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Supporting the Well-Being of Children With Disabilities

Children with disabilities and their families face the stress of living in a society that focuses on the needs of people without disabilities. A lack of services, high demands on caregivers, social isolation, communication barriers, and other factors place children with disabilities at higher risk of being maltreated than their peers without disabilities. As a result, they are more likely to become involved with child welfare, where they experience longer stays in foster care and lower rates of permanency.

With tailored supports and strength-based approaches, child welfare agencies can help support the safety and well-being of children with disabilities. This bulletin offers child welfare professionals information about supporting children with disabilities and partnering effectively with their families.

WHAT'S INSIDE

Child Welfare Information Gateway
PROTECTING CHILDREN ■ STRENGTHENING FAMILIES

Children's Bureau
An Office of the Administration for Children & Families

DEFINING DISABILITY

There are many ways to define and describe disability.

A STARTING POINT

The Centers for Disease Control and Prevention (CDC) define disability as "any condition of the body or mind that makes it more difficult for the person with the condition to do certain activities and interact with the world around them" (Centers for Disease Control and Prevention, 2025). Related conditions may affect the way a person sees, hears, moves, learns, remembers, communicates, and manages daily tasks. Such conditions may be present from birth or develop over time.

APPROACHES FOR VIEWING DISABILITIES

Two distinct models capture how society views disabilities:

- The **medical model** characterizes disability as a "defect" (Office of Developmental Primary Care, n.d.). In this view, disabilities are problems that need to be fixed. The focus is on perceived shortcomings or limitations. This attitude can be dehumanizing toward people with disabilities.
- The **social model** frames disability as a discrepancy between a person's functional needs and their environment (Helton & Bruhn, 2013). This model focuses on an individual's strengths and abilities. The "problem" is not with the person; rather, the issue is an environment not designed for them. For example, the social model of disability asks, "Why aren't there ramps?" instead of "Why does that person need a wheelchair?" (Office of Developmental Primary Care, n.d.).

It's important that child welfare professionals focus on a child's strengths and environment, as emphasized in the social model of disability (Kay, 2019). However, it is still important to address a child's holistic needs, and diagnoses are helpful for accessing some medical, legal, and educational services.

> **"Disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society" (Individuals With Disabilities Education Act, 2004).**

LEGAL, POLICY, AND RESEARCH DEFINITIONS

Specific definitions of disability (and disability types) may vary by organization and affect a person's eligibility for services, support, and protection from discrimination. For example, the following Federal laws and programs contain specific definitions and requirements:

- Americans With Disabilities Act (prohibits discrimination)
- Individuals With Disabilities Education Act (IDEA) (makes available appropriate education services)
- Social Security Act for Supplemental Security Income (SSI) (provides financial assistance)

Keep in mind the definition used by the organization with which you are working. Some children may meet the criteria of one definition but not another. Also, some programs may require demonstration of how the child's disability affects specific areas of functioning.

Definitions of disability may also vary for research and reporting purposes. For data collection, the Children's Bureau considers children to have a disability if they have been identified as having or have been diagnosed with an intellectual disability, emotional disturbance, visual or hearing impairment, learning disability, physical disability, behavior problem, or some other medical condition (Children's Bureau, 2024).

ADDITIONAL TERMINOLOGY AND CONSIDERATIONS

Some entities also use the term "**special health care needs**," which means that a child has or is at increased risk for a chronic health condition and may need more health services than most children their age. Additionally, in recent years, the term "**invisible disabilities**" has gained use to describe conditions such as diabetes, asthma, autism, and depression. Although they may not be obvious on the outside, invisible disabilities nonetheless are associated with stigma and other challenges (McLeod, 2023).

Some people may consider the term "**special needs**" to be patronizing. As such, it generally should not be used in the context of disability. However, the term has a different meaning in child welfare law, where it is used to describe children who need additional considerations for foster care placement. In this context, "special needs" could refer to a child who is part of a sibling group, older, has a disability, or requires other considerations.

People prefer different ways of talking about or referring to people and their disability. Some prefer **person-first language** (e.g., person with a disability), and others prefer identity-first language (e.g., disabled person). This publication uses person-first language to better reflect an individual's holistic identity while acknowledging that everyone has the right to choose how they would like to be referred to or identified.

