Youth with Disabilities in Foster Care:

Prevalence, Barriers and Long-Term Effects

by

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Abstract

       This paper investigates the prevalence of youth in foster care with a developmental delay or disability, physical disability, or mental disorder, the barriers these youth disproportionately face in comparison to youth outside the foster care system and youth within foster care that do not have a disability, and the long-term negative effects these barrier have on their transition to adulthood. Specifically, the barriers within the foster care system that disproportionately affect youth with disabilities are the identification and assessment process for children entering the system, the lack of transition services that are tailored specifically to children with disabilities, barriers in regards to their education and the inadequacy of training for foster parents and child welfare professionals. The long-term effects that children, with or without disabilities, in the foster care system may experience at a higher rate because of the challenges faced before and during their time in the system are toxic stress, insecure attachment, increased suicide risk and lower education and job outcomes. As a result of these barriers and long-term effects I suggest creating a better identification and assessment process for foster children immediately as they enter the system and a more comprehensive training program for all foster parents and child welfare professionals. The intention of this paper is to raise awareness and educate people on the disparities that children with disabilities in the foster care system face on a daily basis with the hopes of inspiring a movement of change.

Keywords: foster care system, disabilities, barriers, and long-term effects

Youth with Disabilities in Foster Care:

An Analysis of Prevalence, Barriers and Long-Term Effects

At any given time, there are approximately 443,000 children in the foster care system in the United States (Child Welfare Information Gateway, 2019). Out of those children, approximately 130,000 of them have a developmental delay or disability, physical disability, or mental disorder (Children's rights & United Cerebral Palsy, 2006). The Center for Disease Control and Prevention (CDC, 2019) defines developmental disabilities as "a group of conditions due to an impairment in physical, learning, language, or behavior areas." These include diagnoses such as intellectual disability, autism, learning disability, cerebral palsy and many more. Physical disabilities encompass any disability that constrains the individual from performing any kind of physical activity (Handicaps Welfare Association, n.d.). According to the CDC, mental disorders in children refer to serious changes in the way the child handles their emotions, learns, or behaves to the point that it causes the child immense distress and challenges getting through the day (2019b). Common mental disorders for children include attention deficit/hyperactivity disorder (ADHD), anxiety, depression and behavior disorders (CDC, 2019b). Therefore, on top of the many other adverse conditions or experiences a child placed in foster care possibly faces before and during their time in the system – among them physical, emotional and sexual abuse, neglect, maltreatment, and exposure to intimate partner violence (Stewart et al., 2013) – many also struggle with a disability.

The foster care system as a whole has many flaws that affect all children that are a part of it, with or without disabilities. While this paper will focus on the experiences of children in foster care with disabilities, it is important to remember that all foster children face challenges, and all challenges, regardless of a child having a disability or not, deserve extensive research and

advocacy. This paper addresses a plethora of issues, which most people are unaware of, that children with disabilities in the foster care system face on a day-to-day basis. Common barriers such as identification of disability, transition services, education, quality of life and foster parent preparedness that disproportionately affect youth with disabilities in the foster care system are discussed in depth. Then the long-term effects that these barriers have on a child's transition to adulthood will be addressed. Finally, the paper suggests places where further research needs to be conducted and future directions the foster care system needs to take in order to equitably acknowledge the needs of children with disabilities. Overall, the goal of this paper is to increase the general public's knowledge on youth with disabilities in foster care and to encourage a desire for change by suggesting practical directions the foster care system as a whole needs to take. In conjunction with this paper I have developed an education program for prospective foster parents to increase their knowledge on prevalent disabilities, provide a basis on how to adequately care and provide for a foster child with a disability, and give them access to a plethora of resources to help further their knowledge and preparedness (See Appendix).

Prevalence

To begin to understand the barriers that children with disabilities face while in the foster care system it is important to have a basic understanding of general foster care statistics, disability statistics, and child abuse statistics in the United States. As mentioned before, in the United States there are approximately 443,000 children in foster care (Child Welfare Information Gateway, 2019). Nearly one-third of those children end up in relative homes, almost one-half of those children end up in foster homes that are non-relative, and the rest end up in institutions, group-homes, some sort of supervised independent living situation or they run away. Children

can enter the foster care system up to the age of 18; however, the average age of entrance is young, falling at about six years old (Child Welfare Information Gateway, 2019). In the United States, out of all youth ages 6 to 14, approximately 13% are documented to have at least one disability (National Council on Disability, 2008). In the United States foster care system approximately 30% are documented to have a mental, physical or developmental disability, but, as will be explained in the following section, this percentage could be sorely underestimating the true number of children with disabilities in foster care (Children's Rights & United Cerebral Palsy, 2006). In 2017, 674,000 children were victims of maltreatment: 74.9% of them were victims of neglect, 18.3% victims of physical abuse and 8.6% victims of sexual abuse (U.S. Department of Health & Human Services, ACF, & Children's Bureau, 2019). So, the question becomes: how are these separate issues — foster care, disability and abuse — intertwined?

All of these general statistics are significant because it has been found that youth with disabilities are 1.5 to 3.5 more likely to have experienced some form of abuse or neglect than youth who are not documented to have a disability. This is valuable because disabilities are intensified by experiences of abuse or neglect (National Council on Disability, 2008) and youth in the foster care system are abused or neglected at a higher rate than youth who are not part of the foster care system. So, to put this all together, in the United States youth are more likely to experience abuse if they have a disability. In turn, experiencing abuse or neglect are among the highest reasons that children end up in the foster care system (Aurora, 2018) and, therefore, youth born with disabilities are more likely to be abused and, in turn, are more likely to end up in the foster care system.

The problem is the abuse doesn't end there. The hope would be that once in the foster

care system children are safe from any form of maltreatment or trauma, because that is the

purpose, right? However, that is not the case. Once in the foster care system, children are not

guaranteed safety. One troubling study completed in New York City reported that over 28% of

children were abused during their time in the foster care system (Babbel, 2012). In another study,

it was reported that over 33% of children were abused during their time in foster care (National

Council on Disability, 2008). The prevalence of child maltreatment once in the foster care

system varies widely. Other studies have found much lower percentages, ranging between 2%

and 5%, of children who are abused once in the foster care system (Biehal, 2014). The important

factor is that foster care is supposed to be a safe haven for children and whether 1 child or 1,000

children experience abuse once in foster care there is clearly a problem. In regards to this paper,

it is critical to understand and be aware of the prevalence of child abuse before foster care and

once in foster care because children with disabilities experience this abuse at an even higher rate.

All of these factors, separate or combined, contribute to the four major barriers children with

disabilities face in the foster care system that are discussed in the next section.

Barriers to a Safe, Happy and Healthy Foster Care Experience

This section will address four major barriers that children in foster care with disabilities

face at a disproportionately higher rate than children in the foster care system without

disabilities. Specifically, it will address the lack of effective disability identification, transition

services, education, and lack of foster parent preparedness. These four barriers are by no means

the only challenges children with disabilities face; however, they are some of the most prevalent

barriers and the ones that harm children with disabilities to a greater extent than children without

a disability. The goal of this section is to raise awareness and increase education on the many

problems in the foster care system that specifically target children with disabilities in hopes to

lead to changes that will create a system that serves all children equitably and humanely.

Identification of Disability

One major problem in the foster care system is the identification and assessment process

used for recognizing, diagnosing and providing services to children with disabilities (United

Cerebral Palsy and Children's Rights, 2006). The Child Welfare League of America (CWLA)

and the American Academy of Pediatrics (AAP) created specific guidelines that call for

mandatory health assessments to be given to all children entering the foster care system.

Specifically, the AAP guidelines state that assessments need to be inclusive of every child

entering the system, the assessments need to identify possible physical, mental or developmental

health related issues, and the assessments should be given by a clinician that is well versed in

working with children in foster care (Leslie et al., 2003). In addition, research has shown the

value of a trauma informed assessment for foster children that can help to identify behavioral

disorders and mood disorders in children entering the system (Forkey, Morgan, Schwartz &

Sagor, 2016; American Academy of Pediatrics, 2013).

The guidelines created by CWLA and AAP are great in theory; however, they are not

being put into practice. Research has shown that the majority of children in foster care are

assessed for physical health problems; however, mental health and developmental problems are

frequently not tested for during the assessment process and, therefore, are left unidentified and

untreated (Leslie et al., 2003). Specifically, over 40% of child welfare agencies — in a sample of

92 — had no policy to assess and identify children who were entering foster care with mental

health problems or developmental problems; whereas, 94% of agencies assessed all children for

physical health problems (Leslie et al., 2003). Therefore, while the notion is in place and the

research supports that children should receive a comprehensive assessment that encompasses

more than a child's physical well-being, the necessary steps to actually ensure that proper and

effective assessments take place is not happening.

