEP) or 504 Plan</li> <li><input type="checkbox"/> Referred a child/youth in foster care for an evaluation for special education services</li> <li><input type="checkbox"/> Participated in an evaluation for special education services for a child/youth</li> <li><input type="checkbox"/> Participated in an IEP eligibility meeting for a child/youth</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Participated in the development of an IEP and determination of services for a child/youth</li> <li><input type="checkbox"/> Participated in the development of an IEP transition plan for a child/youth</li> <li><input type="checkbox"/> Participated in an annual IEP or 504 Plan meeting for a child/youth</li> <li><input type="checkbox"/> Participated in a meeting related to school discipline (e.g., suspension, expulsion) for a child/youth</li> <li><input type="checkbox"/> Participated in a meeting related to a child/youth's behavioral challenges at school</li> <li><input type="checkbox"/> Participated in a meeting related to a child/youth's educational challenges at school</li> <li><input type="checkbox"/> Participated in a meeting to discuss a child/youth's postsecondary plans/goals</li> <li><input type="checkbox"/> Enrolled a child/youth in a school without necessary paperwork</li> <li><input type="checkbox"/> Introduced yourself and your role</li> <li><input type="checkbox"/> Other, please describe: ____</li> <li><input type="checkbox"/> None of the above</li> </ul> |
|--|---|

16. To what extent has your engagement in collaborative activities with **school and child welfare professionals** changed or stayed the same since the beginning of the COVID-19 pandemic in March 2020?

<b>School professionals</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Decreased greatly</li> <li><input type="checkbox"/> Decreased slightly</li> <li><input type="checkbox"/> Stayed the same</li> <li><input type="checkbox"/> Increased slightly</li> <li><input type="checkbox"/> Increased greatly</li> </ul>
<b>Child welfare professionals</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Decreased greatly</li> <li><input type="checkbox"/> Decreased slightly</li> <li><input type="checkbox"/> Stayed the same</li> <li><input type="checkbox"/> Increased slightly</li> </ul>

	<input type="checkbox"/> Increased greatly
--	--

17. How does your engagement in collaborative activities with **school and child welfare professionals** now compare to your engagement prior to the beginning of the COVID-19 pandemic in March 2020?

- School professionals: \_\_\_\_\_
- Child welfare professionals: \_\_\_\_\_

18. What helps you to engage in collaborative activities with **school and child welfare professionals**?

- School professionals: \_\_\_\_\_
- Child welfare professionals: \_\_\_\_\_

19. The COVID-19 pandemic has brought many changes in the ways that we work and collaborate with other professionals. Since the beginning of the COVID-19 pandemic in March 2020, what changes have helped you to engage in collaborative activities with **school and child welfare professionals**?

- School professionals: \_\_\_\_\_
- Child welfare professionals: \_\_\_\_\_

20. What hinders you from engaging in collaborative activities with **school and child welfare professionals**?

- School professionals: \_\_\_\_\_
- Child welfare professionals: \_\_\_\_\_

21. The COVID-19 pandemic has brought many changes in the ways that we work and collaborate with other professionals. Since the beginning of the COVID-19 pandemic in March 2020, what changes have hindered you from engaging in collaborative activities with **school and child welfare professionals**?

- School professionals: \_\_\_\_\_
- Child welfare professionals: \_\_\_\_\_

22. These questions are about experiences related to who you are. This includes both how you describe yourself and how others might describe you. For example, your race or ethnicity, gender, sexual orientation, age and education level.

Because of who you are, while engaging in collaborative activities with professionals in your role as a caregiver have you...

Statement	Never	Yes, but not in the past year	Yes, once or twice in the past year	Yes, many times in the past year

<b>1. Been treated as if you were unfriendly, unhelpful or rude</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Been treated as if others are afraid of you</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Been told that you should think, act, or look more like others</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Heard that you or people like you don't belong</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Been treated as if you are less smart or capable than others</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. (If yes to any scale questions) Which aspect(s) of who you are do you think were the reasons for this/these experience(s) while engaging in collaborative activities with professionals in your role as a caregiver? *Select all that apply.*

- Your race or ethnicity
- Your gender
- Your sexual orientation
- Your age
- Your education level
- Other, please describe: \_\_\_\_\_

24. (If yes to any of the scale questions) What is an example of a time that you had one of these experiences because of who you are while engaging in collaborative activities with professionals in your role as a caregiver?