Prevalence of Disabilities

According to 2019 Census Bureau data, more than 3 million children in the United States had a disability, representing about 4.3 percent of the population under age 18 (Young, 2021). A National Survey of Children's Health found that approximately one in five children (19.4 percent) had a special health-care need (Maternal and Child Health Bureau, 2022). Such needs cover a wide range of chronic physical, developmental, behavioral, and emotional conditions that require elevated health, mental health, education, or related services.

Data in the Adoption and Foster Care Analysis and Reporting System (AFCARS) suggest that about one-quarter of children in foster care have a special health-care need (Sepulveda et al., 2020). The true number may be higher because many children do not receive clinical assessments (Sepulveda et al., 2020; Children's Bureau, 2024). Other sources estimate that 30–80 percent of children in foster care have a disability (Kay, 2019). Children with disabilities may be vulnerable to child maltreatment while child abuse and neglect may also lead to a child's disability.

RECOGNIZING RISK AND PROTECTIVE FACTORS FOR CHILD MALTREATMENT

Children with disabilities and special health care needs have a greater likelihood of experiencing child maltreatment (Fang, et al., 2022) and enter foster care at higher rates than their peers without them (Sepulveda, 2020). The following section presents information on selected risk and protective factors for child maltreatment that can be particularly relevant for children with disabilities.

Reminder

Having a disability does not cause a child to be maltreated. Instead, social and environmental factors put them and their caregivers in vulnerable positions or at greater risk. Family resilience and other protective factors can help alleviate many of the external risk factors.

Understanding risk and protective factors can help inform interventions. For example, children who have behavior issues, as is common in emotional or externalizing disorders (e.g., attention-deficit/hyperactivity disorder, conduct disorders), are more likely to experience physical abuse (Vanderminden et al., 2023). Some parents and other caregivers may become frustrated with children's behavior and respond harshly (Centers for Disease Control and Prevention, 2024). In these cases, education, training, and social support can help caregivers cope with their emotions and learn other behavior management and discipline strategies.

RISK FACTORS

Multiple factors may contribute to challenges and increased risk of child maltreatment among children with disabilities, including the following:

- **Stress in families and communities.** Raising a child with disabilities can come with added costs, high caregiving needs, and emotional demands that may leave parents feeling overwhelmed and isolated (Legano et al, 2021). These factors may contribute to high rates of stress, depression, and anxiety among parents (Pinquart, 2019; Gilson et al., 2018). Unresolved parental mental health issues may add to the risk of abuse or neglect (Lopes et al., 2021).
- **Lack of knowledge and support.** Not understanding a child's disability may lead to unrealistic parental and caregiver expectations and reactions (Legano et al., 2021).
- **Reliance on adults for care**. Children with some disabilities rely heavily on adults for care, putting them at risk for medical neglect and other nontypical forms of abuse (e.g., withholding aid). Children may also need help with hygiene and toileting, which creates opportunities to be groomed for sexualized touching (Barron et al., 2019). This is of particular concern when children are placed in isolating environments (e.g., group homes, long-term care facilities) with high staff turnover.
- **Lack of sex education.** Many children with disabilities do not receive sex education. This makes it difficult for them to identify inappropriate behavior by others. Loneliness and social difficulties might make children with disabilities more vulnerable to unhealthy relationships (Jones et al., 2017).

- **Emotional vulnerability and communication challenges**. Many children with severe or complex disabilities are taught to be compliant rather than challenging the adults who direct their care (Barron et al., 2019). In addition, isolation and communication styles can make it difficult for children with disabilities (especially nonverbal children) to tell others about maltreatment (Legano et al., 2021).
- **Poverty.** Nearly one in four children from low-income households have a disability, compared with one in seven from high-income households (Vanderminden et al., 2023). Living in poverty can make it hard for families to access the specialized care and health services their children need. Likewise, children may be affected by challenges of poor housing, poor neighborhood quality, or food insecurity.
- **Barriers to services.** A variety of factors may limit families of children with disabilities from accessing needed services and support. These include limited awareness of available services and registration processes, cultural barriers, shortages of skilled staff, and accessibility issues (e.g., distance from the family's home, limited service hours, children cannot physically access the service facility, or there is a lack of adaptive equipment appropriate for the child) (Sapiets et al., 2020). Barriers also reflect limited opportunities that include families of children with and without disabilities and a lack of welcoming environments that foster a sense of belonging for children with disabilities and their families.

