

# Foster Care & Disability

A TOOLKIT FOR FOSTER PARENTS

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With Go Baby Go Oregon



# Welcome!

We are Go Baby Go Oregon, a non-profit organization dedicated to helping kids being kids. We primarily focus on supporting children with complex disabilities and mobility impairments through the provision of cost-effective, innovative, and inclusive solutions.

We created this toolkit to support foster parents of children with disabilities as we recognize the following:

- Children in foster care are often underserved by the medical community
- Children in foster care are more likely to have a disability than those not in foster care
- Foster parents don't always have thorough education on child development and disability
- Foster parents often don't have enough support from the foster care system and their case managers
- Foster parents may not be aware of some of the resources in their community
- The more resources and educational opportunities out there, the better!

This toolkit is designed to give foster parents:

1. An overview of the foster care system in Oregon and disability within the foster care system
2. Tools to recognize developmental concerns, understand disability, and promote development
3. Descriptions of available services and how to access
4. Strategies for parenting children who have experienced trauma and who have different cultural identities than their foster parents

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# Foster Care in Oregon

There are nearly 11,000 children in foster care in Oregon. This is close to double the national average.<sup>1</sup> Of these children, 40% are under the age of 7, which is one of the critical time periods for development.<sup>2</sup>

## Challenges in Foster Care

### Overworked Caseworkers

There are much more children in foster care than caseworkers to support them. There is high turnover for caseworkers and this is due to the low wages, high caseloads, and limited resources that they're faced with. Caseworkers have so many children to help that they often don't have the time to meet in person with them. The shortage of foster homes in Oregon leads to even more work placed on the caseworkers' shoulders. An overwhelmed system like this leaves children without safe homes. To meet staffing needs, the Secretary of State thinks that Oregon would need 570 more caseworkers and 800 more support workers.<sup>3</sup>

### Lack of Necessary Services for Children

Foster children have complex trauma history and limited access to doctors and medical care, making them more likely to have health related issues that hurt both current development and their future life experiences.<sup>4</sup>

It's hard to access health care for children in foster care for a number of reasons, including incomplete or unavailable health information. Health records and information can be tough to get because children in foster care move so often and it's not always clear which adult is in charge of the child's healthcare. Getting care is made harder by a lack of communication from doctor to doctor or clinic to clinic, to make sure the child has gotten all the care they need.<sup>4</sup> And, because of limited training, foster parents and caseworkers may not fully understand all of the child's healthcare needs or how to navigate a complex healthcare system.<sup>5,4</sup>

There are many children in the foster care system who experience intellectual, physical, or emotional disabilities and the Department of Human Services (DHS) is unable to meet the needs of more than 50% of this population, such as stable and safe housing or timely access to health services. Children in foster care are at a distinct disadvantage when it comes to accessing necessary services.<sup>7</sup>



## Shortage of Foster Homes

There are not enough available foster homes in Oregon. This shortage forces caseworkers to place children in hospitals, hotels, homeless shelters, and refurbished juvenile detention centers instead of suitable homes with a family.<sup>5</sup> Some children are even being sent out of the state to institutions, away from family and friends. Oftentimes, caseworkers are only able to talk with these children over the phone and could go months without any contact with the child. Once children are sent out of state, it is very difficult to keep track of them as there is no system in place to monitor their location or reports of abuse.<sup>7,5</sup> The conditions in the institutions are often not safe or friendly for children.<sup>7</sup> There have been many reports of abuse in these facilities.<sup>7</sup> In 2019, a class action lawsuit was filed against the state of Oregon, alleging the state is violating foster children's civil rights.<sup>7,6</sup>

## Limited Support for Foster Parents

Because caseworkers are constantly overworked, there is less time for them to connect with foster parents that need their help. A recent survey found that only 34% of foster parents reported that they were able to receive the services they needed to care for their foster child.<sup>8</sup> The survey showed that foster parents can go months without hearing from their caseworker. The state needs more foster parents, but many of them experience burnout because of the lack of help from the state.<sup>8</sup>

The shortage of foster homes leads to more work for caseworkers which worsens the problem. A recent lawsuit filed against Oregon alleges that the DHS doesn't assess kids properly or quick enough to understand what they need in terms of services and placement.<sup>5</sup> Without assessments to determine a child's needs, foster parents are left with little information and training on how to best support their foster child during their placement.

There are many services that exist to support children with disabilities and their families, but they are not always easy for foster parents to access. For example, it's difficult to find respite care for children with special needs. It is even harder to get respite care if the child doesn't qualify for developmental disability services. Respite care, like many services, is an essential support for foster parents caring for children with disabilities, yet many families find it hard to access these services.

Resources:  
[Oregon Post Adoption Resource Center](#)

# Disability in Foster Care

In Oregon, nearly half of the children in foster care experience a mental, physical, cognitive, or intellectual disability.<sup>9</sup> There is limited data on the exact numbers of children with disability in foster care and even less information about Oregon specifically. There have been some studies across various states that capture a good estimate of these children in foster care. These studies found the following information on children in foster care:

- ❖ 20% are fully disabled
- ❖ 25% have three or more chronic health problems
- ❖ 30-60% have a developmental delay
- ❖ 30-80% with at least one chronic medical condition
- ❖ 30% are aged birth through 5<sup>10</sup>

## Poor Health Outcomes

Children in foster care have complex needs that are often unmet due to issues with the child welfare system, leading to poor health outcomes. These children have a higher risk of developing lifelong, chronic disabilities that impact their day to day life and future.

Children with a disability in foster care are more likely to:

- ❖ Be maltreated, neglected, or abused
- ❖ Be at risk of developing mental health conditions that require medications
- ❖ Have worse outcomes in school
- ❖ Be placed into an institution
- ❖ Experience placement instability
- ❖ Stay longer in foster care
- ❖ Have a hard time finding a permanent or adoptive family
- ❖ Experience homelessness, drug or alcohol abuse, unemployment, and criminal justice involvement.<sup>10</sup>

**Why?** Poor health outcomes are the result of many causes, including limited foster parent training and little to no continuity of care. Foster parents sometimes receive training specific to disability, however, many parents receive no training due to the emergency nature of placements. Additionally, foster parents have little access to past medical and educational records, making it difficult to understand their past or current needs. Roughly one-fourth of children in foster care in Oregon had 6 or more placements in one year.<sup>1</sup> Frequent placement changes like this makes it very challenging to coordinate a child's services. A change in placement often means a change in provider or school district, which is difficult to keep track of and may cause delays in starting school or accessing services. Trauma and adverse childhood experiences also have significant impact on children's health outcomes.

“Do what you can, with what you have, where you are.”

– Theodore Roosevelt

The work you're doing as a foster parent is important and your commitment is not taken lightly. The safety, care and support you provide can make all the difference in your foster child's life and while that may seem daunting, you have the tools and ability to make a lasting impact. This is a challenging, exhausting, and often underappreciated job.

We want to thank you for doing the hard work, and empower you by providing more tools and education to best support your kids.



**Advocating for services** is one way you can positively impact your foster child's life. Here are some helpful tips and tricks to help your foster child access services.

*Remember: You are your foster child's best advocate!*

- Screen milestones and common diagnoses
- Report concerns to PCP
- Ask your provider questions!
- Film or take pictures of something you're worried about to show provider
- Write down questions or comments ahead of time and bring to appointments
- You know more about the child than your doctor, speak up. You have a voice!
- Keep records of all doctors visits, phone calls, insurance bills and forms. Keep everything together in one place.

# Common Questions for Healthcare Providers

Managing your foster child's healthcare can be difficult and it's okay to feel overwhelmed. As a foster parent one of your jobs is to notice when there might be a problem with their health or development and seek out medical care for answers. Foster children are likely to have complex needs which makes access to healthcare services essential.

It can be hard to know where to start when it comes to managing their medical care. It's helpful to schedule a wellness visit shortly after a child is placed with you; a wellness visit helps you establish care with a provider and begin to understand any existing conditions your foster child may have. It can take weeks to get an appointment as a new patient so try your best to start early and stay organized.

Questions you could ask your healthcare provider:

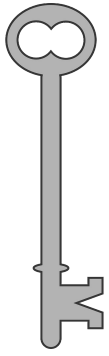
- Is my child reaching their developmental milestones?
- What services or treatments does my child need?
- What can I be doing to support the health and development of my foster child?
- Do they need early intervention services?
- Are there any existing conditions I should know about?
- Are there any side effects to any medications they are on?
- How often should they be seen by a physician?