25. Which of the following **school professionals** do you interact with most frequently in your role as a caregiver? *Select only one.*

School professionals work for a school or school district.

- |   |  |
|---|--|
| <input type="checkbox"/> Teacher  | <input type="checkbox"/> Foster Care Liaison (Local Educational Agency Point of Contact)               |
| <input type="checkbox"/> School social worker                             | <input type="checkbox"/> Assistant principal   |
| <input type="checkbox"/> School counselor                                 | <input type="checkbox"/> Principal   |
| <input type="checkbox"/> School psychologist                              | <input type="checkbox"/> Other school administrator  |
| <input type="checkbox"/> Enrollment/admissions professional               | <input type="checkbox"/> Foster Care Education Coordinator (State Educational Agency Point of Contact) |
| <input type="checkbox"/> Administrative assistant/ front office personnel | <input type="checkbox"/> District administrator  |
| <input type="checkbox"/> Nurse  | <input type="checkbox"/> Other (please describe): _____  |
| <input type="checkbox"/> Vocational/transition specialist                 | <input type="checkbox"/> None of the above   |
| <input type="checkbox"/> Special education coordinator                    |  |

26. (If caregiver has experience engaging with this school professional) How frequently does your role as a caregiver require you to interact with this **school professional**?

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Once a year or less | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> A few times a year  | <input type="checkbox"/> Weekly  |

Daily

27. (If caregiver has experience engaging with a school professional) Thinking about this **school professional**, please indicate the extent to which you agree with the following statements:

Statement	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. We communicate as frequently as needed to effectively serve our client(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. They provide me with the information that I need in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When working together, we identify goals for our client(s) which we both can agree on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. We work together to resolve problems and conflicts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. We understand each other's job responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. We respect each other's expertise and opinions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall, we collaborate well with one another.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Which of the following **child welfare professionals** do you interact with most frequently in your role as a caregiver? *Select only one.*

*Child welfare professionals work for a child protective services agency (such as the Arizona Department of Child Safety) or an agency that provides direct services specifically to parents, children, youth, and/or families involved in child protective services (such as FosterEd). Arizona Department of Child Safety (DCS) is the state child protective services agency*

- DCS Case manager
- Non-DCS Case manager

- DCS TDM Facilitator
- DCS Regional TDM Lead Facilitator

- DCS Statewide TDM Facilitator
- FosterEd Education Liaison
- DCS State Education Liaison  
(Statewide ESSA Point of Contact)
- DCS Regional Education Liaison  
(Regional ESSA Point of Contact)
- DCS State Education Specialist
- DCS Supervisor
- DCS Administrator
- Non-DCS Administrator
- Non-DCS supervisor
- Other (please describe): \_\_\_\_\_
- None of the above

29. (If school professional has experience engaging with this child welfare professional) How frequently does your role as a caregiver require you to interact with this **child welfare professional**?

- Once a year or less
- A few times a year
- Monthly
- Weekly
- Daily

30. (If caregiver has experience engaging with a child welfare professional) Thinking about this **child welfare professional**, please indicate the extent to which you agree with the following statements:

Statement	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. We communicate as frequently as needed to effectively serve our client(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. They provide me with the information that I need in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When working together, we identify goals for our client(s) which we both can agree on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. We work together to resolve problems and conflicts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. We understand each other's job responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. We respect each other's expertise and opinions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall, we collaborate well with one another.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Would you be interested in participating in a focus group or interview to further discuss your experiences engaging in interprofessional collaboration with child welfare and school professionals? Participants will receive a \$25 Amazon gift card. If you are interested in being selected to participate, please provide your email address. \_\_\_\_\_



APPENDIX E

INTERVIEW PROTOCOL FOR CHILD WELFARE PROFESSIONALS

Thank you for agreeing to participate in this individual interview to share your experiences with engaging in and supporting collaboration between child welfare and school professionals.