PROTECTIVE FACTORS

Protective factors are conditions or attributes in individuals, families, and communities that can strengthen the health and well-being of children and families and lower the risk for maltreatment (Child Welfare Information Gateway, 2020). Building the following protective factors can help families better handle life's challenges:

- **Knowledge of parenting and child development**. Parents benefit from information and support to better understand their children's abilities and adopt strategies that foster healthy development while being appropriate to the child's age, developmental status, and disability (Legano et al., 2021). Building realistic expectations for their children's capabilities can help reduce parental frustration that sometimes leads to inappropriate physical punishment (Legano et al., 2021).
- **Nurturing and attachment**. Strong bonds with caring and responsive adults in early life can lead to healthier behaviors and positive outcomes for children later in life (Child Welfare Information Gateway, 2020). Parents create secure attachment by listening and being attentive to their child's interests and needs, showing affection, and creating a predictable environment.
- **Concrete support for families.** When families can meet their concrete needs—safe and stable housing, health care, food, and reliable transportation—they are better able to support their children's healthy development. Families of children with disabilities often face additional needs and expenses, such as ongoing medical care and therapies, assistive technology and

specialized equipment, home or vehicle modifications, special dietary requirements, personal care, and other services.

- **Parental resilience**. Resilience enables parents to draw on their particular strengths and resources to handle stress and bounce back when things are not going well. In turn, this helps parents protect their children from stress and models problem-solving skills.
- **Social connections**. Social connections—with friends, neighbors, faith communities, colleagues, and interest groups—can provide valuable emotional, informational, and concrete support to parents. Connecting parents of children with disabilities with other parents can help them build community among others who share similar experiences.
- **Social and emotional competence of children**. Children's abilities to form bonds and interact with others, self-regulate their emotions and behavior, and communicate their feelings are important to how they interact with the world. Some children with disabilities may require tailored interventions and ongoing support to strengthen social and emotional competence and skills.

Child welfare professionals and their system partners can build on existing protective factors and identify areas for improvement. Many families of children with disabilities develop resilience, faith-based coping skills, and strong family bonds. These strengths not only buffer the adverse effects of trauma but can also be a crucial part of prevention, intervention, and treatment. For more information on protective factors, see Information Gateway's *Protective Factors Approaches in Child Welfare* and the Protective Factors Conversation Guides.

PARTNERING WITH FAMILIES

Partnering with families is essential to promoting protective factors, reducing risk factors, and supporting the safety and well-being of children with disabilities. This section describes helpful strategies and resources for working with families of children with disabilities, including families of origin, foster families, and adoptive families. As part of prevention efforts and after families are receiving child welfare services, child welfare professionals can encourage these strategies in collaboration with community partners that work with children with disabilities and their families.

BUILD RELATIONSHIPS FOR BETTER ENGAGEMENT

To build trusted relationships with families of children with disabilities:

- Ask family members to tell you about their child's and family's strengths, needs, goals, and concerns.
- Show respect for the family's perspectives and expertise.
- Ask parents what supports would be helpful to them and from whom.
- Collaborate in making plans appropriate for their child.
- Connect families with resources and help them advocate for their child.
- Establish clear and reliable ongoing communication.

For more information on engaging families, see Information Gateway's Parents and Caregivers webpage.

In getting to know families, recognize that family members might have many different, sometimes contradictory, emotions about and reactions to their child's disability. These may include grief over a diagnosis and relief that the child does not have a different type of disability perceived to be more severe (Rosenzweig et al., 2018). It may have been a long journey to where they are today. Because of this, some families may feel a loss of privacy from telling their story repeatedly to different professionals (Currie & Szabo, 2019).

LEVERAGE CONNECTIONS AND INFORMAL SUPPORTS

In working with families, build on their strengths and promote social connections. Consider their extended family, faith community, trusted community leaders or elders, clubs or shared-interest groups, and others with whom they have strong bonds. Social and emotional support from friends and family buffers the effects of stress and acts as a key protective factor against child maltreatment (Austin et al., 2020). Support groups for families of children with disabilities allow parents to share their experiences and lessons learned, trade information on resources, and create informal support networks.

STRENGTHEN PARENTING, PROBLEM-SOLVING, AND COPING SKILLS

Strong coping and problem-solving skills can help parents overcome challenges. Consider the following interrelated strategies and discuss them, as appropriate, with parents and service providers:

- **Parent education:** Educating parents about how certain disabilities may delay developmental milestones (e.g., toilet training) and how to cope with associated challenges can help alleviate parental stress and promote developmentally appropriate caregiving strategies (Stirling et al., 2024).
- **Problem-solving skills training:** Such training for parents of children with chronic health conditions has been shown to improve both children's and parents' mental health, well-being, and quality of life (Zhou et al., 2024). It can also reduce conflict and encourage positive interactions between children and parents.
- **Safety planning:** Parents and caregivers may need information on steps to take to help keep their children safe while they encourage them to explore the world. For example, parents may teach different ways for children to communicate—using whistles, bells, or electronic devices—when they feel they are in danger. For more information, see the CDC's Keeping Children With Disabilities Safe webpage.
- **Stress-reduction interventions:** Parents may turn to a variety of strategies to recharge, including mindfulness practices, meditation, physical exercise, or spending time in nature. Studies have shown, for example, that parent training for caregivers of children with autism can lower parental stress and depression, improve children's behavior, and build stronger family interactions (Iadarola et al., 2018; Iida et al., 2018).
- **Self-care and therapy:** Some family members may benefit from support groups or individual, family, or group therapy (e.g., parent-child interaction therapy, trauma systems therapy). When possible, identify therapists with experience working with families of children with the relevant disability and who share the family's culture, background, and values.

- **Disability screening for parents:** As appropriate, encourage disability screening and accommodations for parents for their own disabilities.

ASSIST CAREGIVERS IN TAKING A BREAK

Family caregivers often need breaks from ongoing caregiving demands and the following services can help:

- **Respite care:** Taking a break from caregiving not only reduces parental stress and social isolation but also benefits the child, siblings, and overall family dynamics (Whitmore & Snethen, 2018). Respite can include in-home or out-of-home services (e.g., in a family care home, daycare center, after-school program, camp, or other location). The ARCH National Respite Network offers a respite services locator tool and related resources, including, for example, *Nine Steps to Respite Care for Family Caregivers of Children and Adults With Intellectual and Developmental Disabilities*.
- **Crisis nurseries:** Also referred to as crisis care or emergency care, crisis nurseries offer temporary respite to families experiencing challenging circumstances and a safe place for their children who may be at risk for abuse or neglect. Crisis nursery services are offered in daycare centers, licensed private homes, or emergency shelter facilities and are often accessible 24 hours a day, 7 days a week. For information, see ARCH's *Crisis Nurseries: Respite for Children at Risk of Abuse or Neglect*.

HELP FAMILIES ACCESS HEALTH, EDUCATION, AND SUPPORT SERVICES

Access to health, educational, and social services is a key protective factor against child maltreatment (Austin et al., 2020). Families of children with disabilities may need access to general supports as well as those directly related to their child's disabilities. The following are examples of supports that may be beneficial:

- **Medical care:** First, check with the family to see if they have comprehensive health insurance. If not, consider options such as Medicaid and the Children's Health Insurance Program. Then, check to see that children are getting consistent medical care. Children, especially those with disabilities, should have regular appointments with a pediatrician and other specialists as needed. Pediatricians are valuable partners who can help families develop improved understanding of their child's abilities and needs, refer families to needed services, help advocate for continued and coordinated care, and work with insurance companies during placement changes. Strong relationships with a trusted team of interdisciplinary providers are necessary for building a medical home, a comprehensive health-care approach that can promote positive outcomes for children with special health-care needs (Mattson et al., 2019) and support coordination of health care for children in foster care.
- **Educational services:** Collaborate with schools and early intervention programs to provide appropriate educational supports for the child. Children ages 3 to 21 are eligible for school-based services through

IDEA and other Federal and State laws. Families, educators, and other members of the child's support team must agree on appropriate services, which are outlined in a child's individualized education plan (IEP), individualized family service plan, or 504 plan. These plans can facilitate specialized instruction, transportation, therapies, transition care, and other needed services.

- **Economic supports:** Supplemental Security Income (SSI) can help families access helpful financial resources. For more information, see the U.S. Social Security Administration's *Benefits for Children With Disabilities*.
- **Home visiting and early childhood programs:** Some families may benefit from home visiting programs that match expectant or new parents with trained home visitors. Programs such as Child First and Home-Based Early Head Start, which are designed for families of young children with emotional, behavioral, or developmental concerns, have been shown to reduce child maltreatment (Duffee et al., 2017).
- **Informal supports:** Parents can be connected to national organizations, such as Parents Anonymous or Circle of Parents, and support groups specific to their children's disabilities.

SUPPORT COORDINATION OF SERVICES

Children with disabilities and their families have multiple needs, so effective coordination and collaboration are essential for their well-being. Include families in meetings with multidisciplinary professionals to share updates and make decisions. When making recommendations, keep in mind that a family's background, culture, and beliefs can impact caregiving preferences. Many services have complicated eligibility requirements, forms, and rules. These barriers can overwhelm or confuse families. To reduce this stress, help parents coordinate supports across multiple systems and explain how each service works. Consider how different systems may interact and how those interactions and potential service changes might affect the child. Children with disabilities may be more sensitive to disruptions, such as those associated with changing schools and new IEPs, for example (Slayter, 2016). Give families information that can help them continue with support services and programming after a child welfare case ends.

OFFER TRAINING AND SUPPORT FOR FOSTER AND ADOPTIVE PARENTS

Foster and adoptive parents must go through training, but the curriculum often lacks comprehensive information on how to identify and support children with special health-care needs (Kay, 2019; Barnett et al., 2017). This lack of preparation may contribute to the fact that children with such needs, particularly emotional disturbances, are more likely to experience adoption disruptions (Sepulveda et al., 2020; Hernández Baullosa et al., 2022b). As such, it is important to offer foster and adoptive parents skill-based programs, learning opportunities, and support groups that address health, mental health, and developmental needs (Slayter, 2016).

Child welfare professionals should provide foster and adoptive parents with as much information as possible about the child's medical, social, and behavioral history and help them set expectations based on the child's strengths and needs. Families of origin can help provide this information and should be kept up to date with the child's health status. Involve them in decision-making whenever possible.

Resources for Families of Children With Disabilities

The following are additional supports and resources that may help families of children with disabilities:

- **ARCH National Respite Network and Resource Center** offers caregivers information on finding, selecting, and paying for respite care.
- **Center for Parent Information & Resources** is a resource hub for parents of children with disabilities through which parents can find training and resource centers in their State.
- **Families Rising** supports children in foster care and their families and offers a resource hub to help parents understand different disabilities and challenges.
- **Family-to-Family Health Information Centers** and **Family Voices Affiliate Organizations** are family-led organizations in most States and Territories that support families of children with special health-care needs and the professionals who serve them.
- **Kidpower International** offers information and programs on safety skills for people with disabilities.
- **Parent to Parent USA** is a mentorship program that helps parents of children with disabilities connect with other parents who have had similar experiences.

STRENGTHENING COLLABORATIVE RESPONSES TO IDENTIFY DISABILITIES AND MALTREATMENT

Child welfare agencies adopt different approaches to supporting children with disabilities. Some agencies have caseworkers with specialized training or disability units that are designed to support the unique needs of children with disabilities and their families. Other agencies may assign these children a child welfare caseworker and a disability or public health professional. Others partner each child with a multidisciplinary team. This section describes considerations for child welfare professionals related to the identification of disabilities and assessment of maltreatment among children with disabilities.

SCREENING AND ASSESSMENT TO IDENTIFY IF A CHILD HAS A DISABILITY

Child welfare professionals collaborate with parents, caregivers, and system partners to identify disabilities and developmental delays in children and connect them with needed services. State and local policies may vary on requirements, timing, and collaborative protocols. In general, they rely on complementary processes, including:

Developmental screening. Screening is a brief process using a standardized tool that provides a snapshot of a child's health and development (Moodie et al., 2014). Screenings do not result in a diagnosis but can point to potential issues where more comprehensive assessment is needed. Individuals trained in using selected tools conduct screenings, including child welfare professionals, healthcare providers, early childhood professionals, and others. Key points for screening include when a child first comes into contact with the child welfare system, when concerns arise, and at specified age intervals. (For more information, see the American Academy of Pediatrics' *Assessing Developmental Delays in Children*.)

Assessment. Assessment is an indepth and ongoing process of observing, gathering detailed information, documenting, and interpreting results (Moodie et al., 2014). Comprehensive assessments paint a more complete picture of a child's functioning, skills, abilities, and needs. Conducted by specialists, assessments inform diagnoses of specific disabilities and help with service planning to meet a child's strengths and needs. Some programs also use comprehensive evaluation processes to determine if an individual meets eligibility criteria for specific services.

Child welfare professionals should work closely with parents and caregivers to explain the benefits of screening and assessment, gain consent, encourage ongoing monitoring of children's development, and discuss any concerns they may have. When a parent, caregiver, or child welfare professional suspect a child has a disability, it is important to consult with qualified disability and medical professionals. They can best identify signs and symptoms, diagnose conditions, and recommend treatments. They can also help develop case plans and strategies that would be most helpful to the child and family. Once a disability is diagnosed, child welfare professionals can support efforts to connect families with accessible, culturally responsive services.

Early Intervention Legislation

In recognition that infants and toddlers who are maltreated are at greater risk of developmental delays and disabilities, the IDEA Part C and the Child Abuse Prevention and Treatment Act (CAPTA) require States to implement procedures for referral to early intervention services. IDEA Part C requires child welfare professionals to refer children under age 3 who are the subject of substantiated maltreatment or directly affected by substance use for screening, evaluation, and assessment to determine the presence of developmental delays and eligibility for early intervention services. For more information, see Information Gateway's *Addressing the Needs of Young Children in Child Welfare: Part C—Early Intervention Services*.

Although required only for children under age 3, disability screening and assessment can benefit children of all ages with child welfare involvement. For children eligible for Medicaid, child welfare professionals can make referrals under the Early and Periodic Screening, Diagnostic, and Treatment benefit.

Training Resources

Training and development can help prepare child welfare professionals to partner with other professionals, identify children with disabilities, and connect children and their families with needed services. The following organizations have helpful training and practice resources:

- **Association of University Centers on Disabilities** supports network members in each State to provide training, education, and research that promotes the well-being of people with disabilities.
- **Center for Adoption Support and Education** (C.A.S.E) hosts the C.A.S.E training institute to meet the needs of professionals supporting children and their foster, kinship, and adoptive families.
- **Center for Advanced Studies in Child Welfare** has a variety of relevant resources and training modules for promoting well-being in children with disabilities.
- **The National Child Traumatic Stress Network** offers resources for supporting children with intellectual and developmental disabilities who have experienced trauma.
- **SAFE Alliance Disability Services** has an online guide for child protection and law enforcement professionals about working with children with disabilities who have experienced maltreatment.

COLLABORATING TO ASSESS MALTREATMENT IN CHILDREN WITH DISABILITIES

It is sometimes difficult to distinguish between signs of maltreatment and disability. For example, children with blood or bone disorders may have frequent bruising or fractures that may resemble signs of physical abuse (Palusci et al., 2015). Likewise, it may be easy to mistake disability-associated behavior issues or injuries, including self-injury, for signs of abuse (Barron et al., 2019). On the other hand, maltreatment and other traumatic experiences can cause anxiety and withdrawal, which can also be signs of an emotional disturbance (Barron et al., 2019). These similarities complicate the assessment and reporting of suspected maltreatment.

Ideally, child welfare professionals should obtain expert advice from disability professionals, physicians, or other consultants *before* interviewing children with disabilities about possible maltreatment. This may be particularly helpful in cases where it is difficult to distinguish between maltreatment and disability.

When determining whether injuries were caused by abuse, consider the following factors (Palusci et al., 2015):

- The child's developmental and mobility abilities
- The severity of the injuries
- Any underlying medical conditions that could have contributed to the injuries
- Factors that might hamper the child from disclosing what happened (e.g., communication issues for nonverbal children)

Regardless of the type of maltreatment experienced or the disability a child has, it may be hard for them to describe their experience. The right supports can help them share what happened and how they feel. Depending on the child's needs, you may need to adapt the structure or location of the interviews. Keep in mind that every child is different and may have different communication needs, such as sign language or drawing. Having an adult present who understands the child's communication preferences might be helpful. However, it could also skew the child's intended messages and be problematic if the adult is involved in the maltreatment (Robinson et al., 2023). Ask a disability professional for tips on communicating with children with a specific disability (see, for example, *Communicating With People With Disabilities* from the Villanova University College of Nursing.)