Depending on the situation your foster child might have many healthcare providers. Your child's care team may consist of the following:

- Primary care provider
- Medical equipment vendor
- Occupational therapist (school or community)
- Speech therapist (school or community)
- Physical therapist (school or community)
- Behavior therapist (school or community)
- Counselor
- Psychiatrist
- Teacher, school nurse and special education coordinator
- Developmental Disabilities case manager
- Medical foods/equipment provider
- Parent partner/peer support

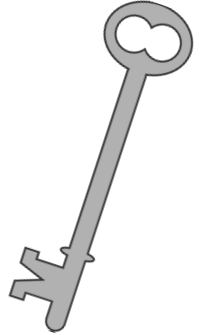
***Tip: Write down all of your foster child's providers and their name/contact information. Keep everything together in a convenient place.***





# Keys to Support Development

- Respond to children in a predictable way
- Show warmth and sensitivity
- Have routines and household rules
- Share books and talk to children
- Support health and safety
- Provide discipline that's appropriate for child's current developmental stage
  - Resources on discipline
    - [Discipline and Guiding Behavior: Babies and Children](#)<sup>11</sup>
    - [Positive Discipline and Child Guidance](#)<sup>12</sup>



## Have Concerns?

- Act early!
- If you're concerned your foster child may have developmental delays, contact your caseworker & doctor.
- You can also use either of these screening tools to find resources and to determine if it's time to see a physician.
  - [Oregon Screening Project](#)<sup>13</sup>
  - [CDC's Milestone Tracker App](#)<sup>14</sup>

**NOTE:** You may not have access to your child's medical history, and oftentimes your caseworker has to sign consent forms, release of information, etc. You may not have access to patient portals, and communication with the medical team can be time-consuming and frustrating. Communicate early and often with your caseworker to make this process smoother, as it is so important to start services as soon as possible!



# Working with Children Who Have Experienced Trauma

## Adverse Childhood Experiences (ACE's)

- Defined as when a child experiences any of the following before the age of 18:
  - Physical, emotional, and/or or sexual abuse
  - Exposure to alcohol and/or drug abuse
  - Incarceration or death of a family member
  - Exposure to mental illness or domestic violence
  - Emotional and/or physical neglect<sup>15</sup>
  
- All children in foster care have experienced at least one ACE but they are more likely than the general population to have experienced 4 or more.<sup>16</sup>
  - Women and racial & ethnic minorities are also more at risk for experiencing multiple ACE's<sup>17</sup>

## Impact of ACE's

- ACE's have significant impact on development, life course, and health outcomes
  - Increase risk of chronic illnesses such as heart disease, cancer, and diabetes
  - Linked with higher rates of mental illness & suicide
  - Also lead to increase in risk factors such as unsafe sexual activity, alcohol & substance use.<sup>18</sup>
  
- ACE & Toxic Stress
  - Prolonged or frequent activation of the nervous system/stress response system without positive adult relationships or support
  - This leads to permanent changes in structure of the brain and nervous system
    - “In extreme circumstances, certain parts of the brain that are necessary for emotional control, memory and learning, and problem-solving may actually be smaller.”<sup>19</sup>

# Working with Children Who Have Experienced Trauma

## Trauma & Behavior

- Triggers are patterns of stimuli that reactivate the memories and responses of the traumatic incident
- Fight, flight, or freeze
- Children who have experienced frequent trauma and toxic stress are constantly “on guard.” Their nervous system is always ready to activate that fight, flight, or freeze response
- Triggers might not always be obvious, even to the child
- Response to triggers may look like a tantrum, inattention, hyperactivity, defiance, withdrawal, etc

Trauma behaviors can often look like ADHD or Autism spectrum disorder. However, the treatments for each of these is very different. It is essential to have your child assessed by a mental health professional to make sure they are receiving services that meet their needs.

## Tips for parenting children who have experienced trauma

- Set up a ROUTINE. Consistency is key.
- Allow them to make simple choices throughout the day so they feel some control over their environment. Respect the choices they make.
- Observe what triggers your child. Try to avoid these as much as possible while your child learns to trust you.
- Do your best to stay patient and calm so that your child knows your home is a safe place. In the middle of a triggering situation, keep your voice low and soothing. Don't attempt to correct the behavior in the middle of the event.
- Seek professional help and therapy for both you and the child.
- Teach them that their emotions and feelings are valid. During calm moments, teach them appropriate ways to express and deal with their feelings. Give praise and positive feedback when they use these strategies later.<sup>20</sup>

## Resources

[CDC: Preventing ACE's](#)<sup>17</sup>

[Child Welfare: ACE's](#)<sup>21</sup>

[Child Welfare: Understanding Trauma](#)<sup>22</sup>

[Harvard Center on the Developing Child](#)<sup>18</sup>

[Toxic Stress and its Impact on Early Learning and Health: Building a Formula for Human Capital Development](#)<sup>19</sup>

[HealthyChildren.org](#)<sup>20</sup>

# Developmental Milestones

Children develop at their own pace and it's impossible to tell when exactly they will learn a skill. However, the milestones give a general idea of what changes to expect as they get older. For more details about each developmental stage, look at

<https://www.cdc.gov/ncbddd/actearly/milestones/index.html>

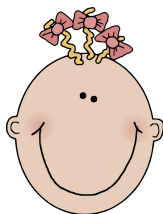
## 2 Months

### Movement & Physical Development

- Can hold head up independently
- Attempts to push up during tummy time
- More controlled movements with arms and legs

### Social-Emotional & Cognitive Development

- Starts social smiling
- Able to sometimes self-soothe, such as sucking on hands
- Coos
- Looks towards noises



## 4 Months

### Movement & Physical Development

- Starting to roll
- Holds head up
- Shakes and holds toys
- Pushes up to elbows during tummy time



### Social-Emotional & Cognitive Development

- Enjoys playing
- Begins to babble
- Attempts some facial expressions, such as frowns
- Beginning hand-eye coordination, may reach for things they see

## 6 Months

### Movement & Physical Development

- Sits unsupported
- Might bounce when supported in standing
- Passes things from hand to hand
- Attempting to crawl

### Social-Emotional & Cognitive Development

- Recognizes caregivers versus strangers
- Responds to others' emotions
- Enjoys viewing themselves in mirror
- Begins to use more vowels and consonants in babblings
- Explores toys with mouth



## 9 Months

### Movement & Physical Development

- Crawls
- Pulls to stand
- Stands with support
- Beginning use of pincer grasp

### Social-Emotional & Cognitive Development

- Clings with caregivers
- Has preferred toys
- Plays Peek-a-boo
- Points at things with finger
- Understands the word "no"
- Makes lots of repetitive sounds like "dadada"



# Developmental Milestones

## 12 months to 24 months

### 12 months

#### Movement & Physical Development

- May stand unsupported
- May start attempting to walk
- Cruises on furniture

#### Social-Emotional & Cognitive Development

- Follows simple commands
- Upset when separated from caregivers or with strangers
- Beginning to use tools correctly, like drinking from a cup
- Looks for and finds hidden things
- Tries to mimic words
- Helps with dressing by putting arm or leg up

### 18 Months

#### Movement & Physical Development

- Walks alone
- May start to run
- Can pull a toy while walking
- May start walking up stairs

#### Social-Emotional & Cognitive Development

- Identifies 1 body part
- Has several single words in their vocabulary
- Engages in pretend play
- Can consistently follow 1 step commands
- Might have tantrums
- Shows affection to caregivers and other familiar people



### 2 Years Old

#### Movement & Physical Development

- Stands on tiptoes
- Kicks ball
- Begins to run
- Climbs on/off furniture without help
- Walks up and down stairs (while holding on)
- Throws ball overhand
- Makes or copies straight lines and circles



#### Social-Emotional & Cognitive Development

- Copies adults and children
- Shows more and more independence
- Gets excited when with other children
- Shows defiant behavior
- Plays mainly beside other children, but beginning to include other children





# Developmental Milestones

## Ages 3-5

### 3 Years Old

#### Movement & Physical Development

- Climbs well
- Runs easily
- Pedals a tricycle
- Walks up and down stairs, alternating feet

#### Social-Emotional & Cognitive Development

- Copies adults and friends
- Shows affection to friends
- Takes turns in games
- Shows concern for crying friend
- Shows a wide range of emotions
- Knows the difference between “mine” and “his” or “hers”
- May get upset with major changes in routine
- Dresses and undresses self

### 4 Years Old

#### Movement & Physical Development

- Hops and stands on one foot for 2 seconds
- Catches a bounced ball most of the time
- Pours, cuts with supervision, mashes own food

#### Social-Emotional & Cognitive Development

- Enjoys doing new things
- Is more and more creative with make believe play
- Would rather play with other children than by themselves
- Cooperates with other children
- Often can't tell what's real and make believe

### 5 Years Old

#### Movement & Physical Development

- Stands on one foot for 10 seconds or longer
- Hops, may be able to skip
- Can do a somersault
- Uses a fork and spoon, sometimes a knife
- Can use the toilet on their own
- Swings and climbs

#### Social-Emotional & Development

- Wants to please friends
- Wants to be like friends
- More likely to agree with rules
- Likes to sing, dance, and act
- Can tell what's real and make believe
- Shows more independence
- Sometimes demanding and sometimes cooperative



# Autism Spectrum Disorder (ASD)

## Fast Facts

- 1 in 54 children in the United States are diagnosed with ASD.<sup>23</sup>
- Cause is unknown
- Typically diagnosed around age 3 but there are some observable signs before this
- Most notably causes deficits in social interaction and restrictive patterns

**Important Note:** Vaccines do not cause Autism spectrum disorders.  
They are not at all associated with an ASD Diagnosis.<sup>24</sup>

## What is ASD?

- “Autism spectrum disorder (ASD) refers to a group of complex neurodevelopment disorders characterized by repetitive and characteristic patterns of behavior and difficulties with social communication and interaction.”<sup>25</sup>
- ASD is present at birth and lasts the lifetime
- A “spectrum” condition meaning that every person will be impacted to a different degree and have different severity of symptoms and behaviors. Each person will have their own unique needs for treatment.<sup>27</sup>

## What could this look like?

- Limited or different speech
- Lack of eye contact
- Not able to take turns when talking
- Hard time reading people’s body language or emotions
- “Stimming,” repetitive movements
- Repeating words or phrases
- Rigid interests
- Sensory differences
- And more! These are just some examples.