We have 45 to 60 minutes together today. During the interview, I will be asking 11 main questions. Before we begin, I ask that you complete an online consent form, which I will post a link to in the chat. You will also be asked to create a pseudonym for the interview today, a Study ID number (last four digits of your primary phone number), and for your email address if you would be interested in reviewing a draft of the findings. (If non-DCS) Lastly, you will be asked for an email address if you would like to receive a \$25 Amazon gift card. Please let me know when you finish this form.

As described in the consent form, I will be video-recording this interview to make sure I capture your experiences as you describe them. If you do not wish to be recorded, you can let me know at any time. Please display your video during the interview, if you are able.

In the consent form, you were asked to create a pseudonym. I will refer to you by this name during the interview today and ask that you change your name on Zoom to that pseudonym. To change your name, hover over the box with your video and click on the button in the top righthand corner with three dots. Select “Rename” and type in your pseudonym.

As we talk today, please keep in mind that it is important not to specifically mention the names of other people, such as co-workers or clients.

Do I have your verbal permission to record this interview?

If so: [Turn on Zoom recording]

If not: Do I have your permission to take detailed notes?

This is [date] at [time] and I am Kalah Villagrana. I am talking with [pseudonym of participant]. This person has given me written and verbal permission to record this interview. We can now begin.

1. Let’s begin by discussing your role. Can you share a bit about your current role and job duties?
  - a. Does your role involve the direct supervision of employees who are expected to engage in collaboration with school professionals as part of their role?
  - b. Does your role involve being an administrator over employees who are expected to engage in collaboration with school professionals as part of their role?

2. Indicators of educational well-being include academic achievement, school stability, receiving necessary services and supports, making academic progress, and graduating from high school. Can you share a bit about your experiences in specifically supporting the educational well-being of children and youth in foster care?

For the purposes of our conversation today, collaboration is the process of professionals from different professions working together to address needs, provide services, and/or improve outcomes for children and youth in foster care. What I basically mean is how professionals work together.

School professionals work for a school or school district.

3. Supporting educational well-being of children and youth in foster care often involves engaging in collaborative activities, tasks, and meetings with other professionals. What does it look like when collaboration is going well between child welfare and school professionals?
  - a. What does it look like when collaboration between child welfare and school professionals is not going well?
4. What do you see as the facilitators of effective collaboration when you are working with **school professionals**? In other words, what helps collaboration go well?

Possible follow-up questions:

- a. What characteristics of individuals might help facilitate collaboration?
  - b. What might professionals do to help facilitate collaboration with other professionals?
  - c. What might agencies do to help professionals collaborate?
  - d. What might the child welfare and school systems do to help professionals collaborate?
5. What do you see as the barriers of effective collaboration when you are working with **school professionals**? In other words, what gets in the way of collaboration going well?

Possible follow-up questions:

- a. What characteristics of individuals might be barriers to collaboration?
- b. What might professionals do that create barriers to collaboration with other professionals?
- c. What might agencies do that create barriers to professionals collaborating?
- d. What might the child welfare and school systems do to that create barriers to professionals collaborating?

6. What do you see as the facilitators of effective collaboration when you are working with **caregivers**? Caregivers are those taking care of children in foster care and may include family members (kinship caregivers), foster parents, or group home professionals. In other words, what helps collaboration go well?

Possible follow-up questions:

- a. What characteristics of individuals might help facilitate collaboration?
- b. What might professionals do to help facilitate collaboration with other professionals?
- c. What might agencies do to help professionals collaborate?
- d. What might the child welfare and school systems do to help professionals collaborate?

7. What do you see as the barriers of effective collaboration when you are working with **caregivers**? In other words, what gets in the way of collaboration going well?

Possible follow-up questions:

- a. What characteristics of individuals might be barriers to collaboration?
- b. What might professionals do that create barriers to collaboration with other professionals?
- c. What might agencies do that create barriers to professionals collaborating?
- d. What might the child welfare and school systems do to that create barriers to professionals collaborating?