     Firstly, the lack of adequate disability identification in the foster care system stems from

the fact that there is not one assessment process to identify disability that is utilized or that has

been proven to be effective in the United States (Children's Rights & United Cerebral Palsy,

2006). The fact there is not currently a universal assessment that all children receive upon entry

into the foster care system is problematic. It is problematic because caseworkers and

investigators working in the foster care system do not typically receive adequate training or

preparation on how, when, or who to refer a foster child to for proper identification and

assessment of children with disabilities (Children's Rights & United Cerebral Palsy, 2006; Leslie

et al., 2003; Giardino, Hudson & Marsh, 2003). The lack of training or preparation of

caseworkers and investigators could mean that children in foster care aren't being assessed at all

when they enter the system. Therefore, changes must be made to create one comprehensive

assessment process that can be utilized across all state foster programs to identify disability. This

assessment process would happen for all children upon their entry in the system. For now,

because the development of a comprehensive assessment will take time, there must be better

training for caseworkers and investigators on how, when, and who to refer a child to for an

adequate assessment.

Overall, lack of identification of mental, behavioral and developmental disorders in the system is problematic because it makes it impossible to define or understand the needs of children with disabilities in foster care when the data collected on them is not an accurate portrayal. The reason this is problematic is because this lack of training results in underreporting of disabilities in foster care. This means that the overrepresentation of youth with disabilities that is currently known in the foster care system could be much higher and, therefore, the system is possibly under-serving thousands more children than is currently known. Underreporting of disability status in the foster care system can also lead to a lack of services that specifically cater to the needs of individuals with disabilities. In addition, it causes a lack of research on the effectiveness of these services due to a perceived absence of need. Finally, underreporting can lead to the placement of children with disabilities in inappropriate settings within the foster care system (Children's Rights & United Cerebral Palsy, 2006). Not all foster parents are prepared to foster a child with disabilities, and most foster parents do not receive the proper training. Therefore, due to this lack of proper identification, foster children with disabilities are placed into homes that are not able to meet their needs. Once children are placed in a home that cannot meet their needs it becomes more likely that the child will have to be moved to a different home placement, which, in turn, means a different school placement and new services having to be found in that location.

It is not only the lack of identification of children with disabilities that is troubling, but it is also the discrepancies within the data and the under-utilization of the data that is collected. The National Council on Disability (2008) conducted an extensive report that used an abundance of research studies to present the issues within the foster care system that affect children with

disabilities. Through their research, several studies found that children with disabilities in the

foster care system are somewhere between two to three times more likely to be abused when

compared to children without disabilities and 20% to 60% of children in foster care have a

developmental disability or delay. First of all, these two findings represent the wide range of data

that currently exists on the prevalence of children with disabilities; between 20% to 60% is a

wide range that does not give a true or concrete representation on the number of children with

disabilities in the foster care system. This statistic is one representation of the discrepancies that

exist among the data collected on children with disabilities in the foster care system.

Secondly, this review suggests that while raw data typically exists on most of these

youth, the problem is that this data is rarely utilized to inform better policies and practices

(National Council on Disability, 2008). Essentially, the important and informative data that could

be utilized to inform better policies and practices for children with disabilities in the system is

collected then ignored. Overall, this review makes it evident that the identification of type,

prevalence and potential causes of disability in the foster care system is lacking. Specifically, the

problem stems from how this information is collected and shared. In turn, the lack of

identification makes it unlikely that children with disabilities will be offered the services, support

and safety they need. Furthermore, this barrier makes policy change regarding disability in the

foster care system virtually impossible.

It is important to remember that identification and assessment in the foster care system

play a crucial role in granting the services necessary to provide these children with a happy and

safe life that allows them to thrive while in the foster care system and once they exit. Lack of

proper identification and assessment of disabilities in the foster care system is the first stepping

stone in a cascade of other barriers that negatively affect a foster child's life, which will be

discussed below. Many children in general, but even more so for children with disabilities, aren't

able to properly communicate their feelings or needs; therefore, data can play a key role in

expressing to child welfare workers and foster parents the potential best services and supports for

a child with a disability that have been shown to be highly effective for children with similar

diagnoses.

Education

Most people and experts alike can agree that a good education is a vital part of making a

child's future bright and successful. When it comes to some of our most vulnerable youth,

children with disabilities in foster care, it is extremely important to provide them with

educational services that meet their needs; however, this is not currently the case. The education

of children with disabilities, in general, has been greatly improved because of the Individuals

with Disabilities Education Act (IDEA). This act works to ensure that every individual student is

provided the education they need (National Council on Disability, 2008). In 2017 alone, seven

million children, 14% of total public school enrollment, received special education services

under IDEA (McFarland et al., 2019). So, the importance of IDEA should not be undermined;

however, there are certain improvements that could make the act better and further increase its

goal of educational inclusivity for all students.

The problem stems from the fact that the policies of IDEA do not take into account the

special circumstances of children with disabilities in foster care, such as frequent school changes

and not having parents to make important decisions for them (National Council on Disability,

2008). Due to frequent school changes, lack of a consistent parental figure to make decisions,

and other unique circumstances a foster child may face, the special education services that are

offered to children with disabilities who are also part of the foster care system may be different

than the services offered to a child who has disabilities but is not part of the foster care system.

This is of the utmost importance considering at any given time approximately 30% to 45% of

children in foster care could be receiving special education services in comparison to 10% of the

general population (Geenen & Powers, 2006b; Zetlin, 2006; Geenen & Powers, 2006a).

A research review investigated the struggles that foster children with disabilities face in

regards to education (Stanley, 2012). Stanley found that because of the unique circumstances of

children with disabilities in foster care, they often face more challenges in having proper access

to special education services. Children with disabilities in foster care experience far more home

placements than children without disabilities in foster care, and more home placements lead to

more frequent changes in school districts (Geenen & Powers, 2006b). Specifically, frequent

changes to new schools reduce the opportunity for educators at each new school to properly

identify and evaluate the disability of the student and what services they need. This happens

because of a lack of communication between social workers and new foster parents (Stanley,

2012). Essentially, this means that the child's disability status gets lost in translation. Another

problem stems from the fact that services are often delayed due to confidentiality issues, legality

issues, and lack of knowledge on the part of the social worker, foster parents and teachers in

regards to whose right or responsibility it is to make educational decisions for a foster child —

which will be discussed in detail below. Therefore, by the time many of these foster children

with disabilities are offered services, they are once again placed in another school, where the

process begins all over again.

Another challenge that foster children with disabilities face with education is issues with confidentiality and legality (Zetlin, 2006). Oftentimes child welfare workers don't make schools aware that a child is in foster care or don't share with the school who is in charge of making the child's educational decisions because the social workers are frequently unaware of the educational status of children on their caseload due to how large their caseload is (Zetlin, 2006). Secondly, many social workers don't regard education as a high priority and, therefore, allow it to be put on the back burner (Zetlin, 2006). Therefore, confusion exists about who has the authority to sign special education forms or attend meetings about educational decisions for the child, such as an Individualized Education Plan (IEP) meeting. This happens because the biological parents either are not in the picture or do not have the legal right to make decisions for the child. Overall, this makes it difficult for educators to know who has the legal right to make educational decisions for the child. Also, foster parents often aren't aware of the rights of the child placed in their care either and this is especially true when the child is frequently changing foster homes (Zetlin, Weinberg, & Shea, 2006). Overall, this leads to proper education services being offered in an untimely manner or not being offered at all.

In another study conducted by Geenen and Powers (2006b), it was revealed that children in foster care and special education demonstrated lower academic performance than children who are either only part of the foster care system or are only part of a special education program. The purpose of this study was to gain a better understanding of how a child being a part of two challenging systems simultaneously — foster care and special education — affects their education. This study revealed many significant challenges that foster care children in special education face to a greater extent than children who are only a part of the foster care system or

only part of the special education system. Not surprisingly, but important to note, in contrast to children in general education, foster care children in special education were found to have lower GPAs, change schools more frequently, earned less credit towards a successful graduation, and had lower scores on state testing.