## Other information

- Intellectual disability is not a part of ASD. Some children who have ASD also have intellectual disabilities and many are very smart.<sup>27</sup>
- Children with ASD are more likely to have a seizure disorder.<sup>25</sup>
- Doctors should screen for ASD at 18-month and 24-month well-child visits; if you have concerns bring them up at these visits.<sup>28</sup>
- The overall cause is unknown, but there are both genetic and environmental components
- Children born prematurely are more likely to have ASD
- Siblings of a child with ASD are more likely to have ASD as well.<sup>25</sup>

## Resources

[Autism Society of Oregon](#) <sup>29</sup>

[Autism Society of Southern Washington](#) <sup>30</sup>

[CDC: Autism Spectrum Disorder](#) <sup>31</sup>

[NINDS: ASD Fact Sheet](#) <sup>25</sup>

[Autism Society: What is Autism?](#) <sup>26</sup>

# Attention-Deficit/Hyperactivity Disorder (ADHD)

## Fast Facts

- 6.1 million children from ages 2-17 have a diagnosis of ADHD
- Boys are 3 times more likely than girls to have ADHD<sup>32</sup>
- Unclear cause of disorder<sup>33</sup>

## What is ADHD?

- Common neurodevelopmental disorder resulting in inattentive & hyperactive behavior.<sup>33</sup>

## What this could look like:

- Fidgety and squirmy
- Impulsive
- Constantly talking
- Easily distractible
- Difficulty with turn taking and social interactions

## Other Information

- About 5 in 10 children with ADHD have a behavior or conduct problem
- About 3 in 10 children with ADHD have anxiety
- Children with ADHD are more likely to have ODD, conduct disorder, mood disorder, disruptive mood regulation disorder, learning disabilities, substance abuse, anxiety, ASD, tic disorders.<sup>34</sup>

## Subtypes

### Predominantly Inattentive

- Fail to pay close attention to schoolwork, trouble staying focused on tasks, appear not to listen, can't get out of the door in the morning without forgetting something or going back to do things, easily distracted, lose items needed for tasks (ex: toys, school assignments), forget to do some daily activities like chores

### Predominantly Hyperactive

- Fidget or squirm in seat, difficulty staying seated in class, in constant motion, run around or climb in situations where it's inappropriate, trouble doing activities quietly, loudly blurts out answers or interrupting, difficulty waiting their turn, can't stop talking, talks really fast

### Combined

- "a mix of inattentive symptoms and hyperactive/impulsive symptoms."<sup>33</sup>

## Resources

[CDC: ADHD](#) <sup>35</sup>

[Mayo Clinic: ADHD in Children](#) <sup>34</sup>

[Oregon Department of Education: ADHD](#) <sup>36</sup>

[National Resource Center on ADHD](#) <sup>37</sup>

# Cerebral Palsy (CP)

## Fast Facts

- 1 in 323 children in the United States are diagnosed with CP.<sup>38</sup>
- A lifelong condition that generally doesn't get worse over time.<sup>39</sup>
- Most CP is caused by brain damage in the motor centers of the brain that occurs before or after birth
- The most common physical disability in childhood.<sup>40</sup>

## What is CP?

- “Cerebral palsy refers to a group of neurological disorders that appear in infancy or early childhood and permanently affect body movement and muscle coordination.”<sup>39</sup>
- There are 4 types of CP:
  - Spastic: most common type, characterized by stiff muscles and jerky and awkward movements
  - Athetoid: slow, uncontrolled movements and low muscle tone
  - Ataxic: poor coordination, balance and depth perception, movements are not smooth and may look jerky or clumsy
  - Mixed: a combination of symptoms dependent on where the brain damage occurred.<sup>39</sup>

## What could this look like?

- Muscle stiffness or spasms
- Low, “floppy” muscle tone
- Poor muscle control, posture and reflexes
- Slow to reach developmental milestones such as rolling, sitting, crawling, or walking
- Weakness in one or more arms or legs
- Difficulty with precise movements such as buttoning shirt

## Other information

- Presents in a number of ways. CP could only affect 2 limbs (diplegia), half of the body such as an arm and a leg (hemiplegia), or affect both arms and legs (quadriplegia).<sup>41</sup>
- Over half of children with CP can walk independently
- CP is typically diagnosed in the first 2 years of life. Mild cases may take longer to be diagnosed.<sup>40</sup>
- The brain damage that causes CP can occur before birth, during birth or up to a year after birth in rare cases. 85% of cases arise before birth.<sup>38</sup>

Resources:

[What is Cerebral Palsy?](#) <sup>39</sup>

[Types of CP](#) <sup>41</sup>

[Parent Information & Resources](#) <sup>42</sup>

[Early Signs of CP](#) <sup>43</sup>

[11 Things to Know About CP](#) <sup>40</sup>

[United Cerebral Palsy Oregon](#) <sup>44</sup>

# Fetal Alcohol Syndrome & Drug Exposure

## Fast Facts

- Using drugs or alcohol during pregnancy can lead to birth defects or disabilities for the child
- Up to 30% of women report drinking during pregnancy; usually before they realize they are pregnant
- Fetal alcohol syndrome has many similar symptoms to other cognitive disabilities.<sup>45</sup>

## Common Signs & Symptoms

### Fetal Alcohol Syndrome

- Facial differences including narrow eyes, lack of ridge above lips, and small top lip
- Small size due to growth deficiency
- Difficulty with:
  - Controlling emotions
  - Paying or shifting attention
  - Learning
  - Following directions<sup>45</sup>

### Prenatal Drug Exposure

- Low birth weight
- Small head and short size
- Difficulty with:
  - Emotional regulation
  - Delayed gratification
  - School performance<sup>46</sup>

## Impacted by...

- How often the mother drank
- When during the pregnancy she drank
- How much she drank each time

## What this could look like:

- Frequent explosive tantrums
- Making “bad” decisions, repeatedly
- Not understanding consequences of actions
- Acting out in school
- Short fuse, not as easily soothed as others
- Difficulty completing tasks

Both alcohol and drug exposure during pregnancy impact development, especially brain development. Children who have been exposed before birth often also have ADHD or mood disorders, like depression or anxiety.

## Resources

[National Institute on Alcohol Abuse and Alcoholism](#)<sup>45</sup>

[National Institute on Drug Abuse](#)<sup>46</sup>



# Intellectual & Developmental Disability

## Fast Facts

- Developmental disability is a term used for a group of conditions that impact development. Common conditions include Autism spectrum disorders, ADHD, blindness, and cerebral palsy.<sup>47</sup>
- Intellectual disability is also a specific category of developmental disability.<sup>48</sup>
- 17% of children were diagnosed with developmental disability in 2009-2017 study
- 6.5 million individuals in US have an intellectual disability
- These two diagnoses are often lumped together because they co-occur frequently.<sup>49</sup>

## What is an intellectual disability?

- “According to the American Association of Intellectual and Developmental Disabilities, an individual has intellectual disability if he or she meets three criteria:
  - IQ is below 70-75
  - There are significant limitations in two or more adaptive areas (skills that are needed to live, work, and play in the community, such as communication or self-care)
  - The condition manifests itself before the age of 18.”<sup>49</sup>

## What does this look like?

- Sitting up, crawling, or walking later than expected
- Delayed speech, or difficulty with speech
- Difficulty with problem solving or social interactions
- Poor memory

## Causes

- Genetic: abnormal or mutated genes.
  - Examples: Down syndrome or Fragile X syndrome
- Pregnancy complications: infections during pregnancy, or introduction of toxins or substance use such as alcohol
- Birth complications: premature birth, poor oxygenation at birth
- Illness or exposure after birth: measles, whooping cough, and meningitis are examples of illnesses that could cause intellectual disability in young children.<sup>49</sup>

## Resources

[The Special Olympics](#) <sup>49</sup>

[American Association of Intellectual and Developmental Disabilities](#) <sup>48</sup>

# Hearing Impairment

## Fast Facts

- More than 12,000 babies diagnosed with hearing loss each year.<sup>50</sup>
- Can be present at birth or developed afterwards.<sup>51</sup>
- Likely to have significant impact on other areas of development, especially speech, language, and social skills.<sup>50</sup>

## What is a hearing impairment?

- Changes in ability to hear, due to parts of the ear or auditory system not functioning properly.<sup>51</sup>
- Can occur in one or both ears
- Classified as “slight, mild, moderate, severe, or profound” depending on what frequencies/volumes the child can hear
- Children and families may need or choose to use hearing aids, Cochlear implants, or other ways to communicate such as sign language.<sup>50</sup>

### Signs in babies

- “Doesn’t startle to loud noises, doesn’t turn to the source of the sound after 6 months of age, doesn’t say single words by 1st year of age, turn head when they see you but not when parents says their name, seems to hear some sounds and not others”

### Signs in children

- Speech is delayed, speech is not clear, doesn’t follow directions, turns volume up too loud on devices.<sup>51</sup>
- Lost in their own world, make “cute” mistakes on a number of words but continues baby talk into preschool or kindergarten

## Causes

### Acquired hearing loss

- Most common type
- Build up of fluid in the eardrum
- Middle ear infection (can either cause temporary or permanent hearing loss)
- Illness (meningitis, flu, measles, chickenpox)
- Loud noise-induced
- Head trauma

### Congenital hearing loss

- A family history of hearing loss
- Infections during pregnancy
- Complications during pregnancy

## Types

Conductive: a disease or obstruction stops sound from getting through the outer or middle ear. Typically less severe.

Sensorineural: damage to nerves. Not easily correctable.

Mixed: combination of conductive and sensorineural

Central: changes in the brain that impact ability to process sound.<sup>50</sup>

## Resources

[CDC: Hearing Loss](#) <sup>52</sup>

[National Institute on Deafness and Other Communication Disorders](#) <sup>53</sup>

[Parent Center: Deafness & Hearing Loss](#) <sup>50</sup>

[Hands & Voices](#) <sup>54</sup>

# Visual Impairment

## Fast Facts

- Occurs in about 3% of children under age 18.<sup>55</sup>
- Frequently co-occurs with other developmental disabilities

## What is Visual Impairment?

- “Defined as having trouble seeing even when wearing glasses or contact lenses.”<sup>55</sup>
- Generally means either decreased acuity (20/70 or greater on an eye exam) or decreased field (peripheral vision).<sup>56</sup>
- More than half of children with vision impairment also have at least one other developmental disability, such as intellectual disabilities, cerebral palsy, hearing loss, or epilepsy.<sup>57</sup>

## What this could look like:

- Clumsiness; tripping frequently or falling over steps, curbs, etc
- Difficulty recognizing familiar people
- Lack of interest in books or videos without sound
- Not able to identify shapes or colors
- Not reaching for toys or not initiating mobility, such as crawling towards toys/objects of interest
- Eyes crossing after 6 months of age
- Eyes jerk, move quickly around, or don't move together
- Difficulty telling difference between day and night, poor sleep routine

## Causes

- Cortical visual impairment: neurological condition in the part of brain that controls sight
- Genetic conditions
- Issues during birth or illnesses related to prematurity
- Eye disease
- Infections during pregnancy
- Issues with the eyeball or sight structures
- Injury/damage to the eyes or nerves.<sup>58</sup>

## Resources

[CDC: Facts about Vision Loss](#) <sup>59</sup>

[Oregon Deafblind Project](#) <sup>60</sup>

[Kid's Health: Blindness](#) <sup>61</sup>

[American Association for Pediatric Ophthalmology & Strabismus Low Vision](#) <sup>56</sup>

# Mobility Impairment

## Fast Facts

- 24-49% of children in foster care have motor delays, mobility impairment could fall into this category.<sup>62</sup>
- Devices, such as splints, crutches, and wheelchairs are commonly needed for mobility
- Ongoing physical therapy and muscle strengthening can improve mobility for many children

## What is a mobility impairment?

- “NANDA International, an organization that develops standardized terminology for nurses, defines physical and mobility impairment as a limitation in independent, purposeful physical movement of the body or of one or more extremities.”<sup>63</sup>
- Commonly impacts speed, endurance, coordination, dexterity and/or strength of movements
- Limited mobility could be the result of a condition, disease, injury, or birth defect and severity varies greatly
- Common conditions that cause mobility impairments include, cerebral palsy, spina bifida, spinal cord injury, and muscular dystrophy

## What this could look like:

- Awkward, uncoordinated movements
- Extra time needed to get from place to place
- Difficulty maneuvering in small spaces
- May need help with completing daily tasks, such as getting dressed
- May be reluctant to attempt movement
- Limited muscle strength in arms, legs, hands and feet
- Limited range of motion in arms, legs, hands and feet.<sup>66</sup>

## Mobility and development

Mobility has a profound impact on the development of important skills, including:

- Socialization
- Cognitive skills
- Navigational skills and spatial knowledge
- Perceptual skills
- Fine and gross motor skills
- Decision making
- Planning ahead for and reacting to the movement of one’s body or objects and their surroundings<sup>64,65</sup>

## Resources

[Physical & Mobility Impairments:](#)

[Information & News](#)<sup>63</sup>

[Physical Disabilities: Signs of](#)

[Concern](#)<sup>66</sup>

# Special Education

## Oregon Early Intervention Services

### What is early intervention?

- A completely free service provided by the state through the department of education, consisting of Early Intervention (EI: ages 0 to 2 years 11 months) and Early Childhood Special Education (ECSE: ages 3-5)
- An interdisciplinary team that provides in-home services and therapy for young children with disabilities or developmental delays
- Serves children ages birth through 5 years old

### Who is on the team?

Your child's team may consist of any and/or all of the following professionals:

- Physical therapist
- Occupational therapy
- Speech language pathologist
- Social worker
- Psychologist
- Nurse
- Case manager
- Other specialists<sup>67</sup>

### What will they work on?

- Communication skills
- Basic life skills, also known as adaptive skills
- Social & emotional skills
- Motor skills
- Cognition
- Whatever other needs have been identified by the team and the family as a priority for the child's participation in family routines.<sup>68</sup>

### In Foster Care

- In Oregon, all children ages 0-3 in foster care must receive an EI assessment within 60 days of entering foster care while children aged 3+ receive a Mental Health Evaluation
  - At this evaluation make sure to express any concerns you've noticed with the child's ability to play, communicate, move around, or participate in daily routines
  - If your foster child has already had an EI evaluation at previous placement and did not qualify for services but you still have concerns, you can request a re-evaluation.<sup>69</sup>

### Individualized Family Service Plan (IFSP)

- Working document charting goals and plan of care for EI services
- Ask your caseworker for a copy of your child's IFSP if they have one to ensure that you understand the child's strengths, deficits, and goals and how the team is planning on supporting the child's development
- Foster family is responsible for carrying out ISFP at home; IFSP moves with child through placements.
  - However if placement is in a new county, IFSP will be reworked by new district/service district.<sup>70</sup>



# Special Education

## How to qualify and access

- To qualify for special education kids must have a disability in one of the 13 categories and it must have an adverse affect on their education
- A parent may request an evaluation from the school or the referral may come from a teacher
- The school district will complete a free full evaluation of the child and if they qualify, an Individualized Education Program (IEP) meeting will be set up with the school and parent.
  - If request is denied, parent may request another evaluation, pay for a private evaluation, or make a dispute.<sup>71</sup>

## Disability Eligibility Categories

- Autism spectrum disorder
- Communication disorder
- Deafblindness
- Developmental delay
- Emotional disturbance
- Hearing impairment, including deafness
- Intellectual disability
- Orthopedic impairment
- Other health impairment
- Specific learning disability
- Traumatic brain injury
- Visual impairment, including blindness

## Other Information

- 30-40% of children and youth with disabilities in foster care may qualify for special education services.<sup>10</sup>
- If you are unsure if your foster child has an IEP, call their teacher or the district's office of special education. You can use [FACT Oregon's support line](#) if you need help finding this information.<sup>73</sup>
  - If they do have an IEP, you may request a copy for yourself
- Follow the link for more information on Special Education from FACT Oregon [Special Education Toolkit](#).<sup>74</sup>

## IEP: Individualized Education Program

- A written plan with special education services tailored to meet child's needs and may include:
  - Specialized instructions
  - Accommodations
  - Related services (like therapy)
  - Assistive technology
- Reviewed & updated at least annually
- IEP team typically consists of:
  - Parents
  - Teacher and/or special education teacher
  - School representative
  - Related service personnel
  - Someone trained to interpret evaluation results.<sup>72</sup>

# Special Education

## Common Abbreviations

EI: Early Intervention

ECSE: Early Childhood Special Education

IDEA: Individuals with Disabilities Education Act

FAPE: Free and Appropriate Public Education

IEP: Individualized Education Plan

IFSP: Individualized Family Service Plan

LRE: Least Restrictive Environment

## Resources

[EI Program Brochure](#)<sup>75</sup>

[Oregon Department of Education: Do You Have Concerns About a Child's Development?](#)<sup>6</sup>

[Early Intervention/Early Childhood Special Education](#)<sup>76</sup>

[IFSP Process - The Oregon Family Early Intervention Resource](#)<sup>77</sup>

[Required Health Screenings for Children Entering Foster Care](#)<sup>69</sup>

[Disability in foster care](#)<sup>10</sup>

[Special Ed Decision Making: Role of the Foster Parent](#)<sup>78</sup>

[Requesting an eligibility evaluation](#)<sup>71</sup>

[FACT Oregon](#)<sup>79</sup>

# Assistive Technology

## What is Assistive Technology (AT)?

- Per the IDEA: “any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of children with disabilities.”<sup>80</sup>
- The goal of assistive technology is to promote *function* and *participation*.<sup>80</sup>
- Assistive technology can help children independently complete tasks that previously required help
- There are low tech and high tech AT options
  - Low tech examples: large print text, canes/walkers, specialized pencils/pencil grips, fidgets
  - High tech examples: power wheelchairs, AAC devices, speech to text software, audiobooks

## Benefits of AT

- Increases independence and improves participation in areas of communication, education, mobility, play, self-care, and family routines
- Bridges the gap between children with and without disabilities
- Give opportunities to participate more fully in educational, social and recreational activities
- AT can positively impact self-image, self-esteem, and sense of self worth by promoting participation and inclusion in everyday life.<sup>82</sup>

## How to Access AT through School

- Your IFSP/IEP team is responsible for assessing if your child needs assistive technology. If your team doesn't bring up an AT evaluation during your IFSP/IEP meeting you can request one through your service coordinator or case manager.
- The IFSP/IEP team will talk with you about how AT might help your child. The team will discuss what environments the child needs to access and give examples of AT to that would be helpful to try.
- The school district is responsible for providing devices and services.
  - If you disagree with the recommendation from the evaluation, you have the right to an independent evaluation at the schools expense
  - If your child doesn't qualify for early intervention services, most communities have lending libraries where AT options can be trialed.<sup>82</sup>

# Assistive Technology

## Alternate Source of Assistive Technology

### Go Baby Go

- Go Baby Go (GBG) is a non-profit organization that provides creative and cost-effective solutions for children with disabilities. Parents can access AT through GBG by applying on their website.
- Parents can access adapted cars, books, and toys at no charge. GBG asks that families make a donation if possible.
- GBG encourages families to use this type of AT as early as possible to help promote development of mobility, literacy, and communication skills. Cars can be used as early as 6 months old. Toys and books are available for children of any age.<sup>83</sup>

### Go Baby Go options

#### Modified ride-on cars

- An innovative piece of equipment that is used as a therapeutic tool to promote independence for children with limited mobility and is adapted specifically for the child's needs.

#### Adapted books

- Adapted books aren't readily available commercially. GBG provides adapted books to families to allow children with visual and motor difficulties to engage with books and work on promoting the development of early literacy skills.

#### Adapted toys

- Typically adapted toys are expensive and often inaccessible to families. GBG provides adapted toys that allow children with disabilities to have easier access for play.<sup>83</sup>

*Figure 1: Modified ride-on car.<sup>83</sup>*



### Resources

[Community Vision AT Lab](#) <sup>84</sup>

[Obtaining AT through schools](#) <sup>82</sup>

[What is AT?](#) <sup>80</sup>

[AT for Children with Disabilities](#) <sup>81</sup>

[Considering AT](#) <sup>85</sup>

[Go Baby Go Oregon](#) <sup>83</sup>

[Oregon Lending Library](#) <sup>86</sup>

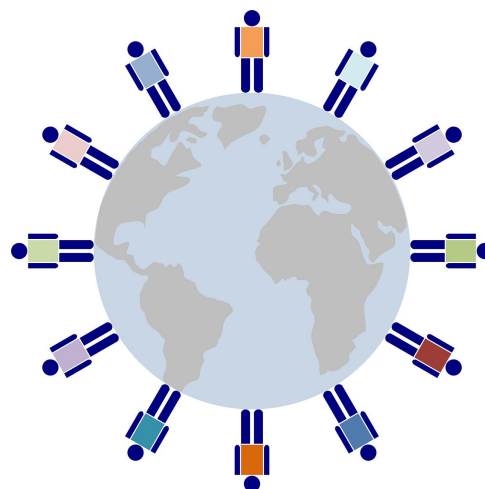
# Cultural Humility

“To be culturally humble means that I am willing to learn.”

- Joe Gallagher

## Why is this important?

Building your cultural humility allows your foster children to connect with their culture, figure out how they view the world, and develop their own cultural identity. When a child begins to identify with their culture, they can take on that group’s values and traditions. This affects how they interact with people and the world around them. Studies show that developing a strong cultural identity helps the child be more confident in themselves, do better in school, feel more happy or safe, cope better with tough situations, and feel less lonely or depressed.<sup>87</sup> Cultural identity is especially important for children in foster care because it is likely that their foster family will have a different background. They also may have lots of different foster families from lots of different cultures.<sup>87</sup>



## Examples of cultural practices that contribute to a stronger cultural identity:

- Making and eating food
- Celebrating age milestones
- Art
- Speaking or being around one’s own language
- Holidays and traditions
- Clothing (including clothes worn for special occasions)
- Music and dancing

**Only four states include the right to culture in their foster care bill of rights and Oregon is not one of them.**



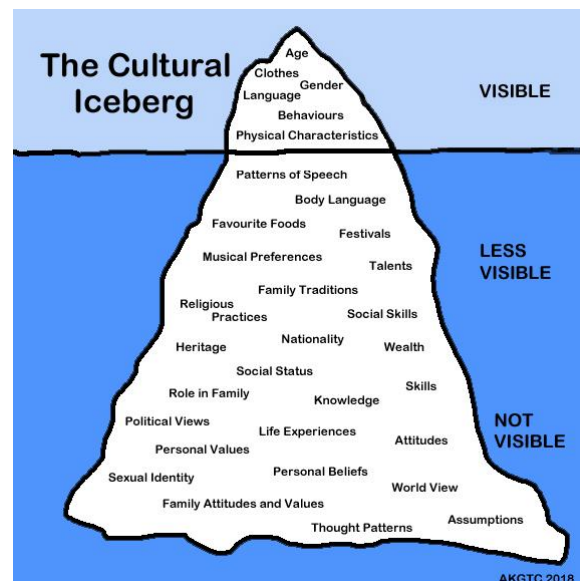
# Cultural Humility

## How do you improve cultural humility at home?

**Start with yourself!** Cultural humility requires thinking deeply about your own family, and what you believe and care about. Everyone experiences biases and it's important to see your own biases and perceptions of others, and learn about other cultures.

**Listen and learn.** To better understand your foster child and their needs, think about their cultural background. There are parts of culture that are visible to everyone, but to fully understand someone's culture you need to dig deeper. Ask important questions, like "how did you celebrate holidays with your parents?" or "what did dinner time look like when you were with your parents?" Questions like these help you to understand how your foster child views themselves and the world. Your child's caseworker may be able to help answer these questions, but it's good to do your own research and show interest in your foster child.

Figure 2: The cultural iceberg<sup>88</sup>



*Note: Shows that some parts of culture are easy to see but many are less obvious and should be explored.*

## Action steps that you can take to strengthen cultural humility

- Ask your caseworker about the child's ethnic and cultural background
- If possible, talk to the child's family about their heritage and customs
- Ask the child questions about foods they like, how they celebrate holidays, where they went to church, likes and dislikes, etc.
- Read about the child's heritage and cultural background and then help your foster child understand their background
- Provide regular opportunities for them to be around people that look and talk the way that they do. Consider schools, churches, recreational activities, etc.
- Provide regular access to food, music and events that are culturally relevant and familiar (museums, festivals, cultural events).<sup>89</sup>

# Cultural Humility

## Action steps that you can take to strengthen cultural humility

- Learn about the practices relevant to child's culture and family (how to care for hair & skin, common foods, appearance, music, etc.)
- Find strong role models of the same race and ethnicity, perhaps through a Big Brother Program
- If the child speaks more than one language, learn phrases in these languages.
- If possible, let the child to be around family members or friends of the same ethnicity, race or culture
- Cook favorite foods from their culture
- Choose books, movies, and toys (such as dolls) that look like the child
- Celebrate important holidays, religious practices, and traditions. Write them down to keep track of special occasions.<sup>89</sup>

## Take advantage of these resources:

- [Fostering Children with the Greatest Needs](#)<sup>90</sup>
- [Supporting the Needs of African American Children](#)<sup>91</sup>
- [Transracial Parenting in Foster Care and Adoption](#)<sup>92</sup>
- [Supporting Your LGBTQ+ Youth](#)<sup>93</sup>
- [Implicit Bias Test](#)<sup>93</sup>
  - Take the race test to understand your own racial biases.
- [Implicit Racial Bias 101](#)<sup>94</sup>
  - Lessons you can complete for free if you'd like to dive deeper on racial bias
- [Serving Foreign-Born Foster Children](#)<sup>95</sup>

# Community Resources & Supports for Foster Parents

## Support Groups

Confidentiality laws don't always allow for sharing about your foster child or your experience as a foster parent with your friends and family. Finding others who are going through the same thing is so important for your mental health and well-being.

- [KEEP Oregon](#)
  - 16 weekly sessions with other foster parents and trained leaders
  - Support group
  - Provides evidence-based and trauma-informed tools and strategies for parenting children with complex emotional and behavioral needs
  - Aim to prevent placement breakdowns
  - Provides childcare, dinner, and a stipend for attending
  - KEEP just implemented in Oregon, most groups still in recruitment phase. Tele-groups for rural counties
  - Works with families of children 4-12
- [Oregon Family Support Network](#)
  - Support groups and education for families (biological, adoptive, or foster) that have children with special needs (mental health, behavioral, or other special healthcare needs)
  - Multnomah County: [Game night](#)
- [Embrace Oregon](#)
  - [Foster Parent's Night Out](#)
  - Generally hold foster parent meetups but don't seem to have any scheduled right now
  - Multnomah County chapter of Every Child Oregon
- Oregon Community Programs
  - [Early Intervention Foster Care](#)
    - Foster parent support group
    - Therapeutic play group (early literacy, social and behavioral skills)
    - Therapy
    - Case management & support
- [Westside: A Jesus Church](#)
  - Offers monthly adoptive/foster parent support group with free dinner
  - Hosts Foster Parents Night Out September-June each year

# Community Resources & Supports for Foster Parents

## Support Lines

- 211: live, 24/7 foster parent support line.
  - Advice, referrals, and crisis intervention regarding parent support, behavioral challenges, child development, community resources, and more
- [Boys & Girls Aid](#)
  - 24/7 professional support for children placed through their Nest program
- [YouthLine](#)
  - A 24/7 crisis, support, and helpline for youth. Calls are answered by other youth from 4-10 p.m. PST and adults at all other times.

## Education & Training

### Education & Training

- [Boys & Girls Aid](#)
  - Provide training for future foster or adoptive parents
- [OPARC Lending Library](#)
  - Books and resources on a variety of subjects, including many disabilities, that OPARC will mail to you
  - [Complete list of topics](#)
  - Check up 5 items at a time
  - You can also check out kids books/movies - maybe we can explore the possibility of donating some adapted books?
- [NAYA family center](#)
  - Support for families/children involved with state or tribal foster care system
  - “Foster Care Support services includes, Pathways to Adulthood, Sibling and Family Nights, and as part of our larger community programming, Positive Indian Parenting classes.”
- [Shoulder to Shoulder Conference](#)
  - Annual conference for people in Portland metro area connected with child welfare system, including foster parents, social workers, case workers, lawyers, and more
  - Many breakout sessions and keynote speakers focusing on topics related to child development, trauma, parenting strategies, and more
  - Registration cost \$75-95 in 2019

# Community Resources & Supports for Foster Parents<sup>32</sup>

## Education & Training cont'.

- Impact NW
  - [Safe & Together](#) program
    - Focuses on foster children birth through age 8
    - Intensive home visits, individualized support, connecting families with resources
    - Goal of reuniting families
  - Also offers [newborn services](#), parent-child playgroups and dad-specific training and services
    - Not foster care specific but provide education on nutrition, child development, etc
    - Provide free education and free infant screenings
- Embrace Oregon Foster Parent Meetups include some training typically
- [Oregon Family-to-Family Health Information Center](#)
  - A resource for families and caregivers of children with special health needs. Includes a large variety of resources as well as options for financial help.
- [Oregon Post Adoption Resource Center](#) (ORPARC)
  - Resource center with a lot of resources on foster care, a lending library, and a database of mental health providers who are certified in foster/adoptive family therapy

## Crisis Support

- [Every Child Oregon](#)
  - [My NeighbOR](#): emergency response system in response to COVID; families of medically fragile children able to put in requests for immediate needs such as diapers, groceries, cleaning supplies and connected to people in their neighborhood who will donate those goods

## Respite & Relief Care

- Autism Society of Oregon [“Take a Break”](#)
  - Night of respite for parents (including foster parents) of children with ASD
  - Provides a restaurant gift card, movie tickets, and 4 hours of paid respite care
  - All donated
- [Boys & Girls Aid](#), Relief care: 1-2 days of childcare relief for foster parents



# Community Resources & Supports for Foster Parents

## Respite & Relief Care cont'

- [Foster Plus](#)
  - Relief parents give full-time foster parents a break by providing 1-2 days of childcare relief.
  - Offers specialized training and extra financial support.
- Every Child Oregon: [Results](#): Respite Mix & Mingle (find babysitters, respite providers who are interested in and trained to support foster children), Foster Family Fun Days, pilot projects in multiple counties, etc

## Mental Health

- National Alliance of Mental Illness ([NAMI](#)) Oregon
  - [County Mental Health Departments](#)
    - Anyone who has medicaid can access free mental health care. Check with your local county to find options in your area.
  - [Culturally Specific & LGBTQ Services](#)

## Other Resources

- Oregon Foster Parent Association ([OFPA](#))
  - Legislative work and policy reform to better support foster children and families
  - Sponsor a statewide conference for foster care providers
- [Bridge Meadows](#)
  - Intergenerational living community for long term foster/adoptive families and the elderly
  - Two communities; one in NE Portland and one in Beaverton
  - Elders support the families and have purposeful involvement
  - Full community meals and events regularly
- [Safe Families for Children PDX](#)
  - Families in crisis can temporarily place their child into a host family to protect them (ie from houselessness, substance abuse relapse, etc)
- Embrace Oregon [Resource List](#)
  - Information on discounted local activities
  - Places to get things like haircuts, school supplies, clothing discounted or free for foster children
  - Coordinated medical care and mental health services
- [Resource guide](#) from With Love

# Community Resources & Supports for Parents of Children with Disabilities

- [FACT Oregon](#)
  - Help line for resources/referrals
  - Barrier free triathlon for kids
  - Trainings, education etc
- Oregon Council on Developmental Disabilities
  - [Oregon Consortium of Family Networks](#)
    - Support families in raising their children with disabilities at home
    - Build connections
    - Increase capacity in community
  - [Inclusive Partners](#)
    - Ensuring inclusive childcare
    - Promoting access, participation, and support for children and families with disabilities
- ABI
  - [Open Arms](#) playgroup in Portland and Vancouver for children 5 and under with disabilities
    - Families and siblings welcome, any disability/diagnosis
  - [NWDSA Resourcefulness Center](#)
    - Support for all things special education (IEP, transition, more)
  - Resources on assistive tech
- [Disability Specific Organizations](#)