8. Power is the ability to influence others. Authority is having official power to influence something. Agencies may also hold different levels of power and authority. How might unequal power and authority between child welfare agencies and schools affect the collaboration between child welfare and school professionals?

- a. What power and authority does your agency have that influences the collaboration between those you supervise/your employees and school professionals?
- b. What power and authority does federal policy have that influences collaboration between those you supervise/your employees and school professionals?

9. Each person has many multiple ways that they identify themselves and that others may identify them. For example race, ethnicity, gender, age, sexuality, disability or mental health conditions, and income. How might the identities of individuals affect collaboration with school or other professionals?

- a. How have the ways that you identify yourself or that others may identify you affected your experiences with collaboration with school or other professionals?
10. What changes or supports are needed to improve the collaboration between child welfare and school professionals?
  11. Is there anything else that you would like to share with me regarding collaboration between child welfare and school professionals?

Thank you so much for your time!

APPENDIX F

INTERVIEW PROTOCOL FOR SCHOOL PROFESSIONALS

Thank you for agreeing to participate in this individual interview to share your experiences with engaging in and supporting collaboration between child welfare and school professionals.

We have 45 to 60 minutes together today. During the interview, I will be asking 11 main questions. Before we begin, I ask that you complete an online consent form, which I will post a link to in the chat. You will also be asked to create a pseudonym for the interview today, a Study ID number (last four digits of your primary phone number), and for your email address if you would be interested in reviewing a draft of the findings. Lastly, you will be asked for email address if you would like to receive a \$25 Amazon gift card. Please let me know when you finish this form.

As described in the consent form, I will be video-recording this interview to make sure I capture your experiences as you describe them. If you do not wish to be recorded, you can let me know at any time. Please display your video during the interview, if you are able.

In the consent form, you were asked to create a pseudonym. I will refer to you by this name during the interview today and ask that you change your name on Zoom to that pseudonym. To change your name, hover over the box with your video and click on the button in the top righthand corner with three dots. Select “Rename” and type in your pseudonym.

As we talk today, please keep in mind that it is important not to specifically mention the names of other people, such as co-workers or clients.

Do I have your verbal permission to record this interview?

If so: [Turn on Zoom recording]

If not: Do I have your permission to take detailed notes?

This is [date] at [time] and I am Kalah Villagrana. I am talking with [pseudonym of participant]. This person has given me written and verbal permission to record this interview. We can now begin.

1. Let’s begin by discussing your role. Can you share a bit about your current role and job duties?
  - a. Does your role involve the direct supervision of employees who are expected to engage in collaboration with child welfare professionals as part of their role?
  - b. Does your role involve being an administrator over employees who are expected to engage in collaboration with child welfare professionals as part of their role?

2. Indicators of educational well-being include academic achievement, school stability, receiving necessary services and supports, making academic progress, and graduating from high school. Can you share a bit about your experiences in specifically supporting the educational well-being of children and youth in foster care?

For the purposes of our conversation today, collaboration is the process of professionals from different professions working together to address needs, provide services, and/or improve outcomes for children and youth in foster care. What I basically mean is how professionals work together.

Child welfare professionals work for a child protective services agency (such as the Arizona Department of Child Safety) or an agency that provides direct services specifically to parents, children, youth, and/or families involved in child protective services (such as FosterEd)

3. Supporting educational well-being of children and youth in foster care often involves engaging in collaborative activities, tasks, and meetings with other professionals. What does it look like when collaboration is going well between child welfare and school professionals?
  - a. What does it look like when collaboration between child welfare and school professionals is not going well?
4. What do you see as the facilitators of effective collaboration when you are working with **child welfare professionals**? In other words, what helps collaboration go well?

Possible follow-up questions:

- e. What characteristics of individuals might help facilitate collaboration?
  - f. What might professionals do to help facilitate collaboration with other professionals?
  - g. What might agencies do to help professionals collaborate?
  - h. What might the child welfare and school systems do to help professionals collaborate?
5. What do you see as the barriers of effective collaboration when you are working with **child welfare professionals**? In other words, what gets in the way of collaboration going well?

Possible follow-up questions:

- a. What characteristics of individuals might be barriers to collaboration?
- b. What might professionals do that creates barriers to collaboration with other professionals?
- c. What might agencies do that creates barriers to professionals collaborating?



- d. What might the child welfare and school systems do to that create barriers to professionals collaborating?
6. What do you see as the facilitators of effective collaboration when you are working with **caregivers**? Caregivers are those taking care of children in foster care and may include family members (kinship caregivers), foster parents, or group home professionals. In other words, what helps collaboration go well?

Possible follow-up questions:

- a. What characteristics of individuals might help facilitate collaboration?
  - b. What might professionals do to help facilitate collaboration with other professionals?
  - c. What might agencies do to help professionals collaborate?
  - d. What might the child welfare and school systems do to help professionals collaborate?
7. What do you see as the barriers of effective collaboration when you are working with **caregivers**? In other words, what gets in the way of collaboration from going well?

Possible follow-up questions:

- a. What characteristics of individuals might be barriers to collaboration?
  - b. What might professionals do that creates barriers to collaboration with other professionals?
  - c. What might agencies do that creates barriers to professionals collaborating?
  - d. What might the child welfare and school systems do to that create barriers to professionals collaborating?
8. Power is the ability to influence others. Authority is having official power to influence something. Agencies may also hold different levels of power and authority. How might unequal power and authority between child welfare agencies and schools affect the collaboration between child welfare and school professionals?
- a. What power and authority does your school or school district have that influences the collaboration between those you supervise/your employees and child welfare professionals?
  - b. What power and authority does federal policy have that influences collaboration between those you supervise or your employees and child welfare professionals?
9. Each person has many multiple ways that they identify themselves and that others may identify them. For example race, ethnicity, gender, age, sexuality, disability or

mental health conditions, and income. How might the identities of individuals affect collaboration with child welfare or other professionals?

- a. How have the ways that you identify yourself or that others may identify you affected your experiences with collaboration with child welfare or other professionals?

10. What changes or supports are needed to improve the collaboration between child welfare and school professionals?

11. Is there anything else that you would like to share with me regarding collaboration between child welfare and school professionals?

APPENDIX G

INTERVIEW PROTOCOL FOR CAREGIVERS

Thank you for agreeing to participate in this individual interview to share your experiences with engaging in collaboration with child welfare and school professionals.

We have 45 to 60 minutes together today. During the interview, I will be asking 10 main questions. Before we begin, I ask that you complete an online consent form, which I will post a link to in the chat. You will also be asked to create a pseudonym for the interview today, a Study ID number (last four digits of your primary phone number), and for your email address if you would be interested in reviewing a draft of the findings. Lastly, you will be asked for an email address if you would like to receive a \$25 Amazon gift card. Please let me know when you finish this form.

As described in the consent form, I will be video-recording this interview to make sure I capture your experiences as you describe them. If you do not wish to be recorded, you can let me know at any time. Please display your video during the interview, if you are able.

In the consent form, you were asked to create a pseudonym. I will refer to you by this name during the interview today and ask that you change your name on Zoom to that pseudonym. To change your name, hover over the box with your video and click on the button in the top righthand corner with three dots. Select “Rename” and type in your pseudonym.

As we talk today, please keep in mind that it is important not to specifically mention the names of other people, such as co-workers or children in foster care.

Do I have your verbal permission to record this interview?

If so: [Turn on Zoom recording]

If not: Do I have your permission to take detailed notes?

This is [date] at [time] and I am Kalah Villagrana. I am talking with [pseudonym of participant]. This person has given me written and verbal permission to record this interview. We can now begin.

1. Let’s begin by discussing what your role as a caregiver is in supporting the educational well-being of children and youth in foster care. Indicators of educational well-being include academic achievement, school stability, receiving necessary services and supports, making academic progress, and graduating from high school. Can you share a bit about your experiences in specifically supporting the educational well-being of children and youth in foster care?

For the purposes of our conversation today, collaboration is the process of professionals from different professions working together to address needs, provide services, and/or improve outcomes for children and youth in foster care. What I basically mean is how professionals work together.