SUPPORTING CHILDREN WITH DISABILITIES IN CHILD WELFARE

Child welfare professionals and their partners can directly support children with disabilities in various ways, including implementing child-focused prevention and engagement strategies, identifying appropriate placement options when needed, and supporting young people in their transition to independent living.

IMPLEMENT CHILD-FOCUSED PREVENTION AND ENGAGEMENT STRATEGIES

Following are some specific ways child welfare and other professionals can engage, educate, and otherwise support children with disabilities:

- **Develop trusting relationships with children**. Children with disabilities need trusted adults to talk to and safe places where they feel comfortable expressing their needs. Start conversations with open-ended questions about things that are important to them. Incorporate their values and priorities into decision-making and interventions. Instead of focusing solely on areas where children need support, find opportunities to build on their strengths—consider hobbies, special interests, and skills. Building children's strengths over time can help reduce trauma symptoms and poor outcomes, helping them to develop long-term resilience (Kisiel et al., 2017).
- **Include children in decision-making processes.** Children deserve to have a voice in decisions that affect them. Be flexible and creative when engaging children. Their participation might not be verbal. You can try strategies such as picture cards, flow charts, decision-making aids, or games. It can be helpful to explicitly outline their options and invite them to choose (Adams et al., 2017).
- **Teach children with disabilities about maltreatment.** Consider enrolling children in group-based educational opportunities about abuse and neglect. These opportunities cover information on body parts and their functions, healthy relationships, what constitutes abuse and neglect, and the difference between appropriate and inappropriate social interactions (Barron et al., 2019). This can help children identify abuse, respond to it, and tell others. Look for programs appropriate for the child's abilities, instruction needs, and culture.
- **Strengthen communication and advocacy skills**. Improving children's communication skills can help them advocate for their own needs and report maltreatment if it occurs.

Support children in expressing themselves and accessing tools appropriate for their communication needs.

- **Reduce social isolation.** Involvement with communities and organizations can help lessen the loneliness often experienced by children with disabilities (Jones et al., 2017). Child welfare professionals can help children with disabilities and their parents find activities that are physically and socially accessible and support children with developing relationships with peers and trusted adults. These relationships are a strong protective factor against maltreatment (Child Welfare Information Gateway, 2020).
- **Collaborate with other organizations.** Required by CAPTA, cross-sector collaboration is an important strategy for improving services and outcomes for children with disabilities. Partnering with State and local organizations can help expand children's access to services and facilitate coordination of care. Identify potential partners through resources such as the Center for Parent Information and Resources and Family-to-Family Health Information Centers.

IDENTIFY APPROPRIATE CHILD WELFARE PLACEMENT FOR CHILDREN WITH DISABILITIES

Although it is best practice to keep children with their families whenever possible, sometimes family separation is necessary. Children with disabilities, particularly emotional disturbances, are more likely to be placed in congregate care than their peers without disabilities (Hernández Baullosa et al., 2022b). In addition, some children experience initial temporary placements (e.g., hospital emergency rooms, emergency shelters) in crisis situations and when other placements are not available or appropriate. While congregate care (including group homes, child care institutions, residential facilities, and in-patient hospitals) is sometimes needed to meet complex behavioral and mental health needs, it is generally recognized that most children and young people do better in less restrictive and more family-like settings (Capacity Building Center for States, 2017).

If a child has to enter out-of-home care, consider **treatment foster care**. This specialized type of foster care combines a therapeutic family environment with individualized treatment. Trained caregivers participate in the child's daily care and treatment under the close supervision of agency staff. Treatment foster care is less restrictive and more cost-effective than congregate care, and several models have been shown to improve child welfare outcomes. The following models are considered promising by the California Evidence-Based Clearinghouse for Child Welfare: Treatment Foster Care Oregon, Pressley Ridge's Treatment Foster Care, and Together Facing the Challenge. Treatment foster care also can be adapted for kinship care. Learn more by reading the Foster Family-based Treatment Association's *The Kinship Treatment Foster Care Initiative Toolkit*.

