

Position Statement on Quality Foster Care Services Continuum for Deaf Children

The purpose of this Position Statement is to underscore the importance and need for quality foster care services for children who are deaf.¹ This includes effective communication, awareness of cultural issues, and best practices in the delivery of foster care services to this unique population.

The National Association of the Deaf (NAD) recognizes that foster care placement is an essential service for children who are abused and neglected. Foster care for deaf children entails a comprehensive approach that addresses their physical, cognitive, socio-emotional, cultural, language and communication needs within a supportive family setting until the family can be reunited or adoption can occur.

Like most children, deaf children who are abused, abandoned or removed from their families or caregivers may experience deep emotional scarring, uncontrollable anger, trust issues and attachment disorders. Compassionate, accessible and highly specialized services are needed for children who are deaf and for those who may also have other disabilities such as visual impairment or blindness, cognitive disabilities, learning disabilities, autism spectrum disorders, emotional disturbances, physical disabilities or a combination of several disabilities.

The NAD firmly believes that foster care providers and professionals must understand the language and cultural issues of these children in order to effectively address their unique needs. Such understanding is necessary to identify whether or not children who are deaf may be suffering from chronic depression, feelings of despair and hopelessness, suicide tendencies, and attraction to gangs, drugs, or other criminal activity that may result in homelessness, juvenile detention, jail, or prison (Vernon, 2010).

The NAD urges that foster care providers and professionals follow the below ten guidelines to provide an accessible and appropriate foster care placement for deaf children.

Guidelines for Foster Care Placement for Deaf Children

Referral agents and professionals involved with the placement and care of deaf children in foster care settings should consider these ten guidelines when selecting the appropriate foster care setting. The foster family needs to be:

1. Fluent in American Sign Language (ASL), the child's native language, and/or the communication method or methods used by the child to communicate.

¹ The term "deaf" is to be interpreted to include individuals who are hard of hearing, late deafened, and deaf-blind.

2. Foster Care providers must be familiar with the deaf community in the local area of the foster parent's home, and with social and developmental opportunities appropriate for the foster child. The foster care family needs to provide the child with opportunities to interact and socialize with age appropriate deaf peers and adult deaf role models.
3. Foster care providers must be knowledgeable of appropriate child developmental milestones and expectations for the specific child, taking into account those with other disabilities. Experts should be consulted to ensure the providers have such requisite knowledge and skills to address the particular needs of the child.
4. Foster care providers must be able to address other disabilities that may require extra resources, if the deaf child should have any.
5. Foster care providers must be knowledgeable about educational and community resources appropriate to the age of the child, ranging from parent-infant programs through special education, transition and vocational rehabilitation. Such resources include the National Association for the Deaf and state associations of the deaf.
6. Foster care providers must be willing and able to advocate for the child in school, medical settings, foster care proceedings and any other system in which the child is involved.
7. Foster care providers must be aware of and prepared to participate in family counseling to assist their foster child in transitioning/integrating to a new family and helping the new family to adapt to the foster child.
8. Foster care providers must be knowledgeable of state and federal laws regarding special education, including but not limited to the Individuals with Disabilities Education Act and local regulations, as they pertain to the education and rights of deaf children.
9. Foster care providers must be knowledgeable of the civil rights of individuals with disabilities, including the American with Disabilities Act and Section 504 of the Rehabilitation Act of 1973.
10. Foster care providers must be knowledgeable of and willing to provide assistive technology, including but not limited to telecommunications devices such as a videophone, internet access, closed captioning on television sets and visual alert systems (fire alarms, doorbells, phone signalers). Appropriate assistive hearing technology should also be available as well as any other necessary medical resources.

Attention to Risk Factors

Along with the 10 guidelines above, foster care providers and professionals must be attentive to the following potential risk factors:

- While precise statistics are not available on the number of deaf children currently in foster care, it has been reported that large numbers of children with disabilities and particularly those who are deaf experience high rates of sexual, physical and emotional abuse (Sullivan, 2003; Sullivan & Knutson, 2000).
- Foster deaf children are more likely to have poorer school attendance (Altshuler, 1997), higher prevalence of psychological disorders (Diaz et al., 2004), experiences of being socially isolated in mainstream schools (Gennen & Powers, 2006), and having a higher chance of grade level retention (Smithgall et al., 2004).
- Deaf children have fewer sources for reporting abuse and may be limited to signing staff members or even just a single sign language interpreter (Andrews, Shaw, & Lomas, 2011).
- The language deprivation that many deaf children experience, such as restricted access to language including ASL, can result in large conceptual and background knowledge gaps, lack of sexuality awareness and education, communication frustration, social isolation, academic difficulties, and relationship problems—all of which may manifest itself in depression, anti-social behaviors, drug and alcohol abuse and criminal behavior (Andrews, Shaw, & Lomas, 2011; Sebold, 2008).
- Deaf children who were victims of sexual abuse may become the victimizers and abuse younger children (Vernon & Miller, 2002). To ensure that this does not happen, it is important to provide appropriate therapy and mental health services with cultural and language access in accessible foster care to deaf children.

Cultural and Language Access in Foster Care

Cultural and linguistic access to services is essential for deaf children at all stages of the foster care system, from entry to exit points.

Reporting System. There must be a reporting system for abuse and neglect that is accessible to deaf children. Such a system might require text phone compatibility, e-mail access and videophone availability. While still required by law, TTY access is no longer sufficient as such technology is nearly obsolete and improved methods of access are now available.

Trained Caseworkers. Caseworkers who are fluent in ASL and knowledgeable about Deaf Culture are optimal, but not always available. However, all caseworkers must be trained in working with qualified sign language interpreters. They also must be culturally competent about the Deaf Community and be able to work with deaf children (Embry and Grossman, 2006).