Child welfare professionals work for a child protective services agency (such as the Arizona Department of Child Safety) or an agency that provides direct services specifically to parents, children, youth, and/or families involved in child protective services (such as FosterEd).

School professionals work for a school or school district.

2. If you think about school-aged children and youth in foster care that you are currently or have previously cared for, what does it look like when collaboration is going well with child welfare and school professionals?
  - a. What does it look like when collaboration with child welfare and school professionals is not going well?
3. What do you see as the facilitators of effective collaboration when you are working with **child welfare professionals** in your role as a caregiver? In other words, what helps collaboration go well?

Possible follow-up questions:

- a. What characteristics of individuals might help facilitate collaboration?
  - b. What might professionals do to help facilitate collaboration with other professionals?
  - c. What might agencies do to help professionals collaborate?
  - d. What might the child welfare and school systems do to help professionals collaborate?
4. What do you see as the barriers of effective collaboration when you are working with **child welfare professionals** in your role as a caregiver? In other words, what gets in the way of collaboration going well?

Possible follow-up questions:

- a. What characteristics of individuals might be barriers to collaboration?
  - b. What might professionals do that create barriers to collaboration with other professionals?
  - c. What might agencies do that create barriers to professionals collaborating?
  - d. What might the child welfare and school systems do to that create barriers to professionals collaborating?
5. What do you see as the facilitators of effective collaboration when you are working with **school professionals** in your role as a caregiver? In other words, what helps collaboration go well?

Possible follow-up questions:

- a. What characteristics of individuals might help facilitate collaboration?
  - b. What might professionals do to help facilitate collaboration with other professionals?
  - c. What might agencies do to help professionals collaborate?
  - d. What might the child welfare and school systems do to help professionals collaborate?
6. What do you see as the barriers of effective interprofessional collaboration when you are working with **school professionals** in your role as a caregiver? In other words, what gets in the way of collaboration going well?

Possible follow-up questions:

- a. What characteristics of individuals might be barriers to collaboration?
  - b. What might professionals do that create barriers to collaboration with other professionals?
  - c. What might agencies do that create barriers to professionals collaborating?
  - d. What might the child welfare and school systems do to that create barriers to professionals collaborating?
7. Power is the ability to influence others. Authority is having official power to influence something. Agencies may also hold different levels of power and authority. How might unequal power between child welfare agencies and schools affect the collaboration between caregivers, child welfare professionals, and school professionals?
- a. What power and authority at the agency level influences the collaboration between child welfare and school professionals?
  - b. What power and authority at the federal or policy level influences the collaboration between child welfare and school professionals?
8. Each person has many multiple ways that they identify themselves and that others may identify them. For example, race, ethnicity, gender, age, sexuality, disability or mental health conditions, and income level. How might the identities of individuals affect collaboration with child welfare and school professionals?
- a. How have the ways that you identify yourself or that others may identify you affected your experiences of collaboration with child welfare or school professionals?
9. What changes or supports are needed to improve the collaboration with child welfare professionals and school professionals?

10. Is there anything else that you would like to share with me regarding collaboration with child welfare professionals and school professionals?

APPENDIX H  
FOCUS GROUP PROTOCOL FOR CAREGIVERS



Thank you for agreeing to participate in this focus group to share your experiences with engaging in collaboration with child welfare and school professionals.

We have 60 to 90 minutes together today. During the focus group, I will be asking 10 main questions and want to hear the perspectives of each person who wants to share. You may unmute, use the chat, and/or reactions to share your thoughts. At times, I may ask an individual if they would like to contribute or may move onto another question before each person finished everything they wanted to say due to time limitations.

Before we begin, I ask that you complete an online consent form, which I will post a link to in the chat. You will also be asked to create a pseudonym for the interview today, a Study ID number (last four digits of your primary phone number), and for your email address if you would be interested in reviewing a draft of the findings. Lastly, you will be asked for an email address if you would like to receive a \$25 Amazon gift card. Please let me know when you finish this form.