In comparison to other children who were only part of the special education system it was found that children in foster care with disabilities had more restrictive special education placements. For example, 30% of children in foster care and special education were placed in the most restrictive special education program possible whereas only 15% of children receiving special education services were placed in the most restrictive special education program. Finally, in contrast to other children who were only part of foster care, children who were part of the foster care system and received special education services had more foster home placements. This study makes it evident that children in foster care with disabilities disproportionately face educational barriers in comparison to peers who are only part of the foster care system or only part of the special education system. More research needs to be conducted to gain a better understanding of how special education services can be altered to adequately accommodate children who are also part of the foster care system.

The IDEA states that every child should get the educational services they deserve. This should be no different for a child in foster care. With a vulnerable population it is vital that they get the services they need and this is especially important in the realm of education. It is necessary that educators are aware of the foster child's circumstances and that the process moves quicker and smoother between each school transition. Of course, the ideal scenario would be for foster children to stay in one home and one school, but unfortunately that is not easy to achieve.

However, offering the correct special education services in a timely manner, increasing

communication between social workers, teachers and foster parents on the child's education

status, frequent reevaluations of the child's current services to ensure they are learning in the best

way possible, and more research on the educational needs of foster children with disabilities are

all ways to achieve a smoother transition between schools that will best meet the needs of the

child.

Transition Services

Every year approximately 21,000 young people "age out" of the foster care system,

meaning they hit the age of majority, 18 years old in most states, or they graduate from high

school and are no longer offered foster care services (Harwick, Unruh, & Lindstrom, 2020). Of

these 21,000 young people it is estimated that anywhere from 30% to 80% are diagnosed with a

disability (Hill, Lightfoot & Kimball, 2010). Transition services are available and vary from state

to state, but the problem is that transition services are not catered to meet individual needs. Every

child in the foster care system, whether or not they have a disability, should have an individual

transition plan that addresses their specific needs as a unique individual. This section will

address the transition services currently offered to children with disabilities in the foster care

system and how these services are insufficient in supporting their needs.

Today, there is a constantly growing body of research that addresses the transition of

students with disabilities into adulthood; however, there is a staunch lack of research on the

transition experiences of children who have a disability and have also been a part of the foster

care system. It is typically challenging for children with disabilities to transition from education

to higher-education or education to employment, but when disability and foster care intersect the

challenge only becomes greater (Harwick, Unruh, & Lindstrom, 2020). Below, I will describe

the minimal amount of research studies that examine the transition experiences of children in the

foster care system with disabilities in order to show the need for not only more services that are

specifically catered to children with disabilities, but also the need for a greater body of research

on this topic.

      A recent study published this year, 2020, was conducted in order to begin the much

needed process of filling in the gaps on the research about the transition experiences of foster

children who have aged out of the system and also have a disability (Harwick, Unruh, &

Lindstrom, 2020). Specifically, seven people who aged out of the system and also had a

disability diagnosis were interviewed to get a first-hand perspective on their experience of

transitioning out of the system. This study found that any transition services or supports, such as

independent living plans (ILPs), positive adult relationships, special education services, or

therapeutic services, that were offered were overshadowed by numerous barriers. Some of the

barriers encountered that impeded a successful transition were poor communication within and

between systems, lack of coordinated services, frequent placement changes during their time in

foster care, lack of mental health or disability services, and poor relationships with foster

families. All of these things individually, but most importantly in combination, made it very

challenging for these foster children with disabilities to have a successful transition out of foster

care and into their adult lives. The seven foster alumni with disabilities who participated in this

study found it crucial for service providers and caregivers to have increased and better training

because it is impossible for them to provide or refer to proper and effective services if they lack

an understanding on what services are available or how to gain access to these services. This

study expanded the body of research on children with disabilities who have been a part of the foster care system. It highlights the vital importance of increasing awareness on the systems, people and services that affect the lives of children with disabilities during their time in foster care and long after.

Another study conducted by Sarah Geenen and Laurie Powers investigated Individualized Transition Plans (ITPs) for a total of 90 students – 45 of whom were in special education and in foster care and 45 of whom were in special education but not in foster care (2006a). This study found that the students in both special education and in foster care had ITPs that were poorer in overall quality than the students who were in special education but not in foster care. More specifically, the students in both special education and in foster care had significantly fewer objectives and future goals than the students in special education only. Only 31% of the ITPs for the foster care group had goals written about attending college, only 16% of the ITPs for the foster care group had goals written about developing crucial independent living skills, and 20% of students in the foster care group had no transition plan whatsoever. In comparison, 60% of the special education group only had goals written about attending college, 47% had goals written about independent living skills and no students in special education only group had no transition plan.

These percentages present a stark disproportionality between quality and content of transitioning planning for students in special education only and students in special education and foster care. Essentially, this study shows that there is a lack of planning when it comes to the future of children with disabilities that are in the foster care system. There is a lack of goals written in general, and, when goals are written, they are vague and underestimate the future

possibilities for youth with disabilities in the foster care system. This makes it difficult for these

youth to transition when they age out of the foster care system because they have not been

working towards meaningful educational goals during their time in foster care and, therefore,

aren't aware of the future possibilities of how to achieve a successful and fulfilling life after

foster care.

     A study conducted by Hill, Lightfoot, and Kimball examined the transition services that

the foster care system makes available for foster children with disabilities and the transition

services that are offered from other service providers (2010). This study surveyed county

workers involved in Minnesota's Support for Emancipation and Living Functionally (SELF)

program. This program helps provide funding to different counties so that they can provide

services to support youth aging out of foster care. Service providers from 38 counties responded

to this survey about how the SELF program specifically supports children with disabilities. The

most important finding of this study is that while transition services are being offered to children

in foster care with disabilities, there are very few services that are directly offered to meet their

needs. This is problematic because a child with a developmental disability, such as autism,

requires different services than a child without a developmental disability. For example, a child

with autism may require specific services, such as occupational therapy, to help them develop

proper communication skills or fine motor skills that can aid in gaining independence (Bhandari,

2018). Whereas, a child with a physical disability may require different services, such as

physical therapy, to help them develop gross motor skills that will aid in gaining independence in

a different way than may be necessary for a child with autism. The majority of respondents, all

of whom are professionals who have worked or are working with children with disabilities in the

foster care system, reported that services offered to these children are merely adequate. Children

deserve better than adequate, especially when it is their future on the line.

Overall, the transition service needs for youth with disabilities in the foster care system

are not sufficiently being met. These children do not have written transition plans, when

transition plans are written they are not detailed, there are not many transition services

specifically tailored to youth with disabilities, transition services that are offered are only

adequate, and when transition services are offered there is a plethora of other barriers that stand

in the way of them being effective. Transition services must be focused on and built upon

through the entirety of a child's time spent in foster care. They are not something to be pushed

on the back burner, as the services offered have the potential to affect these children for the

entirety of their life in a negative or positive way.

The next step to be taken is to increase the body of research on the services offered to

children in foster care with disabilities. Along with increasing research there must be better

training of foster parents and social workers on how to get their children proper services and

what services are offered, which will be discussed in detail in the following subsection. Finally,

the services that are offered need to be individualized to meet the needs of every unique child in

the foster care system. In combination, these changes will enhance the likelihood that transition

services change a foster child's life in a positive way.

Foster Parent Preparedness

Foster parents are an integral part of a foster child's life and have the potential to be the

child's most consistent and supportive adult connection. When it comes to a foster child with a

disability, it is even more vital to have an adult connection who can advocate, support and fight

for their rights because many of these children may not be able to voice these needs on their

own. Children with disabilities in foster care typically remain in foster care for longer,

experience more frequent changes in placement, and are less likely to return to their biological

parents (Brown & Rodger, 2009). However, the foster parents these children are placed with can

play a crucial role in supporting, advocating and fighting for the child they are caring for. This

section details the challenges faced by foster parents such as a lack of training or preparedness or

financial issues and how this in turn affects the well-being and future of the foster child.

Firstly, it is important to recognize that many foster parents of a child with a disability are

aware of the problems with the foster care system, but are not aware or do not know how to

change or address them. One study investigated the question "What are the problems [foster

parents] encounter when fostering a child with a disability?" (Brown & Rodger, 2009). The

researchers interviewed 85 foster parents fostering a child with a disability – autism, fetal alcohol

syndrome, blindness, deafness, medical fragility, physical or intellectual – asking them a series

of questions. The problems parents identified pertained to professionals, money, school, lack of

training on how to handle a child with a disability, and the medical system. These parents

identified all the barriers addressed in this paper, as well as additional ones, showing how

prevalent they are in a foster parent and a foster child's everyday life. Before beginning this

discussion it is inherent to understand that training requirements for foster parents vary from

state to state; therefore, this section is a general discussion about how the majority of states are

lacking proper disability education programs for foster parents and will not refer to specific

states or programs.