Specialized Sign Language Interpreters. If a caseworker is not fluent in ASL, it is imperative that the caseworker work with a qualified sign language interpreter who is knowledgeable about the foster care system, Deaf Culture, and working with deaf children. The interpreter's role must not be expanded to different roles such as a consultant, a support staff for the deaf child, or making decisions that affect the child's life.

Deaf Agency Representatives. It is strongly encouraged that caseworkers consult with representatives from an organization or a state agency that serves deaf consumers including deaf children to better understand available resources and/or to serve deaf children.

Psychological and Language Assessments. Whenever a deaf child enters foster care, it is critical that qualified evaluators who are fluent in ASL are selected to administer appropriate cognitive, academic and behavioral assessments, including communication and language proficiency levels. Evaluations conducted by psychologists who are not fluent in ASL and not trained to work with deaf children may lead to misdiagnoses and inappropriate treatment interventions. Many deaf children with unaddressed socio-emotional needs in the family typically lack language proficiency in both sign language and English and are more vulnerable if they become involved with the juvenile detention or criminal justice system. In addition, any services the child receives in the public school system should be documented on their Individualized Education Program (IEP), which is a document that lists all special education services they receive at school. The IEP team or the referring party should work with schools and providers to determine if appropriate assessments have been conducted to avoid unnecessary testing.

Accessible placements across the residential continuum. Placement determinations should be based on what is accessible and appropriate for the deaf child, which includes the provision of language support services for kinship placement, accessible foster care homes and therapeutic foster care placements. Foster care settings must provide an environment which is both linguistically accessible and enhances language development. Many deaf children in foster care come from language deprived or language impoverished backgrounds. They need round-the-clock stimulation for language development, which is a pre-requisite for emotional healing. Consequently, caregivers must have language competency (i.e., proficient or fluent) in the language of the child, as demonstrated by an accepted measurement of ASL fluency (such as SLPI, ASLPI, etc.). It also requires the availability of accessible residential placements as outlined in the [NAD position paper on children's mental health services](#).

Access to mental health clinicians. Deaf children need access to mental health clinicians who are fluent in the language of the child and are trained to work with deaf children with or without other disabilities. Such clinicians should have an understanding of the specific impact of linguistic neglect, the higher rates of abuse and neglect in deaf children, and the increased potential for depression, anxiety, aggression, and attachment difficulties.

Attorneys and guardians ad litem. For the purpose of legal representation of deaf children, courts should appoint only attorneys and guardians that have received special training in the unique needs of deaf children and are able to communicate with the deaf children, preferably directly, or indirectly through trained qualified interpreters. Each state should develop a plan to recruit deaf and hearing people who are fluent in ASL to become guardians ad litem.

Participation in foster care hearings. Deaf children should attend the hearings, when clinically appropriate. The courts need to provide qualified interpreters so that the deaf child can

participate in the hearings and be given the opportunity to communicate directly with the judges in court or *in camera*.

Family reunification plans. Family reunification plans must include recognition of the deaf child's language and communication needs, and must ensure these needs are met within the context of family, school, and community life. Where reunification plans are not appropriate, permanency planning must similarly consider the language and communication needs of the child and seek permanent placements which are accessible and appropriate. Due to the many unique circumstances pointed out in this paper, providers of parent education programs should collaborate with deaf services agencies to deliver appropriate parent training that takes these unique circumstances into consideration.

Systemic Challenges and Services Needed Beyond Foster Care, Including Therapeutic Foster Care

Counties and municipal governments, especially those that are rural, are typically unable to address the unique needs of deaf children in foster care (Center for Public Policy Priorities, 2009). The NAD urges all states to develop appropriate protocols to address the needs of deaf children in foster care. The state should partner with appropriate individuals to develop the state plan, including deaf adults who have experienced foster care, deaf foster parents, hearing foster parents who are fluent in ASL and have experience with deaf children, and hearing professionals who are fluent ASL users. The plan should consider the development of a deaf case management unit as well as the identification of other service providers including mental health providers that can provide knowledgeable assistance.

Policy Development. The NAD recommends that state child welfare agencies work with their deaf services resources such as State Associations for the Deaf and local deaf organizations, where available and effective, to develop policies and procedures for case investigation, case management, and placement of deaf children. States should make significant efforts to recruit deaf and hearing adults who are proficient in ASL to become foster parents. State Associations of the Deaf and local deaf communities should be recruited to assist in locating and training potential deaf foster parents.

Tracking Children. State child welfare agencies should develop a system to track deaf children entering the foster system. Documents such as educational records, health and mental health records, among other key information do not always follow the child. These documents, including IEPs, can be a robust source of information for treatment providers.

Transition Services. Children who age-out of the foster care system are more likely to drop out of school, experience unemployment, receive public assistance, and experience homelessness. The NAD recommends that child welfare systems provide transition services tailored to meet the needs of deaf children who age-out of the system. This may include connecting the individual with vocational rehabilitation services, independent living centers, and other social services.

Mental Health Services. Because of the psychological and emotional trauma that deaf foster children experience when separated from their families especially due to language and communication needs, their cases should be assigned to mental health or county services providers who are skilled in ASL.

Residential Treatment Centers. Deaf children who have been abused often have behaviors that may require a higher level of care such as a therapeutic foster care. Therapeutic foster care includes appropriate in home placement settings, hospital and residential placements. The NAD recommends that specialized and culturally affirmative programs be identified and used to treat deaf children, including out-of-state placement when necessary.

Summary

Deaf children require foster care that is both linguistically and culturally accessible, including appropriate medical, psychological, educational and mental health services. This position paper is intended to provide a road map for all professionals and agents who work within the foster care system to ensure the appropriate provision of referral and care services to deaf children.

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