Position Statement on Best Practices regarding Foster Care services for families with a deaf member.

This Position Statement addresses the Foster Care services to families with a deaf member. This position statement provides an overview of a best practice approach that can be adapted to fit most communities from the initial contact to permanency planning stages.

The National Association of the Deaf recognizes that many state and local Child Welfare/Foster Care agencies are unfamiliar with the unique set of issues that arise when working with families with deaf members. The primary issue facing both parents and children who are deaf usually revolves around the need for equal access to communication throughout the entire process. Specifically, recognizing the language, communication requirements, and cultural needs of the Deaf Community has a tremendous impact on compliance and services provided. Having policies in place with accountability for Foster Care agencies and their providers, is critical to ensuring that deaf individuals receive equal treatment.

Foster care for deaf children requires 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 trauma, 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.

Children with hearing loss are considered a low-incidence disability population yet abuse among this population is up to 4 times that of children who are typically developing. The needs among this population are significant, but resources in communities across the nation are few. (1)

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. (2)

Where a member of the family is deaf, CPS is required to provide accessible and effective communication. Federal and state legislation including the Americans with Disabilities Act (b) and the Rehabilitation Act of 1973 (c) require state and local governments and private providers to ensure equal access to their programs and services, including effective communications and equal opportunities for deaf individuals.

Best Practices 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 best practices when selecting an appropriate foster care setting.

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

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.

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.

Foster care providers must be able to address any of the child's other disabilities that may require extra resources.

Foster care providers must be knowledgeable about educational and community resources appropriate to the age of the child, ranging from Part C early intervention services, 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 and local deaf schools.

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.

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.

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.

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.

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 Best Practices above, Foster Care providers and professionals must be attentive to the following potential risk factors:

Understanding trauma is an important piece to the resilience puzzle. Deaf individuals are nearly twice as likely to experience trauma than individuals from the general population (3), including higher rates of child maltreatment (e.g., neglect, psychological/emotional, physical, and sexual abuse (4). Communication barriers and lack of access to adequate mental health care may place Deaf and Hard of Hearing individuals at greater risk for negative outcomes, particularly among those with histories of child maltreatment and/or other types of victimization. Consistent with this, studies have reported elevated rates of trauma and increased posttraumatic stress disorder (PTSD) symptoms among Deaf and Hard of Hearing adults. (5).

There are a number of reasons why DHH individuals would be at an increased risk for child maltreatment. Factors such as language and communication barriers, isolation due to lack of exposure to other DHH adults and children, and limited and/or inadequate parental involvement place Deaf and Hard of Hearing youth at greater risk for child maltreatment. (6)

Foster deaf children are more likely to have poorer school attendance (7), higher prevalence of psychological disorders (8),experiences of being socially isolated in mainstream schools (9), and having a higher chance of grade level retention (10).

Deaf children have fewer sources for reporting abuse and may be limited to signing staff members or even just a single sign language interpreter (11).

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 (11).

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Best Practices

Equal Access

All families, with any combination of deaf/hearing parents and deaf/hearing children, have the right to appropriate early intervention services as well as equal access to family preservation services. These families have the same right, as any other family, to timely, accurate and comprehensive information, including access to state resources to help maintain a healthy and safe home environment.

American Sign Language - Communication Access

All families should have access to ASL or their native language when utilizing every aspect of their case plan. Case workers, court hearings, education placement and continuity. Foster care placement and respite care with families who know ASL. Communication access must be part of the case plan for all services such as parenting classes, substance abuse programs and mental health services.

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Subject Matter Expert

Each state should employ a Subject Matter Expert (SME) who would be a representative at the state or system level who understands Deaf Culture and the needs of deaf children. The SME provides centralized coordination of resources, information, referral, training and advocacy. This SME could be employed by the State Department of Civil Rights or with the State / Local Department of Child Welfare. Refer to the attached document for recommendations on policies and procedures. The SME would educate Child Welfare, at the State level, how to track and collect data on this population to use for planning services.