The main issue that arises for a parent fostering a child with a disability is a lack of knowledge and training. When foster parents have a lack of training, it affects the quality of the services that the child receives because the parent is not knowledgeable on the services that the child should be receiving and, therefore, does not advocate for the child to receive all the necessary services (Coyle, 2014). Coyle uses the example of an individualized education plan (IEP) — which every child utilizing special education services must have — in order to shed light on how a lack of training becomes problematic for the services offered to the child. When a parent is involved in creating and implementing the IEP the outcomes are shown to be better and last for longer. However, foster parents often aren't aware of the details of the IEP for their foster child or they aren't aware that their foster child has an IEP in place at all (Coyle, 2014). As discussed previously in the paper, communication can become estranged between the school system and the foster care system when youth are moving foster homes frequently and this can lead to a lack of communication about the child's IEP to a new foster parent. Another problem that can arise is the foster parents not having knowledge on the services that were offered to a foster child before they came into their care. Once again this brings back the problem of communication within the foster care system and between systems. No one tells these new foster parents the services these children had in their other foster home and the foster parents are not knowledgeable enough on the subject to ask.

Secondly, if the child is to move to a new zip code the services that were once offered in the other zip code won't necessarily be offered in the new one (Coyle, 2014). This means that new services in the new zip code that fit the child's needs must be researched, found, and most importantly, in many cases, advocated for so that the system will provide adequate funding for

the services. However, foster parents often aren't aware of that, and therefore don't know that new services need to be found. This relates back to the other problems previously mentioned in this paper. A general lack of knowledge and communication from multiple parties leads to these children not receiving the services they need.

The ideal situation would be for a foster parent to be highly trained and prepared before having a child with a disability placed in their home. Secondly, the foster parents should continue to have ongoing support and training throughout the placement. However, this is not typically the case. It is true that most foster care agencies take into account many factors before placing a child with a foster family, but this still does not guarantee that the parents have experience taking care of a child with a disability (Coyle, 2014). Oftentimes placements of a child with a disability are emergency placements and there is not enough time to deeply consider a variety of factors, such as physical layout of the home, services near the home, preparedness of the foster parents, education placement, and so on (Coyle, 2014). Therefore, foster children with disabilities are frequently placed into homes that are completely underprepared to have them and, in turn, this increases the chance that the child will have to move to a different home placement that could potentially be underprepared to care for a child with a disability as well. In addition, the number of foster parents adequately prepared or volunteering to care for a child with a disability is severely less than the number of youth in foster care with a disability, so there is no choice but to place these children in a home that is underprepared (National Council on Disability, 2008).

Essentially, the cycle never ends. Children's Rights and United Cerebral Palsy further agree that in many communities the training and preparation of foster parents is not focused on

supporting and understanding the needs of foster youth with disabilities (2006). Therefore, these

parents are underprepared for the children put in their care and have trouble providing them with

all they need. These difficulties increase the likelihood of possible abuse and frequent moves for

a child with a disability (Children's Rights & United Cerebral Palsy, 2006).

Another major problem that foster parents face on a daily basis is financial struggles.

Even if foster parents had all the knowledge in the world on the services necessary for a child

with a disability in their care they wouldn't have enough money or receive adequate funding

from their agency to provide the child with these services. In simple terms, funding for child

welfare agencies comes from the local, state and federal government. However, according to a

2017 child welfare policy brief, the funding child welfare agencies received federally dropped 16

percent between 2004 and 2014 when, in reality, the funding before this drop was already

inadequate (Child Trends, 2017). In many states federal funding provides more than half of the

funding used by child welfare agencies; therefore, any time this funding goes down even by just

a dollar it affects the care foster children receive (Brown, 2017).

Also, foster parents are required to prove that they have a stable enough income to

support the needs of a foster child and will not solely rely on money from the government to

provide for the child in their care (FindLaw, 2018). However, it is crucial to understand that

caring for a child with a disability costs excessively more than caring for a child without a

disability and a stable income may only be enough to support the basic necessities of a child, but

not the necessary services a child with a disability requires. The issues can lead to more foster

placements for the child and a lower chance of adoption (Brown, 2017). Essentially, many foster

parents are not able to effectively support a child with a disability because they lack the funds to

do so. It is important for our federal and state governments to further analyze the needs of foster

children in order to avoid certain foster children, such as children with disabilities, from being

left behind as they currently are.

Foster parents have the opportunity to be a major resource and support system for

children in their care. However, it becomes very challenging when they are underprepared and

unaware of how to support, advocate for, and offer the proper services for a child with

disabilities who is placed in their care. It is imperative that all foster parents are trained on how

to handle the behaviors of a child with disabilities and are knowledgeable on all the health,

education, and transition services these children need and deserve. While this may sound like a

simple solution, the problem stems much further than this. The first thing that must change is the

funding provided to child welfare agencies. In the majority of states funding needs to be

dramatically increased so that every child can live the happy and healthy life they deserve.

Long-Term Outcomes

The previous section discussed four of the most prominent barriers to a safe, happy and

healthy childhood that foster children with disabilities face at a disproportionately higher rate

than children in the foster care system without disabilities. This next section will focus on the

long-term negative outcomes that a foster child in general and a foster child with disabilities may

face as a result of their experiences during their time in the foster care system.

Essentially, each year a plethora of young children enter the foster care system during the

time when their brain development is most active (Committee on Early Childhood, Adoption and

Dependent Care, 2000). The experiences a child has before and during their time in a foster

home are critical for the child's brain development in the short-term and long-term (Committee

on Early Childhood, Adoption and Dependent Care, 2000). The problem is that many of the

experiences that make it necessary for a child to be taken from the custody of their biological

parents and placed in the foster care system are generally life altering and have a detrimental

impact on a brain that is not yet fully developed. In addition, once in the foster care system a

child's life completely changes and they may continue to face adversities that most other

children don't experience in their lifetime. These changes can lead to a plethora of long-term

outcomes on the child's future physical, mental and emotional well-being that can be positive or

negative.

Specifically, this section will focus on the long-term effects the negative experiences of a

child in foster care can have on their brain's stress response system, risk of other serious health

problems, suicide risk and school and job outcomes as they transition out of the system and how

these negative outcomes have a higher likelihood of affecting children with disabilities.

Due to the fact that research is lacking on long-term negative outcomes for children who

have been in the foster care system and have a disability much of the information below will

focus on the long-term outcomes of children who have adverse childhood experiences and/or a

disability. Adverse childhood experiences (ACEs) are potentially traumatic events that occur

between the ages of 0-17. ACEs include all forms of violence, abuse or neglect, witnessing

violence in the home, and having a family member attempt or die by suicide (Centers for Disease

Control and Prevention, 2019c). Children in the foster care system disproportionately experience

ACEs, even more so than children living below the poverty line and children in single-mother

homes. Most frequently foster children experience parental divorce, parental death, parental

incarceration and/or abuse (Turney & Wildeman, 2017).

Toxic Stress

Adverse childhood experiences result in toxic stress during a crucial time in brain development that, in turn, leads to an overall skewed stress response in adulthood and an increased risk of a multitude of health problems (Roberts, 2019; Waldman, Schwartz, Perlman & Larsen, 2020). There are three basic types of stress responses: positive stress response, tolerable stress response or toxic stress response (Harvard University, n.d.) . A positive stress response is the normal stress response that involves brief increases in heart rate and mild elevations in stress hormone levels. A tolerable stress response has the same reactions as the positive stress response but to a greater degree. This is the system that is activated during events such as the loss of a loved one or getting in a car accident. The activation of this system is only considered tolerable if the time of its activation is limited and it is buffered by the help of caring adult figures. If this is not the case then the response becomes toxic. Toxic stress response occurs when a child has prolonged exposure to adverse experiences and does not receive adequate emotional, physical or mental support from a caring adult figure (Harvard University, n.d.). Adverse childhood experiences typically activate the toxic stress response system, which leads to a plethora of negative adult risk factors.

Also, adverse childhood experiences alter the way the body regulates any form of stress (Roberts, 2019). Therefore, a person who has experienced toxic stress may respond to a situation that would activate a normal stress response in most people in a way that activates toxic stress response. Toxic stress has shown to lead to an increased incidence of heart disease, lung disease, cancer, mental health disorders, addiction and many autoimmune disorders such as diabetes (Roberts, 2019).