As described in the consent form, I will be video-recording this focus group to make sure I capture your experiences as you describe them. Please display your video during the focus group, if you are able. If you do not wish to be recorded, I ask that you leave the focus group today and we can reschedule an individual interview that is not video recorded.

In the consent form, you were asked to create a pseudonym. For this session, I ask that you change your name on Zoom to that pseudonym. To change your name, hover over the box with your video and click on the button clicking in the top righthand corner with three dots. Select “Rename” and type in your pseudonym. We will refer to you by this name during the focus group today.

As we talk today, please keep in mind that it is important not to specifically mention the names of other people, such as co-workers or children in foster care. I also ask that you not share what is discussed in this focus group with others afterwards.

Do I have the verbal permission of each person to record this focus group? If you do not wish to be recorded, I ask that you leave the focus group at this time.

If so: [Turn on Zoom recording]

This is [date] at [time] and I am Kalah Villagrana. I am talking with [list pseudonyms of participants]. They have given me written and verbal permission to record this focus group. We can now begin.

1. Let’s begin by discussing what your role as a caregiver is in supporting the educational well-being of children and youth in foster care. Indicators of educational well-being include academic achievement, school stability, receiving necessary

services and supports, making academic progress, and graduating from high school. Can you share a bit about your experiences in specifically supporting the educational well-being of children and youth in foster care?

For the purposes of our conversation today, collaboration is the process of professionals from different professions working together to address needs, provide services, and/or improve outcomes for children and youth in foster care. What I basically mean is how professionals work together.

Child welfare professionals work for a child protective services agency (such as the Arizona Department of Child Safety) or an agency that provides direct services specifically to parents, children, youth, and/or families involved in child protective services (such as FosterEd).

School professionals work for a school or school district.

2. If you think about school-aged children and youth in foster care that you are currently or have previously cared for, what does it look like when collaboration is going well with child welfare and school professionals?
  - a. What does it look like when collaboration with child welfare and school professionals is not going well?
3. What do you see as the facilitators of effective collaboration when you are working with **child welfare professionals** in your role as a caregiver? In other words, what helps collaboration go well?

Possible follow-up questions:

- a. What characteristics of individuals might help facilitate collaboration?
  - b. What might professionals do to help facilitate collaboration with other professionals?
  - c. What might agencies do to help professionals collaborate?
  - d. What might the child welfare and school systems do to help professionals collaborate?
4. What do you see as the barriers of effective collaboration when you are working with **child welfare professionals** in your role as a caregiver? In other words, what gets in the way of collaboration going well?

Possible follow-up questions:

- a. What characteristics of individuals might be barriers to collaboration?
- b. What might professionals do that create barriers to collaboration with other professionals?
- c. What might agencies do that create barriers to professionals collaborating?

- d. What might the child welfare and school systems do to that create barriers to professionals collaborating?
5. What do you see as the facilitators of effective collaboration when you are working with **school professionals** in your role as a caregiver? In other words, what helps collaboration go well?

Possible follow-up questions:

- a. What characteristics of individuals might help facilitate collaboration?
  - b. What might professionals do to help facilitate collaboration with other professionals?
  - c. What might agencies do to help professionals collaborate?
  - d. What might the child welfare and school systems do to help professionals collaborate?
6. What do you see as the barriers of effective collaboration when you are working with **school professionals** in your role as a caregiver? In other words, what gets in the way of collaboration going well?

Possible follow-up questions:

- a. What characteristics of individuals might be barriers to collaboration?
  - b. What might professionals do that create barriers to collaboration with other professionals?
  - c. What might agencies do that create barriers to professionals collaborating?
  - d. What might the child welfare and school systems do to that create barriers to professionals collaborating?
7. Power is the ability to influence others. Authority is having official power to influence something. Agencies may also hold different levels of power and authority. How might unequal power and authority between child welfare agencies and schools affect the collaboration between caregivers, child welfare professionals, and school professionals?
- a. What power and authority do agencies, schools, and school districts have that influence the collaboration between caregivers, child welfare professionals, and school professionals?
  - b. What power and authority does federal policy have that influences collaboration between caregivers, child welfare professionals, and school professionals?
8. Each person has many multiple ways that they identify themselves and that others may identify them. For example, race, ethnicity, gender, age, sexuality, disability or

mental health conditions, and income level. How might the identities of individuals affect collaboration with child welfare and school professionals?