Cost Efficiency

Employing a full time SME provides seamless, efficient, and cost-effective case coordination to the State, Child Welfare and/or Foster Care Agency by ensuring best practices are followed. The direct communication, correct scheduling of interpreters and appropriate service providers, prevents the loss of money that occurs without knowledgeable planning. The SME will know the resources and policies to ensure equal access from start to finish. The SME will track data to ensure cost efficiency.

Qualified Professionals

Deaf children, their siblings and their parents have the right to qualified professionals during their journey through the child welfare system. To ensure this right is fully protected, these families must have access to a SME within the child welfare system as well as the Foster Care placement agency.

Foster Care agencies must maintain a current list of caregivers who can provide ASL language support and cultural needs to all deaf and hard of hearing children in the foster care system. Even if the child themselves may not understand sign language, it is still important to have a representative who understands the emotional and cultural ramifications of this disability. Hearing children with deaf parents should also be provided this same level of care and the deaf parents given equal access to all services. If a specific state does not have the resources needed, that state should contact nearby states for additional resources, which may also include undergoing the ICPC process.

Certified Interpreters

Provision of American Sign Language Interpreters must follow ADA requirements and any additional state laws. Deaf children and deaf parents who are clients of Child Welfare Agencies and Foster Care service providers, should be entitled to equal access to services, just as any other client would be. Each State must budget for interpreters and include the budget requirement in any contracts with other service providers.

When a deaf child is present, regardless of parental involvement, the child must be given access to their own highly qualified interpreter and/or Certified Deaf Interpreter when appropriate. In cases where it is applicable, the SME as an advocate or a Court Appointed Special Advocate (CASA), must join to ensure equal access is given to the child. Caseworkers, as well as GAL/CASA volunteers should be trained and competent in Deaf Culture and the needs of deaf children.

Deaf and hard of hearing children must receive any case planned emotional/physical/mental health services, with qualified providers and appropriate communication brokers, to ensure equal access to those services.

Summary

Deaf children and their family require Child Welfare and Foster Care services that are both linguistically and culturally accessible. These services include but are not limited to appropriate child welfare, legal, medical, psychological, educational, and mental health services. This position paper is intended to provide a road map for all professionals and agencies who work within the Foster Care system to ensure the appropriate provision of referral and care services to deaf children and their families.

Utilization of Current Best Practices

NAD has created a Bill of Rights and Model Bill to provide guidance on best practices regarding each item listed above, as well as sample policies and procedures. NAD offers consultation and guidance to ensure that deaf, hard of hearing children and their parents have all of the same rights and access to services that any other child in the Foster Care system would have. www.NAD.org

Definitions and References

[a] The term “deaf” is intended to be inclusive of all persons who are deaf, hard of hearing, deaf-blind, late-deafened, or have additional disabilities.

(b) Americans with Disabilities Act

(c) Rehabilitation Act – Section 504

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(1) October 2012 The Family Journal 20(4):376-383 DOI:10.1177/1066480712452708

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(3) Anderson & Leigh, 2011;Francavillo, 2009;Harrell, 2011;Pollard, Sutter, & Cerruli, 2014b.

(4) Anderson et al., 2016a;Schenkel, Rothman-Marshall, Schlehofer, Towne, Burnash, & Priddy, 2014; Sebald, 2008

(5) Porter & Williams, 2001b Violence and Victims, Vol 26, Issue 6, DOI: 10.1891/0886-6708.26.6.788; Schild, S., & Dalenberg, C. J. (2012). Trauma exposure and traumatic symptoms in deaf adults. Psychological Trauma: Theory, Research, Practice, and Policy, 4(1), 117–127

(6) Glickman & Gulati 2003; Sebald, 2008 Mental health care of deaf people: A culturally affirmative approach. Mahwah,NJ:Erlbaum.

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