## References

1. Department of Human Services, Office of Reporting, Research, Analytics and Implementation. (2019). *Child Welfare Data Book*. <https://www.oregon.gov/DHS/CHILDREN/CHILD-ABUSE/Documents/2018-Child-Welfare-Data-Book.pdf>
2. Roth, A., & Driscoll, A. (n.d.). *How you can help Oregon's foster care crisis*. PDX Parent. <https://pdxparent.com/help-foster-kids/>.
3. Zimmerman, S. (2019). *Report: Oregon foster care system needs 'extensive work'*. KATU. <https://katu.com/news/local/report-oregon-foster-care-system-needs-extensive-work>.
4. Council on Foster Care, Adoption, and Kinship Care, Committee on Adolescence, & Council on Early Childhood. (2015). Health care issues for children and adolescents in foster care and kinship care. *American Academy of Pediatrics*, 136(4). <https://doi.org/10.1542/peds.2015-2655>
5. Withycombe, C. (2019). *Rights groups take Oregon officials to court over foster care*. Mail Tribune. <https://mailtribune.com/news/top-stories/right-groups-take-oregon-officials-to-court-over-foster-care>.
6. Disability Rights Oregon. (2019). *Press release: Children in Oregon's foster care system file civil rights action*. The Lund Report. <https://www.thelundreport.org/content/press-release-children-oregons-foster-care-system-file-civil-rights-action>.
7. Dake, L. (2019). *Out of state, out of mind: Oregon trusts company accused of abuse with its foster children*. Oregon Public Broadcasting. <https://www.opb.org/news/article/oregon-foster-care-abuse-neglect-sequel/>.
8. Falkers, B. (2019). *'Just not enough homes': Oregon faces shortage of foster parents*. KGW. <https://www.kgw.com/article/news/local/oregon-foster-care-system/283-3feff24b-ac0a-4284-aeb9-7276e50d94a5>.
9. Borrud, H. (2019). *Horrific failures of Oregon foster care system called out in new federal lawsuit*. The Oregonian. <https://www.oregonlive.com/politics/2019/04/new-federal-lawsuit-accuses-oregon-foster-system-of-re-victimizing-children.html>.
10. United Cerebral Palsy and Children's Rights. (2006). *Forgotten Children: A Case for Action for Children and Youth with Disabilities in Foster Care*. <http://www.childrensrights.org/wp-content/uploads/2008/06/forgotten-children-children-with-disabilities-in-foster-care-2006.pdf>
11. Raising Children Network (Australia) Limited. (2019). *Discipline and guiding behaviour: babies and children*. <https://raisingchildren.net.au/toddlers/behaviour/discipline/discipline-strategies>
12. Fletcher, A. (2016). *Positive discipline and child guidance. Extension: University of Missouri*. <https://extension2.missouri.edu/g6119>
13. Center on Human Development, University of Oregon. (n.d.). *Oregon Screening Project*. <https://osp.uoregon.edu/>
14. Centers for Disease Control and Prevention. (2019a). *Milestone tracker app*. <https://www.cdc.gov/ncbddd/actearly/milestones-app.html>
15. ACE Response. (2020). *ACE Study*. [http://www.aceresponse.org/who-we-are/ACE-Study\\_43\\_pg.htm](http://www.aceresponse.org/who-we-are/ACE-Study_43_pg.htm)
16. Children's Bureau. (n.d.). *Adverse Childhood Experiences (ACEs)*. <https://www.childwelfare.gov/topics/preventing/preventionmonth/resources/ace/>
17. Centers for Disease Control and Prevention. (2019b). *Preventing Adverse Childhood Experiences*. <https://www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html>
18. Center on the Developing Child at Harvard University. (2015). *Toxic Stress*. <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>
19. Levitt, P. (2015). *Toxic Stress and its Impact on Early Learning and Health: Building a Formula for Human Capital Development. Wisconsin Family Impact Seminars*. [https://www.purdue.edu/hhs/hdfs/fii/wp-content/uploads/2015/07/s\\_wifis32c02.pdf](https://www.purdue.edu/hhs/hdfs/fii/wp-content/uploads/2015/07/s_wifis32c02.pdf)
20. American Academy of Pediatrics. (2015). *Parenting After Trauma: Understanding Your Child's Needs*. <https://www.healthychildren.org/English/family-life/family-dynamics/adoption-and-foster-care/Pages/Parenting-Foster-Adoptive-Children-After-Trauma.aspx>
21. Children's Bureau. (n.d.). *Adverse Childhood Experiences (ACEs)*. <https://www.childwelfare.gov/topics/preventing/preventionmonth/resources/ace/>
22. Children's Bureau. (n.d.). *Understanding Trauma*. <https://www.childwelfare.gov/topics/responding/trauma/understanding-trauma/>
23. Centers for Disease Control and Prevention. (2020a). *Data and Statistics on Autism Spectrum Disorder*. <https://www.cdc.gov/ncbddd/autism/data.html>
24. Centers for Disease Control and Prevention. (2020b). *What is autism spectrum disorder?* <https://www.cdc.gov/ncbddd/autism/facts.html>
25. National Institute of Neurological Disorders and Stroke. (2015). *Autism Spectrum Disorder Fact Sheet*. <https://www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Fact-Sheets/Autism-Spectrum-Disorder-Fact-Sheet>
26. Autism Society. (2020). *What is Autism?* <https://www.autism-society.org/what-is/>
27. Centers for Disease Control and Prevention. (2019c). *Signs and symptoms of Autism Spectrum Disorders*. <https://www.cdc.gov/ncbddd/autism/signs.html>
28. Centers for Disease Control and Prevention. (2020b). *Data and Statistics on Autism Spectrum Disorder*. <https://www.cdc.gov/ncbddd/autism/data.html>
29. Autism Society of Oregon. (2016) <https://autismsocietyoregon.org/>
30. Autism Society of Washington. (2017). *Welcome to ASW: Southwest Chapter*. <http://autismsocietyofwa.org/v2/southwest-washington/>
31. Centers for Disease Control and Prevention. (2019d). *Autism Spectrum Disorder (ASD)*. <https://www.cdc.gov/ncbddd/autism/index.html>
32. Centers for Disease Control and Prevention. (2019e). *Data and Statistics about ADHD*. <https://www.cdc.gov/ncbddd/adhd/data.html>
33. Centers for Disease Control and Prevention. (2020c). *What is ADHD?* <https://www.cdc.gov/ncbddd/adhd/facts.html>
34. Mayo Clinic. (2020). *Attention-deficit/hyperactivity disorder (ADHD) in children*. <https://www.mayoclinic.org/diseases-conditions/adhd/symptoms-causes/syc-20350889>
35. Centers for Disease Control and Prevention. (2020c). *Attention-Deficit/Hyperactivity Disorder (ADHD)* <https://www.cdc.gov/ncbddd/adhd/index.html>
36. Oregon Department of Education. (n.d.). *Attention Deficit Hyperactivity Disorder information and resources*. <https://www.oregon.gov/ode/students-and-family/SpecialEducation/SpEdResources/Pages/Attention-Deficit-Hyperactivity-Disorder-Information-and-Resources.aspx>
37. Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD). (2020) *About the national resource center*. <https://chadd.org/about/about-nrc/>
38. Centers for Disease Control and Prevention. (2019f). *Data and Statistics for Cerebral Palsy*. <https://www.cdc.gov/ncbddd/cp/data.html>
39. National Institute of Neurological Disorders and Stroke. (2013). *Cerebral palsy: Hope through research*. [https://www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Hope-Through-Research/Cerebral-Palsy-Hope-Through-Research#3104\\_2](https://www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Hope-Through-Research/Cerebral-Palsy-Hope-Through-Research#3104_2)
40. Centers for Disease Control and Prevention. (2020d). *11 Things to Know about Cerebral Palsy*. <https://www.cdc.gov/ncbddd/cp/features/cerebral-palsy-11-things.html>
41. Cerebral Palsy Alliance Research Foundation. (2018). *Types of Cerebral Palsy*. <https://cparf.org/what-is-cerebral-palsy/types-of-cerebral-palsy/>
42. Center for Parent Information and Resources. (2017). *Cerebral palsy*. <https://www.parentcenterhub.org/cp/#signs>
43. National Institute of Child Health and Human Development. (n.d.) *What are the early signs of cerebral palsy?* <https://www.nichd.nih.gov/health/topics/cerebral-palsy/conditioninfo/signs>

44. United Cerebral Palsy Oregon. (2020). *Family support*. <https://www.ucpaorwa.org/familysupport.html>
45. National Institute on alcohol abuse and alcoholism. (2019). *Fetal alcohol exposure*. <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/fetal-alcohol-exposure>
46. National institute on drug abuse. (1998). *Prenatal Exposure to Drugs of Abuse May Affect Later Behavior and Learning*. <https://archives.drugabuse.gov/news-events/nida-notes/1998/11/prenatal-exposure-to-drugs-abuse-may-affect-later-behavior-learning>
47. Centers for Disease Control and Prevention. (2019d). *Facts About Developmental Disabilities*. <https://www.cdc.gov/ncbddd/developmentaldisabilities/facts.html>
48. American Association on Intellectual and Developmental Disability. (2020). *Frequently Asked Questions on Intellectual Disability*. <https://www.aaid.org/intellectual-disability/definition/faqs-on-intellectual-disability>
49. Special Olympics. (2020). *What is Intellectual Disability?* <https://www.specialolympics.org/about/intellectual-disabilities/what-is-intellectual-disability>
50. Center for Parent Information and Resources. (2015). *Deafness and hearing loss*. <https://www.parentcenterhub.org/hearingloss/#>
51. Centers for Disease Control and Prevention. (2019h). *What is hearing loss in children?* <https://www.cdc.gov/ncbddd/hearingloss/facts.html>
52. Centers for Disease Control and Prevention. (2017). *Hearing Loss*. <https://www.cdc.gov/hearingloss/default.html>
53. National Institute on Deafness and Other Communication Disorders. (n.d.) <https://www.nidcd.nih.gov/>
54. Hands & Voices. (2018). *Hands & Voices Chapters*. <http://www.handsandvoices.org/>
55. Centers for Disease Control and Prevention. (2017). *Fast Facts of Common Eye Disorders*. <https://www.cdc.gov/visionhealth/basics/ced/fastfacts.htm>
56. American Association for Pediatric Ophthalmology & Strabismus. (2016). *Pediatric Low Vision*. <https://aapos.org/glossary/low-vision>
57. Centers for Disease Control and Prevention. (2020e). *Kids' Quest: Vision Impairment*. <https://www.cdc.gov/ncbddd/kids/vision.html#:~:text=Vision%20impairment%20is%20not%20very%20older%20people%20than%20in%20children>
58. Raising Children Network (Australia) Limited. (2019). *Vision Impairment*. <https://raisingchildren.net.au/disability/guide-to-disabilities/assessment-diagnosis/vision-impairment>
59. Centers for Disease Control and Prevention. (2019g). *Facts about vision loss. Developmental Disabilities*. <https://www.cdc.gov/ncbddd/developmentaldisabilities/facts-about-vision-loss.html>
60. Oregon Deafblind Project. (n.d.) *Oregon Deaf-Blind Project's Family Guide*. <http://triwou.org/projects/ordb/family>
61. Salvin, J.H. (2016). *Blindness. KidsHealth*. <https://kidshealth.org/en/kids/visual-impaired.html>
62. Hanson, H., Jawad, A., Ryan, T., & Silver, J. (2011). Factors influencing gross motor development in young children in an urban Child Welfare System. *Pediatric Physical Therapy*, 23(4), 335–346. <https://doi.org/10.1097/PEP.0b013e3182351fb5>
63. *Physical and mobility impairment information*. (2019). *Disabled world*. <https://www.disabled-world.com/disability/types/mobility/>
64. Huang, H. (2018). Perspectives on early power mobility training, motivation, and social participation in young children with motor disabilities. *Frontiers in Psychology*, 8(10), 997-1011. <https://doi.org/10.3389/fpsyg.2017.02330>
65. Kenyon, L. K., Farris, J., Brockway, K., Hannum, N., & Proctor, K. (2015). Promoting self-exploration and function through an individualized power mobility training program. *Pediatric Physical Therapy*, 27(2), 200–206. <https://doi.org/10.1097/PEP.0000000000000129>
66. Childcare (2019). *Physical disabilities: Signs of concern*. Extension Alliance for Better Child Care. <https://childcare.extension.org/physical-disabilities-signs-of-concern/#:~:text=The%20following%20are%20typical%20signs.up%20after%20about%203%20months>
67. Criterion Child Enrichment. (2020). *Early Intervention Program Description*. <https://www.criterionchild.com/index.php/programs/early-intervention/27>
68. Oregon Department of Education. (n.d.). *Early Intervention/Early Childhood Special Education*. <https://www.oregon.gov/ode/students-and-family/SpecialEducation/earlyintervention/Pages/default.aspx>
69. Oregon Department of Human Services. (2017). *Fact Sheet: Required Health Screenings for Children Entering Foster Care*. [https://sharingsystems.dhsosha.state.or.us/DHSForms/Served/ce0826.pdf?CFGRIDKEY=CW%200826%2c%2cCW%20Required%20Health%20Assessments%20for%20Children%20Entering%20Foster%20Care%2c%2c0826.pdf%2c%2c%2c%2c%2c%2c%2c/es\\_xweb./FORMS/-%2c%2c/es\\_xweb./FORMS/-%2c](https://sharingsystems.dhsosha.state.or.us/DHSForms/Served/ce0826.pdf?CFGRIDKEY=CW%200826%2c%2cCW%20Required%20Health%20Assessments%20for%20Children%20Entering%20Foster%20Care%2c%2c0826.pdf%2c%2c%2c%2c%2c%2c%2c/es_xweb./FORMS/-%2c%2c/es_xweb./FORMS/-%2c)
70. Northwest Regional Education Service District. (2016). *EI/ECSE Procedures Manual*.
71. Maxey, D. (2019). *Special Education: Requesting an eligibility evaluation*. <https://cdavidmaxey.com/Special-Education-Rights-Requesting-eligibility-evaluation/>
72. Portland Public Schools. (2014). *Special Education Procedures Manual*.
73. FactOregon. (2018). *Support line*. <https://factoregon.org/need-help/support-line/>
74. FactOregon. (n.d.) *FACT's Special Education Toolkit*. <https://factoregon.org/wp-content/uploads/2016/02/FACT-Sped-Toolkit-SAFE.pdf>
75. Oregon Department of Education. (n.d.) *Do you have concerns?* <https://www.oregon.gov/ode/students-and-family/SpecialEducation/earlyintervention/Documents/dyhfinalenglish.pdf>
76. Oregon Department of Education. (n.d.) *Do you have concerns about a child's development*. <https://www.oregon.gov/ode/students-and-family/SpecialEducation/earlyintervention/Pages/Do-You-Have-Concerns-About-a-Child%27s-Development.aspx>
77. *Identification and referral*. (n.d.) <https://www.oregon.gov/ode/students-and-family/SpecialEducation/earlyintervention/Pages/Do-You-Have-Concerns-About-a-Child%27s-Development.aspx>
78. American Bar Association and Casey Family Programs. (n.d.) *Special education decision making: Role of the foster parents*. Special Education Series. [http://www.fostercareandeducation.org/portals/0/dmx/2012/10/file\\_20121003\\_104305\\_oLNfSc\\_0.pdf](http://www.fostercareandeducation.org/portals/0/dmx/2012/10/file_20121003_104305_oLNfSc_0.pdf)
79. FACTOregon. (2018). [https://factoregon.org/?gclid=EA1aIQobChMI7NGe2bKd6gIVFD6tBh3f3gBMEAAAYASAAEgKP3\\_D\\_BwE](https://factoregon.org/?gclid=EA1aIQobChMI7NGe2bKd6gIVFD6tBh3f3gBMEAAAYASAAEgKP3_D_BwE)
80. Simon Technology Center (2015). *What is assistive technology and how can it help my child? Tips for parents* [PDF File]. Pacer Center. <https://www.pacer.org/stc/pubs/STC-31.pdf>
81. Borg, J., Berman-Bieler, R., Khasnabis, C., Mitra, G., Myhill, W., & Samant Raja, D. (2015). *Assistive technology for children with disabilities: Creating opportunities for education, inclusion and participation*. World Health Organization. <https://www.unicef.org/disabilities/files/Assistive-Tech-Web.pdf>
82. California Disability Rights (2015). *Obtaining assistive technology through your child's school* [PDF File]. <https://www.disabilityrightsca.org/system/files/file-attachments/557701.pdf>
83. Go Baby Go Oregon (n.d.). *Frequently Asked Questions*. <https://gobabygooregon.org/faqs>
84. Community Vision Assistive Technology Lab. (n.d.) *An education and resource center*. <https://cv-atlab.org/>
85. Center for Parent Information and Resources. (2017). *Considering assistive technology*. <https://www.parentcenterhub.org/considering-at/#>

86. Access Technologies, Inc. (n.d.). *Oregon's statewide assistive technology program*. <https://www.accesstechnologiesinc.org/about/oregon-statewide-at-program>
87. Stafanson, A. (2019). *Supporting cultural identity for children in foster care*. American Bar Association. [https://www.americanbar.org/groups/public\\_interest/child\\_law/resources/child\\_law\\_practiceonline/january---december-2019/supporting-cultural-identity-for-children-in-foster-care/](https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/january---december-2019/supporting-cultural-identity-for-children-in-foster-care/)
88. A Kid's Guide to Canada (2017). *Intermediate Cultural Iceberg* [Photograph]. <https://akgtcanada.com/if-i-really-knew-you/>
89. Illinois Department of Children and Family Services (2012). *Module seven, session one: Valuing and making a commitment to cultural competence* [PDF File] <https://www.dcfstraining.org/vtc/business/download.do?file=Module%207%20-%20Promoting%20Children%27s%20Personal%20and%20Cultural%20Identity>
90. Fostering Together (n.d.). *Foster Care*. <https://fosteringtogether.org/foster-care/greatest-need/overview/>
91. Ozmun, M., Proby, L (n.d.). *Keeping it real: Supporting the needs of african american children in out-of-home care*. Washington State Department of Social & Health Services. [http://depts.washington.edu/allcwe/sites/default/files/sites/default/files/caregiver/keeping\\_it\\_real.pdf](http://depts.washington.edu/allcwe/sites/default/files/sites/default/files/caregiver/keeping_it_real.pdf)
92. Iowa Foster & Foster Parents Association. *Transracial Parenting in Foster Care and Adoption* (n.d.) [PDF File]. [http://www.ifapa.org/pdf\\_docs/TransracialParenting.pdf](http://www.ifapa.org/pdf_docs/TransracialParenting.pdf)
93. Project Implicit (1998.). *Race IAT* [Measurement instrument]. <https://implicit.harvard.edu/implicit/takeatest.html>
94. Kirwan Institute (2018). *Implicit racial bias 101: Exploring implicit bias in child protection*. <https://kirwaninstitute.osu.edu/implicit-bias-101>
95. Lutheran Immigration and Refugee Services & United States Conference of Catholic Bishops/Migration and Refugee Services (2004). *Serving foreign-born foster children: A resource for meeting the special needs of refugee children and youth* [PDF File]. <https://brvcs.org/wp-content/uploads/2018/08/fostercare-2.pdf>