Title: Using Special Education Advocates: Family Needs, Processes, and Outcomes

Authors: Samantha Goldman,1 Meghan Burke,2 Ellen Casale,3 Morgan Frazier,3 & Robert Hodapp3

1Assumption College, 2University of Illinois at Urbana-Champaign, 3Vanderbilt University

Introduction: Given the complex laws protecting the rights of students with intellectual and developmental disabilities (IDD), many caregivers seek special education advocates for support, with the ultimate goal of promoting the student’s education and family well-being (Wakelin, 2008). Although evidence has been accumulating about the effectiveness of training special education advocates (Burke et al., 2016) and about predictors of continuing advocacy for trained advocates (Goldman et al., 2017), little is known about why families need special education advocates and how advocates support families (Phillips, 2008). In the current study, we present data on those families who called an advocacy training program (called the Volunteer Advocacy Program, VAP) to request an advocate. Specifically, we asked: (1) Which child characteristics are most common among those students whose parents requested advocacy services? (2) What specific reasons do families give for needing a special education advocate?; and (3) What are the processes and outcomes that result from contacting a special education advocate?

Method: We conducted structured phone interviews with 36 caregivers who requested a VAP advocate over a 3-year period (8/2014-7/2017) and then contacted the VAP advocate for support. Participants were mostly mothers of children with IDD who lived in 21 urban and rural counties across a southeastern state. They were referred to or found information on the VAP through community resources (e.g., disability organization websites and newsletters, a university-affiliated disability information and referral center). Data collection is complete and initial analyses have been completed to generate descriptive statistics about these families and the advocacy process.

Result: The children of caregivers who requested advocates were most commonly attending public elementary schools (n = 17, 47.2%) and had a diagnosis of autism spectrum disorder (ASD; n = 14, 38.9%). A quarter of requests (n = 9) were for students attending school in the most populous city in the state. Caregivers requested a VAP advocate for a variety of reasons, such as wanting an advocate to come to an individualized education program (IEP) meeting, disagreement about school services, or proactively requesting information. Almost all participants spoke with the VAP advocate over the phone (n = 35, 97.2%), on average, three times. Most (n = 29, 80.5%) received support from the advocate for a month or less. Advocates primarily supported families by: reviewing records (n = 15, 41.7%), attending IEP meetings (n = 9, 25.0%), and helping the caregiver communicate with the school (n = 9, 25.0%). Reported outcomes were generally positive, with most participants being satisfied with both the advocate (n = 30, 83.3%) and the end-result of the advocacy process (n = 26, 72.2%). In contrast to the belief that parent advocacy increases conflict between families and schools (Phillips, 2008), caregivers reported significant improvements to their relationships with the school from the time of their initial advocate request to the follow-up call, t(31) = 4.36, p < .001. Of 36 caregivers who received advocacy services, 19 (52.8%) of these caregivers considered their family-school relationship to have improved, with only 8 (22.2%) reporting that they and their schools continued to disagree.

Discussion: It is critical to understand which families request advocates, the reasons for these requests, and how families are supported by advocates, so that child outcomes and family well-being can be improved. In this study, we identified the characteristics of families that request VAP advocates, and the brief but effective process that is used to support these families. We found that most families began requesting advocates once their child began elementary school. Many families lived in one major city in the state and almost half of caregivers who had a child with ASD. Further, although the advocacy process consisted of multiple activities, it was generally a short-term process (i.e., a month or less). In this time, advocates engaged in multiple activities with the families and, in most cases, reached an outcome with which the caregiver was satisfied. These findings have important implications for practice, including broadly disseminating information about advocacy services and targeting advocacy services where they are needed (e.g., elementary-aged students with ASD). Future research is needed to continue to evaluate the advocacy process and the relationship between families and advocates, as well as between families and schools.
References/Citations: