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### **Children with Disabilities in the Foster Care System**

Children in the foster care system are difficult to track due to the constant flow of children entering and leaving the system. Another difficulty of reporting the number of children with disabilities is the lack of recognition of a disability. For many children, mental disabilities are not known until early to mid-adolescents. Children with physical and mental disabilities in the foster care system are no exception with limited data existing on the subject. What is known about children with disabilities in the foster care system is their strong correlation to physical, medical, and emotional neglect; also, physical, sexual, and emotional abuse (Slayter, 2016).

### **Maltreatment**

In general, children in the welfare system are more likely to be susceptible to neglect. 75% of reported incidences in the child welfare system are neglect, 17% are physical abuse, and 8.3% of reported incidences are sexual abuse. Having a disability in the welfare system is a risk factor in and of itself. Prior to even entering foster care, children with disabilities already have experienced more than 14 different environmental, social, biological and psychological risk factors. Overall, children with disabilities are less safe, and more likely to be maltreated (Forgotten Children, 2008).

### **Neglect**

Neglect is the most prevalent form of maltreatment for children with and without disabilities in the foster care system. However, children with disabilities are 3.76 times more likely to be victims of neglect than children without disabilities (Sullivan & Knutson, 2000). As previously stated, children can be neglected physically, medically, and emotionally (Slayter, 2016). Factors such as family stressors and poor school attendance are influenced by neglect. Children with

behavior disabilities are the most likely to be neglected physically and emotionally (Sullivan & Knutson, 2000).

### **Abuse**

For a child with disabilities in the foster care system abuse is even more likely to happen than to happen to children without disabilities. Children with disabilities who are abused tend to have guardians who take advantage of the child's physical or mental handicap. Children with disabilities often cannot advocate for themselves and certain forms of abuse are unnoticed because they cannot be seen. Physical abuse is more apparent on a child and is less likely to happen compared to emotional abuse. A study in 2009 using vignettes found that CPS investigators were more empathetic to abusive guardians of children with disabilities, specifically mental disabilities, because the children were stated to have characteristics that contribute or provoke abuse (Helton & Bruhn, 2013).

### **Risk Factors**

Several factors can play a role in children with disabilities suffering from neglect and abuse. The foster care system itself can be a risk factor for a child. The type of disability a child has can also be more of a risk factor than others. The most common type of disability among children who are maltreated are children with emotional disturbance, and children with intellectual and developmental disabilities at a close second. The factors that put children with disabilities at risk are factors they cannot control (Lightfoot, Hill, & LiLiberte, 2011).

### **Ethnicity**

According to the Adoption and Foster Care Analysis and Reporting System (AFCARS) data from 2017: 23% of the children in foster care are African American, 21% are Hispanic, 44% are white, and 7% are two or more races (p. 2). African American children in the foster care system

are more prone to being disabled due to risk factors they faced prior to entering the system. Some of those risk factors are child abuse which is strongly linked to the guardian's substance abuse, drug use, and poverty. Children of color in the welfare system are also at risk of facing neglect and abuse in relation to racial discrimination in their foster homes (Harvey, Loughney, & Moore, 2002).

### **Health**

Children with disabilities are more likely to have health issues psychosocially, mentally, and physically. Early studies reported that 35% of children in the foster care system suffered marked-to-severe impairment. Children in foster care suffer from emotional problems and the foster care system lacks to provide the resources, such as seeing a psychiatrist. Cognitive delays are also prominent in children in foster care. A study in the 90's of children in foster care showed that 33% of those children were identified as mentally delayed, although the term mentally delayed is vague in the study it most likely means children with mental disabilities. Physical disabilities are another health risk that children with disabilities in the foster care system face. Children with mental disabilities tend to have physical disabilities as well. Another study of foster care children in 1994 stated that upon having the children clinically examined 26% of those children had at least one medical problem. A study by Blatt and Simms (1997) found that foster children are three to seven times more likely to have a chronic health condition than that of other children living in poverty (Bruhn, 2003).

### **Age**

Approximately 29,000 young adults age out of the foster care system every year with an estimated high amount of those youth having a disability diagnosis. Children with disabilities constantly struggle with being adopted with many living out their childhood and teenage years in

the foster care system until they age out. Between the ages of 18 to 21 youth will age out of the system, and children with disabilities are no exception. Youth with special needs who age out of the foster care system are more likely to be unemployed, more likely to be homeless or impoverished, and less likely to pursue a higher education. In the foster care and education system there is a lack of transitional preparation for aging out of the foster care system creating more opportunities for negative outcomes in the youth's adult lives (Older Youth, 2013).

### **Gender**

Gender is one of the largest factors that play into the type of neglect and abuse a child with disabilities in the foster care system will face. Females with disabilities are more likely to be victims of sexual abuse while males with disabilities are more likely to be victims of physical abuse. Males are also more likely to be physically neglected and females are more likely to be emotionally neglected. Gender is also an influence on the perpetrator groupings by type of maltreatment. Females are responsible for 67.4% of the maltreatment committed on children with disabilities by immediate family members while males account for 59.8% of the extended family and 88.5% of the extrafamilial maltreatment in relation to sexual abuse (Sullivan & Knutson, 2000).

### **Care**

Children with special needs in the foster care system will have some type of medical need due to a mental or physical disability, sometimes having both. It is crucial to make sure a child is receiving medical treatment such as going to regular check-ups or routinely meeting with a counselor. Unfortunately, children in the welfare system are not always taken care of regarding medical needs. While physical disabilities seem more prominent because they are visible in the child, mental disabilities often go untreated. Many children in the welfare system have a chronic

illness that needs to be treated daily with one study estimating that one in every two children in foster care have a chronic illness. Having a chronic illness also can cause serious emotional problems and behavior problems. When a chronic illness goes untreated so might many other unseen conditions (Pecora, Jackson, Jensen, Romanelli, & Ortiz, 2009).

### **Respite**

Respite care is short-term child care service or temporary relief to a family or primary caregiver (similar to having a babysitter but requires more training). Respite care is usually related to children with disabilities but can apply to any child in the welfare system. Respite is an important part of the successful continuum of foster care and adoption services. Respite care is important to children with disabilities in the welfare system because it prevents the caregivers from becoming fatigued. Families of children with special needs in the welfare system can ask for respite care to be provided for a free or reduced cost, however, many families who request care struggle to find access to it. One study examined 28 families who expressed the need for respite care while only 49% of those families received access to the service (Madden, Chanmugam, Mcroy, Kaufman, Ayers-Lopez, Boo, & Ledesma, 2016).

### **Education**

Sans disabilities, children in foster care are more likely than their peers to experience academic and behavioral issues in school and drop out before graduating. Children in foster care also score 15-20% lower on statewide achievement tests than their peers, and have twice the rate of trancies, disciplinary referrals, and being held back a year. Similarly, children with disabilities in foster care struggle with education and opportunities to succeed within the school system. Children with disabilities face even more obstacles in the education system than their peers without disabilities in foster care. Children with mental and emotional disabilities not only

struggle academically, but also struggle socially often put in special education classrooms receiving a more restrictive education environment (Zetlin, 2006).

Individualized Education Programs (IEP for short) are a crucial part to a child with disabilities education and development. IEP management becomes difficult for children with disabilities in foster care. Schools are often not informed that a student is in foster care and are unaware if the child's guardian of origin has had their education rights retained or limited by the state. It becomes difficult to amend or update a child's IEP when they are in foster care because of the inconsistency with guardianship and the constant movement of the child from different schools. Often foster parents and caregivers can experience frustration about the lack of information they are provided on special education and a child's IEP. A caretaker is important to the IEP process and meetings because they have the ability advocate for their foster child (Zetlin, 2006).

### **Adoption**

A difficulty that children with disabilities in the foster care system are faced with is the likelihood of adoption and the inevitable time when they will age out of the foster care system if not adopted. One study of 5,830 adults registered with province-wide adoption agency found that 43% to 60% of the adults indicated they would be willing to adopt a child with disabilities and the percentage of those adults decreased when the child was more specifically classified as "mild" to "moderate" to "severe" disabilities (Burge, Burke, Meiklejohn, & Groll, 2016). State welfare systems main goal is to reunify children with their families of origin but is not always possible. If reasonable efforts fail to reunify children with their families of origin the next goal is to find a family that will adopt. Children with disabilities allow an adopted family to be eligible

for adoption assistance payments which is a positive characteristic that supports the adoption of these children (Provincher, Kahn, & Hansen, 2016).

There is a need for better preparation of families that adopt children with disabilities. Between 10% to 16% of adoptions of children with disabilities end in dissolution within five years causing emotional stress on the child and increasing their chances of aging out of the system. As the number of years a child with disabilities spends with their adopted family increases so do the problems suggesting that adoption is not always final for children with disabilities. Parents with adopted children with disabilities need a continuum of support postadoption in order to prevent the children from entering back into the foster care system (Hill & Moore, 2015). 90% of adopted families expressed their two greatest sources of anxiety were concerns about the future of their child and getting the support they need for their child. Respite, self-help parent groups, therapy, and access to the child's developmental background are just some of the services that are helpful, but not easily accessible, to adopting parents postadoption. The adoption agency parents choose to adopt through helps determine the resources parents and families will have access to (Haugaard, Moed, & West, 2000).

### **Self Interest**

I chose to write my research paper on children with disabilities in the foster care system because I have always had an interest in children with disabilities and I wanted to dive deeper into this specific group of children with disabilities. When I look for information on children with disabilities in the foster care system, I always feel that there is such a lack of information. Every article I have read about the foster care and welfare system might mention disabilities, but I never find a large grouping of information on the topic. I feel that many children in the foster care system are not accounted for and forgotten about, children with disabilities making up a

large portion of those children. All children are vulnerable, and I have always had a strong desire to work closely with and better understand children with disabilities who are more vulnerable than most. I wanted to gather all the small bits of research I was finding here and there and put the information in one place. I hope that this gathering of information will be beneficial to myself in the future should I choose to work with children with disabilities in foster care.

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