All Children Belong with Families

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Introduction

- Worked in group homes
- Conservator for deaf/blind individual who grew up on foster care
- Taught individuals with severe disabilities including behavior/emotional disorders
- Conducted reviews for consent decrees in U.S. deinstitutionalization cases
- Conducted reviews of deinstitutionalization efforts in Eastern Europe

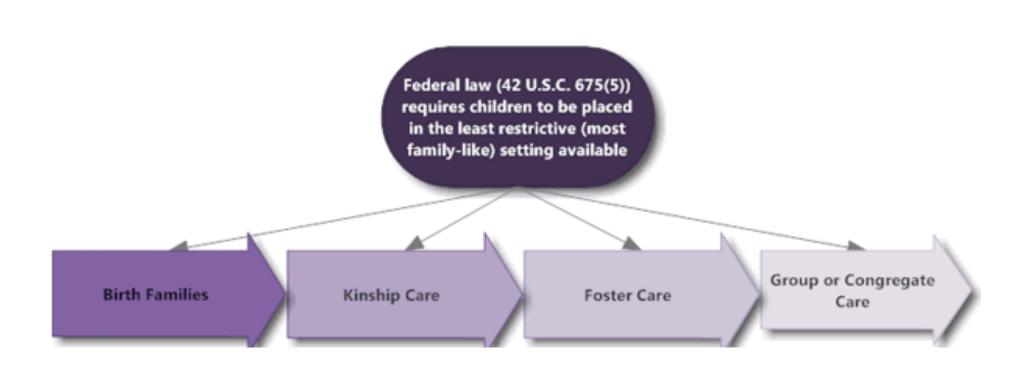


Shifts in Public Policy



- In 1977, 36% of children with disabilities lived in congregate care; in 2010, only 4% of children with disabilities lived in congregate care
- In the United States, of approximately 400,000 children in foster care, 7% have an intellectual disability
- There are 49,000 severely disabled children in Britain. The great majority (91%) live at home with their families (Heath and Smith,2004).

U.S. Federal Law Regarding Placement Decisions





National Conference of State Legislatures

"Keeping children with family also allows them to remain in the same school and community with consistent access to teachers, neighbors, extended kin, friends, faith groups, coaches, sports teams and others that can provide critical support for children's sound mental and emotional health." (2016)

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THEREFORE BE IT RESOLVED, THAT TASH, an international advocacy association of people with disabilities, their family members, other advocates and people who work in the disability field, believes that all children, regardless of disability, belong with families and need enduring relationships with adults.

Limitations of Congregate Care

- Institutional regimen based on care provider convenience; meals, sleep, etc.
- Decreased interactions with families of origin
- Issues of on-going maintenance of dwellings



Limitations (continued)

- Increased use of psychotropic medications
- Caregiver interactions favor children with less severe disabilities
- Lack of:
 - training in personal self-care
 - access to education
 - access to community
 - socialization with non-disabled peer group
 - communication access and development
 - planning and support for transition to adulthood

Preferred Options for Providing for Children with Severe/Complex Disabilities

- Providing support for:
 - children in families of origin and kinship care to prevent out-of-home placement
 - children in foster care
 - children in short term respite

Supporting Families to Keep Children at Home

- Access to special education, supplementary aids and supports in regular school settings
- Financial support for additional disability related expenses (i.e. medications, diapers, clothing
- In-home support (i.e. support worker trained to provide assistance with personal care)
- In-home respite (i.e. support worker provides care while parent is working, shopping, and/or social obligations

Strengthening Foster Family Care

- Develop mechanisms to recruit, train, and reimburse health care professionals to serve children with severe disabilities
- Expand availability of therapeutic foster care providers through recruitment and training



Strengthening Foster Care (continued)

- Design integrated support systems for transitioning youth with disabilities
- Expand early intervention
- Establish access to consistent specialized medical care

Successful Models of Therapeutic Foster Care

- 1,500 children with disabilities in biological and foster families served in Northern California (Alternative Family Services)
- 100 children with disabilities served in Maryland (Kennedy Krieger Institute)

Lessons Learned

- Group homes don't deliver what we hope for over time
- Children with disabilities have better outcomes when living with families
- Families who receive support are less likely to seek out-of-home placement
- Children with severe disabilities who receive therapeutic foster care have better outcomes

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