- a. How have the ways that you identify yourself or that others may identify you affected your experiences of collaboration with child welfare or school professionals?
9. What changes or supports are needed to improve the collaboration with child welfare professionals and school professionals?
  10. Is there anything else that you would like to share with me regarding collaboration with child welfare professionals and school professionals?

APPENDIX I  
IRB APPROVAL



APPROVAL: EXPEDITED REVIEW

[Cynthia Lietz](#)  
[WATTS: Public Service and Community Solutions, College of](#)  
 602/496-0649  
 clietz@asu.edu

Dear [Cynthia Lietz](#):

On 7/28/2021 the ASU IRB reviewed the following protocol:

Type of Review:	Initial Study
Title:	Facilitators and Barriers of Effective Interprofessional Collaboration between Child Welfare and School Professionals
Investigator:	<a href="#">Cynthia Lietz</a>
IRB ID:	STUDY00014259
Category of review:	
Funding:	None
Grant Title:	None
Grant ID:	None
Documents Reviewed:	<ul style="list-style-type: none"> <li>• IRB Social Behavioral Protocol V2.docx, Category: IRB Protocol;</li> <li>• Phase One Consent Form V2.pdf, Category: Consent Form;</li> <li>• Phase One Initial Recruitment Email V2.pdf, Category: Recruitment Materials;</li> <li>• Phase One Recruitment Script Follow-Up.pdf, Category: Recruitment Materials;</li> <li>• Phase One Recruitment Script.pdf, Category: Recruitment Materials;</li> <li>• Phase One Study Flyer for Agencies V2.pdf, Category: Recruitment Materials;</li> <li>• Phase One Study Flyer for Schools V2.pdf, Category: Recruitment Materials;</li> <li>• Phase One Survey.pdf, Category: Measures (Survey</li> </ul>

	questions/Interview questions /interview guides/focus group questions);
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	<ul style="list-style-type: none"> <li>• Phase Three Consent Form Focus Groups V2.pdf, Category: Consent Form;</li> <li>• Phase Three Consent Form Interviews V2.pdf, Category: Consent Form;</li> <li>• Phase Three Focus Group CW Professionals.pdf, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions);</li> <li>• Phase Three Focus Group School Professionals.pdf, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions);</li> <li>• Phase Three Gift Card Form.pdf, Category: Other;</li> <li>• Phase Three Interview CW Professionals.pdf, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions);</li> <li>• Phase Three Interview School Professionals.pdf, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions);</li> <li>• Phase Three Member Checking Form.pdf, Category: Other;</li> <li>• Phase Three Pseudonym and Study ID Form.pdf, Category: Other;</li> <li>• Phase Three Recruitment Script Focus Groups.pdf, Category: Recruitment Materials;</li> <li>• Phase Three Recruitment Script Interviews.pdf, Category: Recruitment Materials;</li> <li>• Phase Two Child Welfare Professionals Survey.pdf, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions);</li> <li>• Phase Two Consent Form V2.pdf, Category: Consent Form;</li> <li>• Phase Two Gift Card Form.pdf, Category: Other;</li> <li>• Phase Two Recruitment Script.pdf, Category: Recruitment Materials;</li> <li>• Phase Two School Professionals Survey.pdf,</li> </ul>
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	Category: Measures (Survey questions/Interview questions /interview guides/focus group questions);
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The IRB approved the protocol from 7/28/2021 to 7/27/2024 inclusive. Three weeks before 7/27/2024 you are to submit a completed Continuing Review application and required attachments to request continuing approval or closure.

If continuing review approval is not granted before the expiration date of 7/27/2024 approval of this protocol expires on that date. When consent is appropriate, you must use final, watermarked versions available under the “Documents” tab in ERA-IRB.

In conducting this protocol you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

Sincerely,

IRB Administrator

cc: Kalah Villagrana

Kalah

Villagrana

Qi Wu