The greater the number of ACEs a child experiences the higher the chances are for developmental delays and later health problems (Waldman, Schwartz, Perlman & Larsen, 2020). This is important to understand because foster children, and specifically foster children with disabilities, are at the highest likelihood of having more than one adverse childhood experience. In turn, this increases the likelihood of a toxic stress response and all the negative health outcomes that come along with this type of stress response. Therefore, this could put foster children with disabilities at the highest risk for having prolonged activation of their toxic stress response.

Insecure Attachment

In the 20th century a well-known psychoanalyst, John Bowlby, began investigating how infants would react to the temporary loss of their primary caregiver. Bowlby's studies led to the beginnings of what is now universally known as attachment theory (Wilson-Ali, Barratt-Pugh & Kanus, 2019). Bowlby proposed that how a child experiences attachment in their early years of life is crucial to their sense of self-worth later on in life (Wilson-Ali, Barratt-Pugh & Kanus, 2019).

Essentially, children form an attachment style that falls under the broad categories of secure or insecure. Secure attachment is formed when a child has repeated experiences with a caregiver that are positive. A child who is securely attached enters adulthood more able to trust others, form healthier relationships, more willing to try new things and explore the world and have less extreme reactions to stress (Georgia Division of Family and Children Services, n.d.). In order for early secure attachments to be maintained it is crucial that the child has substantial and prolonged contact, that is nurturing in both the physical and emotional sense, with an adult figure

(Zenah, Shauffer & Dozier, 2011). Insecure attachment occurs when a child has repeated experiences with a caregiver that are negative or unpredictable. This attachment style leads to a greater likelihood of unhealthy relationships, avoidance of other people, more extreme reactions to stress and increased anxiety, anger or fear (Georgia Division of Family and Children Services, n.d.; Kerns & Brumariu, 2014).

How a child forms attachment with a caregiver is crucial to their development cognitively, socially, emotionally and physically (Quiroga & Hamilton-Giachritsis, 2015). Many people assume that attachment only refers to the relationship a child forms with their biological mother or father; however, more recent studies show the importance of temporary caregivers, such as foster parents, on the formation of an attachment style (Quiroga & Hamilton-Giachritsis, 2015). When foster parents are consistent, responsive, protective, sensitive and loving towards the children they are fostering it helps the child recognize, regulate and respond to their own emotions (Center for Parenting & Research, 2006). In addition to being a healthy attachment figure it is important that foster parents are knowledgeable about past relationships in the child's life and how the type of attachment the child may have formed from this past relationship can explain their behavior. When a foster parent is knowledgeable of the behaviors that may result from insecure attachments they will be better equipped to respond to these behaviors in a manner that will help improve them in the long-run (Center for Parenting & Research, 2006).

Firstly, attachment theory is important to understand for infants entering the foster care system because they have not yet developed an attachment style. Therefore, the negative long-term effects that accompany insecure attachment can be avoided for these children by the foster parents they are placed with (Center for Parenting & Research, 2006). Secondly, older foster

children's relationship to their biological parents may be nonexistent or unhealthy and, therefore, these children may display attachment behaviors that can be classified as disorganized. (Center for Parenting & Research, 2006). Overall, it is important to understand the long-term effects that may accompany insecure attachment styles so that foster parents are more understanding of the behaviors a foster child could present because of their early relationship with a caregiver and so the foster parent will be patient in showing the child what a nurturing relationship looks like (Center for Parenting & Research, 2006).

Increased Suicide Risk

Research has shown that ACEs are a pertinent risk factor for suicidal behavior (Wang, Y. et al., 2019). Specifically, physical, sexual and emotional abuse, parental incarceration and family history of suicidality increase the risk for suicidal ideation and suicide attempts in adulthood 1.4-2.7 times (Thompson, Kingree & Lamis, 2018). This is of crucial importance because children in the foster care system experience those specific ACEs at a disproportionately higher rate than children not in the foster care system. Secondly, not only do children experience an adverse childhood experience at a disproportionately higher rate than children not in the foster care system, but they also are more likely to experience more than one ACE. Children in the foster care system typically experience a type of ACE before entering the foster care system and potentially experience more ACEs once entering the system. It has been found that the accumulation of multiple ACEs increases the odds of suicidal ideation and suicide attempts in adulthood (Thompson, Kingree, & Lamis, 2018).

In addition, as was detailed in the "Prevalence" section of this paper, foster children with disabilities are more likely to experience abuse, a prominent ACE, than children without

disabilities. Secondly, research has shown that children with learning disabilities, intellectual

disabilities, emotional disabilities or physical disabilities have a higher suicide risk than children

without a disability (Mahadevan, 2019; Ludi et al., 2012). Therefore, it is possible that children

in the foster care system with a learning, intellectual, emotional or physical disability may have

an even higher suicide risk than foster children without disabilities or children without

disabilities not in the foster care system. Overall, children in the foster care system, and more

specifically, children in the foster care system with disabilities are likely at a higher risk for

suicide and suicidal ideation than the general population.

Lower Education and Job Outcomes

To reiterate, every year approximately 20,000 children transition out of the foster care

system and begin a life on their own (Cheatham, Randolph and Boltz, 2020). A life on their own

means finding employment that will allow them to financially support themselves, as they are no

longer being supported by an adult or by the system. A successful transition to adulthood is often

characterized by major life events such as completion of higher education and stable

employment. Studies have shown that approximately 84% of youth in the foster care system

have the dream of one day attending college; however, the reality is that only about 20% attend

college and the graduation rate ranges from 1% to 11% (Johnson, 2019). To put this in

perspective, approximately 60% of people who have not been part of the foster care system

enroll in higher education and have a higher likelihood of graduating (Johnson, 2019).

The enrollment rate and success rate of foster children in higher education lags behind

because of the lack of resources and focus on this specific identity in higher education (Johnson,

2019). Furthermore, to have been in the foster care system and also have a disability makes the

chances of graduating high school, enrolling in college and graduating college even more

challenging and less likely (Goodman et al., 2011). In turn, a lack of education past a high school

diploma makes it harder for people to find a stable job that can support them for the long-run.

Research specifically focusing on job outcomes for individuals who are transitioning out of

foster care and have a disability is virtually non-existent. However, what is known from research

is that, in general, people experiencing disability have increased challenges in finding and

keeping employment during adulthood (Cheatham, Randolph & Boltz, 2020). Furthermore,

people that experience a disability and have transitioned out of the foster care system have even

more challenges in securing employment and higher likelihood of losing employment than

people only experiencing a disability or people who have no disability but were in the foster care

system (Cheatham, Randolph & Boltz, 2020). It is interesting to note that the study conducted by

Chetham and colleagues (2020) revealed youth who were in the foster care system at age 19 and

received at least one independent living service had higher educational and employment

outcomes than youth who did not receive any independent living services. This goes to show that

simple changes to the foster care system, such as offering more services, can help mitigate

possible long-term negative outcomes for children in the foster care system.

Discussion

This paper has demonstrated that children in the foster care system with disabilities face

an immense amount of barriers at a disproportionately higher rate than children in the foster care

system without disabilities and, in turn, the challenges these children face can lead to a plethora

of negative health and success outcomes that will affect the child into adulthood.

Implications for Future Research

There are few studies that are designed to specifically examine the needs and challenges of foster youth with disabilities, but the amount of research is insufficient. Furthermore, the areas where research is lacking the most for this population pertains to their transition to adulthood, effectiveness of current physical and mental assessments, exploring new more detailed assessment measures, effectiveness and efficacy of the services offered during a child's time in foster care, foster parent preparedness and long-term outcomes. As a whole there is an abundant body of research on the areas mentioned above for the overall population of children in foster care, the overall population of children that have been maltreated and the overall population of children with disabilities; however, the problem is the lack of research for children who hold all of these identities. It is inherent that this body of research grows to focus on better understanding the challenges faced by children that identify as a child who is part of the foster care system and also has a disability. Without this specific body of research it is challenging to advocate for or institute equitable changes that meet the needs of all children in the foster care system. The responsibility of increasing this body of research is not to be put on one or even a few people. Instead, it is the responsibility of the foster care system as a whole, children's rights organizations, psychologists, pediatricians, parents, and students such as myself to advocate for and begin the process of creating a more substantial body of research.

Future Directions

The intention of this paper is to raise awareness of the problems in the foster care system that children with disabilities face on a day-to-day basis. However, raising awareness of an issue isn't sufficient unless meaningful ways to make a change are also addressed. New policies and

services need to be put in place in order to create the best quality of life and opportunities for a successful future for children in foster care with disabilities. Below, I will provide a few recommendations that can be implemented to improve the foster care system for children with disabilities. However, it is important to keep in mind that there are an abundance of changes that need to be made to equitably address the disparities faced by these children and not all will be discussed below.

The first suggestion I have is to implement country-wide timely and effective physical, mental and developmental assessments and evaluations of all children entering the foster care system. Immediately – such as within the first 24 to 48 hours – of when a child becomes part of the foster care system, there should be a health screening that focuses on mental, physical and developmental health of the child. In addition, this health screening should be the same for all children entering the United States foster care system regardless of the state they reside in. This would allow for more efficient and timely identification of disability and, in general, would allow for better data collection on children in foster care. This initial health screening would only be the first step of the assessment process. To fully understand a child one must understand their past. So, next a more complete and comprehensive assessment of the child would come, which would focus on all past experiences, services, and hardships. From there, I would recommend continued yearly screening of the child's physical and mental health. This assessment process would help all foster children, but, specifically, it would help foster children with disabilities.

This process would lead to better identification of disability in the foster care system, which in turn could lead to better healthcare and transition service offered that specifically cater to the needs of children with disabilities. It would also give foster parents more knowledge about

their foster child's physical and mental health as well as a better understanding of the past

traumas the child has faced. This, in conjunction with increased training, would allow foster

parents of children with disabilities to be better advocates, supporters, and caregivers. In order

for this new assessment system to be created, understood and then implemented it requires

increased federal funding to state foster care programs that would allow for all social workers to

be trained to give these assessments to children. Overall, better identification of physical, mental

and developmental challenges faced by children in the foster care system is crucial to ensuring a

happy, healthy, safe and prosperous life during a child's time in the foster care system and after.

Another important change is to create a country-wide training program for foster parents

and child welfare professionals that is more inclusive and comprehensive of factors pertaining to

children with disabilities. As shown in sections above, a major area where the foster system is

lacking is properly training professionals and foster parents about services available for children

with disabilities and how to be the best support system or caregiver. A training program that

incorporates educating foster parents on fostering a child with disabilities – regardless of whether

or not they plan to foster a child with disabilities – will guarantee that even in the case of

emergency placements, all foster parents will be prepared. This has the potential to result in

fewer home placements for foster children with disabilities, which in turn leads to better overall

outcomes for services.

All child welfare professionals should also be trained specifically on working with a child

with disabilities. It is important that a caseworker knows all specialized services available in

order to ensure that the child is offered all the services they need. When a caseworker is more

knowledgeable of the services a child will receive them in a more timely manner, which will be beneficial to them in the long run.

Effective assessments and evaluations and better training programs are just two possible policy changes that need to occur in the foster care system. However, the system – for all children, with or without disabilities – needs constant adjustments and changes to ensure the best services, care and support are offered.

Conclusion

The foster care system's mission is to protect children from dangerous or unhealthy situations at home and enhance the likelihood that all children grow up in a home that promotes safety, health and love throughout crucial periods of development. As with any system the design is imperfect. Specifically, this paper addressed the ways that the foster care system fails to equitably address the needs of children with disabilities. All children in the foster care system face unimaginable challenges and barriers. However, this paper honed in on the barriers to a happy, healthy and safe life that children in foster care with disabilities face at a higher rate than children in foster care without disabilities, namely lack of proper disability identification, ineffective or lack of transition services, educational challenges, and underprepared foster parents. It went on to discuss how the challenges for children in foster care with and without disabilities don't stop once their time in foster care is over, instead they can continue on long into their adult lives. In adulthood people who were once in foster care, but even more so for people who also have a disability, have a higher suicide risk, higher chance of experiencing the negative outcomes associated with toxic stress and insecure attachment, and a harder time obtaining higher education or stable employment. The goal of this literature review was to increase

awareness on the daily and lifetime struggles faced by children with disabilities in the foster care

system that are often ignored or neglected. From here it should be the mission of foster care

system professionals, educators, medical professionals, researchers, parents, students and anyone

who cares about the well-being of children to continue this advocacy, research and education so

that changes can be made to equitably address the lives of all children in foster care.

References

American Academy of Pediatrics. (2013). Helping foster and adoptive families cope with

    trauma: A guide for pediatricians. Retrieved from https://www.aap.org/en-us/advocacy-

    and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Trauma-

    Guide.aspx#foster

Aurora. (2018). #NationalFosterCareMonth: Why Children End Up in Foster Care. Retrieved

    from https://www.afamilyforeverychild.org/nationalfostercaremonth-why-children-end-

    up-in-foster-care/

Babbel, S. (2012). The foster care system and its victims: Part 2. Retrieved December 26th,

    2019 from, https://www.psychologytoday.com/us/blog/somatic-psychology/201201/the-

    foster-care-system-and-its-victims-part-

Bhandari, S. (2018). Benefits of occupational therapy for autism. Retrieved from

    https://www.webmd.com/brain/autism/benefits-of-occupational-therapy-for-autism

Biehal, N. (2014). Maltreatment in foster care: A review of the evidence. *Child Abuse Review*,

    23(1), 48-60.

Brown, J. & Rodgers, S. (2009). Children with disabilities: Problems faced by foster parents.

    Children and Youth Services Review, *31*(1), 40-46.

Center for Parenting & Research. (2006). The importance of attachment in the lives of foster

    children: Key messages from research. *NSW Department of Community Services*.

    Retrieved from https://earlytraumagrief.anu.edu.au/files/research_attachment.pdf

Centers for Disease Control and Prevention. (2019). Facts about Developmental Disabilities.

    Retrieved from https://www.cdc.gov/ncbddd/developmentaldisabilities/facts.html

Centers for Disease Control and Prevention. (2019b). Data and Statistics on Children's Mental

    Health. Retrieved from https://www.cdc.gov/childrensmentalhealth/data.html

Centers for Disease Control and Prevention. (2019c). About Adverse Childhood Experiences.

    Retrieved from

    https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html

Cheatham, L., Randolph, K. & Boltz, L. (2020). Youth with disabilities transitioning from

    foster care: Examining prevalence and predicting outcomes. *Children and Youth Services*

    Review, 110. https://doi.org/10.1016/j.childyouth.2020.104777

Children's Rights & United Cerebral Palsy (2006). Forgotten children: A case for action for

    children and youth with disabilities in foster care. *A Project of United Cerebral Palsy and*

    Children's Rights, 1-11. Retrieved from http://www.childrensrights.org/wp-

    content/uploads/2008/06/forgotten_children_children_with_disabilities_in_foster_care_2

    006.pdf

Child Trends. (2017). Supporting youth in foster care: Research-based policy recommendations

    for executive and legislative officials in 2017. Retrieved from

    https://www.childtrends.org/publications/supporting-youth-foster-care-research-based-

    policy-recommendations-executive-legislative-officials-2017

Child Welfare Information Gateway. (2019). *Foster care statistics 2017.* Washington, DC: U.S.

    Department of Health and Human Services, Children's Bureau. Retrieved from

    https://www.childwelfare.gov/pubPDFs/foster.pdf

Committee on Early Childhood, Adoption and Dependent Care. (2000). Developmental issues

    for young children in foster care. *Pediatrics*, *106*(5), 1145-1150. DOI:

    https://doi.org/10.1542/peds.106.5.1145

Coyle, S. (2014). Children with intellectual disabilities in foster care. *Social Work Today*, *14*(6), 22.

FindLaw. (2018). Foster care funding and federal programs. Retrieved from https://family.findlaw.com/foster-care/foster-care-funding-and-federal-programs.html

Forkey, H., Morgan, W., Schwartz, K. & Sagor, L. (2016). Outpatient clinic identification of trauma symptoms in children in foster care. *Journal of Child & Family Studies*, *25*, 1480-1487. DOI 10.1007/s10826-015-0331-3

Geenen, S. & Powers, L. (2006a). Transition planning for foster youth. *Journal for Vocational Special Needs Education, 28*(2), 4–15.

Geenen, S. & Powers L. (2006b). Are we ignoring youths with disabilities in foster care? An examination of their school performance. *Social Work*, *51*(3), 233-241. http://dx.doi.org.proxy006.nclive.org/sw/51.3.233

Georgia Division of Family and Children Services. (n.d.). Secure vs insecure attachment. *Better Brains for Babies*. Retrieved from http://www.bbbgeorgia.org/attachSecure.php.

Giardino, A., Hudson, K., & Marsh, J. (2003). Providing medical evaluations for possible child maltreatment to children with special health care needs. *Child Abuse & Neglect*, *27*(10), 1179- 1186.

Goodman, J., Hazelkorn, M., Bucholz, J., Duffy, M. & Kitta, Y. (2011). Inclusion and graduation rates: What are the outcomes? *Journal of Disability Policy Studies*, *21*(4), 241-252.

Harwick, R., Unruh, D., Lindstrom, L. (2020). Transition to adulthood for youth with disabilities who experienced foster care: An ecological approach. *Child Abuse & Neglect*, *99*, 1-10.

Hill, K., Lightfoot, E., & Kimball, E. (2010). Foster care transition services for youth with

      disabilities: Findings from a survey of county service providers. *Child Welfare*, *89*(6), 63-

      81.

Jenkinson, C. (2019). Quality of life. Retrieved from https://www.britannica.com/topic/quality-

      of-life

Johnson, R. (2019). The state of research on undergraduate youth formerly in foster care: A

      Systematic review of the literature. *Journal of Diversity in Higher Education*.

      http://dx.doi.org/10.1037/dhe0000150

Kerns, K. & Brumariu, L. (2014). Is insecure parent-child attachment a risk factor for the

      development of anxiety in childhood or adolescence? *Child Development Perspective*,

      8(1), 12-17. https://dx.doi.org/10.1111%2Fcdep.12054

Leslie, L., Hurlburt, M., Landsverk, J., Rolls, J., Wood, P. & Kelleher, K. (2003).

      Comprehensive assessments for children entering foster care: A national perspective.

      Pediatrics, *112*(1), 134-142.

Ludi, E., Ballard, E., Greenbaum, R., Pao, M., Bridge, J., Reynolds, W. & Horowitz, L. (2013).

      Suicide risk in youth with intellectual disability: The challenges of screening. *Journal of*

      Developmental Behavioral Pediatrics, *33*(5), 431-440.

Mahadevan, L. (2019). Planning for children with special needs: Factors related to suicide.

      Military Families Learning Network. Retrieved from

      https://militaryfamilieslearningnetwork.org/2019/09/23/planning-for-children-with-

      special-needs-factors-related-to-suicide/

McFarland, J., Hussar, B., Zhang, J., Wang, X., Wang, K., Hein, S., … Barmer, A. (2019).

      Preprimary, elementary, and secondary education: Children and youth with disabilities.

The Condition of Education. Retrieved from

https://nces.ed.gov/programs/coe/indicator_cgg.asp

National Council on Disability. (2008). *Youth with disabilities in the foster care system: Barriers*

to success and proposed policy solutions. Washington, D.C.: National Council on

Disability.

Quiroga, M. & Hamilton-Giachritsis, C. (2016). Attachment styles of children living in

alternative care: A systematic review of the literature. *Child Youth Care Forum*, *45*, 625-

653.

Richards, G. (2014). "Aging Out" gracefully: Housing and helping youth transition smoothly

out of the foster care system. *Journal of Housing & Community Development*, 18-21.

Roberts, B. (2019). Caring for patients with adverse childhood experiences. *Radiologic*

Technology, *91*(2), 141-159.

Stanley, S. (2012). Children with disabilities in foster care: The role of the school social worker

in the context of special education. *Children and Schools*, *34*(3), 190-192.

Stewart, S., Leschied, A., Dunnen, W., Zalmanowitz, S. & Baiden, P. (2013). Treating mental

health disorders for children in child welfare care: Evaluating the outcome literature.

Child Youth Care Forum, *42*, 131-154. DOI 10.1007/s10566-012-9192-8

Thompson, M., Kingree, J., & Lamis, D. (2018). Associations of adverse childhood experiences

and suicidal behaviors in adulthood in a U.S. nationally representative sample. *Child:*

Care, Health, and Development,45(1), 121-128.

Turney, K. & Wildeman, C. (2017). Adverse childhood experiences among children placed in

and adopted from foster care: Evidence from a nationally representative survey. *Child*

Abuse & Neglect, 64, 117-129.

U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2019). *Child Maltreatment 2017*. Available from https://www.acf.hhs.gov/cb/research-data-technology/ statistics-research/child-maltreatment

Waldman, B., Schwartz, A., Perlman, S. & Larsen, C. (2020). Raising children with disabilities… Now add adverse childhood experiences. *American Academy of Developmental Medicine & Dentistry*, 18-21.

Wang, Y., Sun, J., Lin, P., Zhang, H., Mu, G., & Cao, F. (2019). Suicidality among young adults: Unique and cumulative roles of 14 different adverse childhood experiences. Child Abuse & Neglect, 98, 1-9.

Wilson-Ali, N., Barratt-Pugh, C. & Kanus, M. (2019). Multiple perspectives on attachment theory: Investigating educators' knowledge and understanding. *Australian Journal of Early Childhood*, *44*(3), 215-229. DOI: 10.1177/1836939119855214

Zetlin, A. (2006). The experiences of foster children and youth in special education. *Journal of Intellectual & Developmental Disability, 31,* 161-16SEP5

Appendix

Proposed Mandatory Training Program for all Prospective Foster Parents

Expecting the Unexpected: Fostering a Child with a Disability

Proposed Mandatory Training Program for all Prospective Foster Parents

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Main Goal:

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To create a multifaceted and detailed training program and education resource on how to properly advocate, support, and care for a foster child with a disability that is easy to access for all foster parents

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Agenda...

1. Why This Training is Necessary
2. Importance of Language
3. Prevalence of Disability in the Foster Care System
4. Overview of the Most Prevalent Childhood Disabilities
5. How to be the #1 Advocate
6. Finding and Requesting Services
7. Volunteering to Foster a Child With a Disability
8. Questions

Disclaimer

- This is only a baseline resource
- In the end you should have a good base of knowledge on types of disabilities and where to access resources to learn more
- Extra steps will need to be taken to further your knowledge
- This program will provide the extra resources and steps you can and should utilize if you one day foster a child with a disability

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Why is this training necessary?

1. Lack of sufficient disability identification in the foster care system leads to many children being placed with caregivers that have no prior training or preparation for having a child with a disability (Children's Right & United Cerebral Palsy, 2006).

1. A lack of preparedness increases the likelihood that children will receive inadequate health, education and transition services which hinders their ability to grow and thrive (Coyle, 2014).

A Note On Language: Person First

- To recognize people as just that: a person
- "Very important to use in order to maintain an environment of dignity, respect and hope" (Laguna Shores, 2019)
- Takes the stigma away from having a disability or disease and eliminates stereotypes
- Helps children gain self-confidence and recognize their abilities

(Texas Council for Developmental Disabilities, n.d.)

Practice!

Incorrect Usage	People First Language
The handicapped, special needs, challenged, disabled person	Instead say…
The wheelchair bound girl	Instead say…
The mentally ill, the emotionally disturbed, demented, or psycho person	Instead say…
Downs Persons	Instead say…
Mentally retarded	Instead say…

Practice Review

Incorrect Usage	People First Language
The handicapped, special needs, challenged, disabled person	People or individuals with a disability
The wheelchair bound girl	Sarah, who uses a wheelchair
The mentally ill, the emotionally disturbed, demented, or psycho person	A person / people with a mental illness
Downs Persons	A person who has Down syndrome or a person with Down syndrome
Mentally retarded	A person with an intellectual or cognitive disability

Prevalence of Disabilities in the Foster Care System

- In the United States there are approximately 443,000 children in foster care (Child Welfare Information Gateway, 2019)
- Approximately 30% of children in foster care are documented to have a mental, physical or developmental disability (Children's rights & United Cerebral Palsy, 2006)
- Comparatively, out of all youth ages 6 to 14 in the U.S., approximately 13% are documented to have at least one disability (National Council on Disability, 2008)

Disability Diagnoses to be Knowledgeable About:

- ADHD and ADD
- Asperger Syndrome
- Autism Spectrum Disorder
- Celiac Disease
- Cerebral Palsy
- Developmental Delays
- Down Syndrome
- Epilepsy
- Behavioral Disorder
- Depression
- Anxiety
- PTSD

(Care.com, n.d.)

How many of you feel confident about your knowledge on 1 or more of these disabilities?

How many of you have experience caring for a child with a disability?