Placement and Length of Stay in Child Welfare for Children With Disabilities

In addition to being more likely to be in foster care, children with disabilities often have different child welfare experiences compared to children who do not have disabilities:

- **More restrictive placement settings.** Children with disabilities are less likely to be placed in kinship care and more likely to be placed in institutions or group homes, particularly if they have an emotional disturbance (Hernández Baullosa et al., 2022b).
- **More frequent placement moves.** Young people with disabilities, especially behavioral and emotional conditions, experience more placement moves and are less likely to find permanency than young people without disabilities (Hernández Baullosa et al., 2022a). Such placement changes can create disruptions in health and education services and interrupt valuable connections that affect child well-being.
- **Longer time in care.** Children with disabilities tend to have longer stays in care (Hernández Baullosa et al., 2022a). In one study, children with disabilities in foster care spent an average of 915 days in foster care compared to 514 days for peers without a disability (Platt & Gephart, 2022).
- **Less reunification.** Children with disabilities are less likely to have a case plan goal of reunification (Hernández Baullosa et al., 2022a) and to be reunified with their families of origin (Sepulveda et al., 2020).
- **More frequent termination of parental rights.** Child welfare agencies are twice as likely to seek termination of parental rights for families of children with disabilities, and these cases have a higher completion rate (Slayter, 2016).

Many of these challenges are exacerbated for children with more than one diagnosis (Hernández Baullosa et al., 2022b). For more information on child welfare outcomes, read the Children's Bureau's *Special Health Care Needs Data Brief 1*.

SUPPORT YOUNG PEOPLE AS THEY TRANSITION TO INDEPENDENT LIVING

Young people with disabilities who age out of foster care are at even higher risk than their peers without disabilities for poor economic, social, employment, educational, physical, and mental health outcomes (Kay, 2019). To ease their transitions from foster care and improve outcomes, child welfare professionals can connect young people with mentoring programs, disability organizations, and other services. This process must start by age 16, in line with IDEA requirements for educational planning, although conversations should begin sooner depending on the individual's personal and developmental needs. Keep in mind that in some States, young adults can choose to remain in extended foster care until age 21 if they meet certain conditions, such as needing to develop life skills or having a documented medical condition that prevents them from working.

Use the following strategies to support a young person with a disability who is making a transition to independent living (Capacity Building Center for States, 2017; White et al., 2018):

- Directly engage with the young person in addition to communicating with other professionals.
- Prepare the young person with the knowledge and skills needed to care for their health and mental health and advocate for themselves.
- Discuss supported decision-making options as alternatives to legal guardianship or custodianship.
- Organize important paperwork (e.g., formal letter of transfer of care, medical records and detailed summary of care, readiness assessment, transition checklist).
- Make plans for emergencies and provide the young person and family members with contact information for crisis mobilization teams.

The following resources can help child welfare professionals and service providers in supporting young people through the planning process as they exit foster care:

- *Working With Youth to Develop a Transition Plan* (Child Welfare Information Gateway)
- Youth Transition Services (Federal Partners in Transition Workgroup, U.S. Department of Labor)
- *A Transition Guide to Postsecondary Education and Employment for Students and Youth With Disabilities* (Office of Special Education and Rehabilitative Services, U.S. Department of Education)
- Center for Transition to Adult Health Care for Youth With Disabilities (Family Voices and partners)
- Supported Decision-Making (Center for Public Representation)
- A to Z of Disabilities and Accommodations (Job Accommodation Network)
- Got Transition® (The National Alliance to Advance Adolescent Health)

CONCLUSION

Children with disabilities are more likely to be maltreated than their nondisabled peers. Many factors contribute to this disparity: the stress and isolation experienced by families, the lack of comprehensive supports, increased opportunities for sexual grooming, communication challenges in reporting abuse, and more. Child welfare professionals can play a key role in developing support networks for children with disabilities and their families, identifying and addressing strengths and needs, and connecting families with wraparound services that meet the child's and family's needs. In turn, these strategies can help improve safety and well-being outcomes for children with disabilities and their families.

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