Developmental Disabilities

Examples of Specific Conditions:

- Autism
- ADHD
- Cerebral Palsy
- Intellectual Disability
- Learning Disorders
- Language and Speech Disorder

- Group of conditions that result from an impairment in physical, language, learning or behavior areas
- Occur any time during the developmental period and usually persist throughout a person's life
- Developmental milestones are useful indicators, but it is important to remember all children develop at a different pace

(Centers for Disease Control and Prevention (CDC), 2019a)

Example of Milestone Checklist

*A link to the Center for Disease Control's (CDC) developmental checklists up to the age of 5 will be provided on the next slide

Other Helpful Resources

Click title to be taken directly to resource

- Facts about Developmental Disabilities from the CDC
- Free Materials on Developmental Disabilities
- The Developmental Disabilities Act
- American Academy of Pediatrics
- CDC Developmental Milestone Checklists
- Early Intervention for Babies and Toddlers

What is Autism Spectrum Disorder (ASD)?

- Developmental disability
- Not one single disorder, instead it is a spectrum of disorders that share similar categories of symptoms
- Can cause significant social, communication and behavioral challenges or deficits
- Diagnoses by age 2 are considered highly reliable
- Many resources and services available to help a child with autism thrive, but each child will require unique supports

(CDC, 2019b; Smith, Segal, & Hutman, 2019)

Autism Spectrum Disorder

High Functioning Autism
Requiring support; Difficulty initiating social interactions; Inflexibility of behavior; Difficulty switching activities; Problems with organization.

Autism
Requiring substantial support; Marked deficits with social interactions; Inflexibility of behavior; Difficulty or distress coping with change; Repetitive behaviors.

Severe Autism
Requiring very substantial support; Severe deficits with social interactions & communication; Inflexibility of behavior; Extreme difficulty or distress coping with change; Repetitive behaviors interfere with functioning.

Other Helpful Resources

- What is Autism Spectrum Disorder? CDC
- State Specific Autism Resources
- Top Autism Organizations and Web Resources
- Family Resources for Autism Spectrum Disorder
- Autism Wandering Awareness Alerts Response Education

What is Down Syndrome?

- Condition in which a person has an extra copy of their 21st chromosome
- This extra chromosome changes how the baby's body and brain to develop during pregnancy
- These changes can lead to both physical and mental developmental differences
- Lifelong condition, but many services can help improve a child's physical and cognitive abilities

(CDC, 2019c)

Other Helpful Resources

Facts about Down Syndrome CDC

Center for Parent Information & Resources: Down Syndrome

National Association For Down Syndrome: Parent Support Program

National Down Syndrome Congress: Programs & Resources

National Down Syndrome Society: Finding Support

What are Behavioral Disorders?

Oppositional Defiant Disorder (ODD)

- Acting out persistently in a way that causes serious disturbances at home, school, or with peers
- ODD can start before age of 8 but no later than 12
- Common Behaviors:
  - Losing temper easily
  - Arguing with adults or refusing to comply with rules or requests
  - Deliberately annoying others

Conduct Disorder (CD)

- When children show an ongoing pattern of aggression towards others and consistently violate rules
- Rule violations often involve breaking the law
- Children with CD are more likely to get injured
- Can cause harm to others such as bullying, fighting or being cruel to animals

(CDC, 2020d)

Other Helpful Resources

Behavior or Conduct Problems in Children CDC

Planning for a School Meeting About Your Child's Behavior

Oppositional Defiant Disorder (ODD)

Behavior at Home: Resources for Parents or Caregivers

Conduct Disorder (CD)

Behavior Assessment, Plans, and Positive Supports

Mental Health Disorders

Examples of Specific Conditions:

- Anxiety
- Depression
- ADHD
- Obsessive-Compulsive Disorder (OCD)
- Post-traumatic Stress Disorder (PTSD)

(CDC, 2020e)

- Mental disorders in children consist of serious changes in the way the child handles their emotions, behaves or learns
- This significantly causes the child distress and problems getting through each day
- Specifically these problems are diagnosed as a mental disorder when they are severe, persistent and interfere with the child's daily activities
- Most commonly diagnosed in children: ADHD and Anxiety
- Childhood mental disorders are manageable and treatable when taken seriously and effective resources, such as a therapist, are utilized

(CDC, 2020f)

Other Helpful Resources

Anxiety and Depression in Children

Psychologist Locator

Obsessive Compulsive Disorder

Child and Adolescent Psychologist Finder

Post-traumatic Stress Disorder

MentalHealth.gov

How to be the #1 Advocate for the Child You're Fostering

What does it mean to you to be an "advocate" for a child in your care?

Tips on Finding & Requesting Services

- Know your rights as a foster parent (Foster Parent's Bill of Rights)
- Know the rights children in the foster care system have (Foster Children's Bill of Rights)
- Build a relationship with your child's caseworker
- Work closely with your child's school to make sure they are receiving the proper educational services they need
- Remember that services are necessary beyond just making sure a child in your care is physically healthy

Click on each statement to find out more information

Even More Helpful Resources

Health Issues and Needs in the Foster Care System

Advocacy Initiatives for the Foster Care System

Health Insurance After Foster Care

Foster Care Transition Toolkit

Requirements for Health Screenings in the Foster Care System

How To Work With Your Foster Child's Social Worker

Volunteering to Foster a Child With a Disability

What is a Therapeutic Foster Home?
- Also known as treatment foster care (TFC)
- A specialized home placement for a child with a disability
- Foster parents receive additional training (state by state requirements), services and supports to be considered a therapeutic foster home
- This training better equips foster parents to care for, support, and nurture a child with a disability

Why should I become a Therapeutic Foster Parent?
- Change the lives of children who are frequently left behind by the system
- More children with disabilities in the foster care system than there are therapeutic foster homes

For more detailed information on TFC click here.

(Child Welfare Information Gateway, n.d.; Children's Home Society of NC, n.d.)

Key Differences Between Standard Foster Care & TFC

Exhibit 1.   Distinctions Between Standard Foster Care and TFC (continued)

(US Department of Health and Human Services, 2018)

Questions?

For further questions pertaining to the information in this training please reach out at *insert email here*

References

Care.com. (n.d.). Caregiver guide for special needs. Retrieved from https://www.care.com/special-needs-caregiver-guide-special-needs-p1166.html

CDC. (2019a). Facts about developmental disabilities. Retrieved from https://www.cdc.gov/ncbddd/developmentaldisabilities/facts.html

CDC. (2019b). What is autism spectrum disorder? Retrieved from https://www.cdc.gov/ncbddd/autism/facts.html

CDC. (2019c). Facts about down syndrome. Retrieved from https://www.cdc.gov/ncbddd/birthdefects/downsyndrome.html

CDC. (2020d). Behavior or conduct problems in children. Retrieved from https://www.cdc.gov/childrensmentalhealth/behavior.html

CDC. (2020e). Children's Mental Health Disorders. Retrieved from https://www.cdc.gov/childrensmentalhealth/symptoms.html

CDC. (2020f). What are childhood mental disorders? Retrieved from https://www.cdc.gov/childrensmentalhealth/basics.html

Child Welfare Information Gateway. (2019). *Foster care statistics 2017.* Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from https://www.childwelfare.gov/pubPDFs/foster.pdf

Children's Home Society of North Carolina. (n.d.). Therapeutic foster care. https://www.chsnc.org/adoption-and-foster-care/foster-care/therapeutic-foster-care

Children's Rights & United Cerebral Palsy (2006). Forgotten children: A case for action for children and youth with disabilities in foster care. *A Project of United Cerebral Palsy and Children's Rights,* 1-11. Retrieved from http://www.childrensrights.org/wp-content/uploads/2008/06/forgotten_children_children_with_disabilities_in_foster_care_2006.pdf

Coyle, S. (2014). Children with intellectual disabilities in foster care. *Social Work Today, 14*(6), 22.

Laguna Shores. (2019). What is person first language? (And why is it important). Retrieved from https://lagunashoresrecovery.com/addiction-resources/what-is-person-first-language/

National Council on Disability. (2008). *Youth with disabilities in the foster care system: Barriers to success and proposed policy solutions.* Washington, D.C.: National Council on Disability.

Smith, M., Segal, J. & Hutman, T. (2019). Autism spectrum disorders. Retrieved from https://www.helpguide.org/articles/autism-learning-disabilities/autism-spectrum-disorders.htm

Texas Council for Developmental Disabilities. (n.d.). People first language. Retrieved from https://tcdd.texas.gov/resources/people-first-language/.

U.S. Department of Health and Human Services. (2018). State practices in treatment/therapeutic foster care. Retrieved from https://aspe.hhs.gov/system/files/pdf/259121/TREATMENTFOSTERCARE.pdf