Title: Foster Care Bill of Rights

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Author: Chad Ludwig
Seconded by: James Christianson Jr.

Problem to be addressed:
Many studies have reported that 1 in 1,000 of children experience hearing loss during childhood. For this priority, we will define childhood as birth to age 18. With the population of children in the United States expected to reach 74.1 million children in 2020, we can expect approximately 75,000 of these children to be diagnosed with varying levels of hearing. On another note, currently 440,000 children are in the foster care system in the United States. This number fluctuates on a yearly basis. In 2018, there were approximately 690,000 children in the foster care system (https://www.childrensrights.org/newsroom/fact-sheets/foster-care/). If we merge these two data systems together, we can assume that approximately 444 to 690 deaf or hard of hearing children enter the foster care system on a yearly basis. This is a significant number. An example of how significant this number is the fact that Texas School for the Deaf usually averages between 550 to 600 students.

There are many government agencies who work with many deaf and hard of hearing children in many different situations. Examples of these agencies include the Department of Human Services (DHS), which can house specific services such as Women, Infants, and Children (WIC), Child Welfare (CW), and Temporary Assistance for Needy Families (TANF). WIC is a supplemental nutrition program to help gain healthy children. There are many names and acronyms for Child Welfare (CW), but this agency oversees the care of children in the foster care system. The proposer of this bill is from Oregon, where we call this system the Child Welfare system. The goal of this agency is to see children in a safe environment as their parents work towards reunification. In some cases, reunification cannot happen, and the child goes up for guardianship or adoption. TANF provides families with support to take care of children, prepare for jobs, and provide support for parents to support their children.

Proposed Solution:
For this priority, we ask the following:

1. The Foster Care Bill of Rights will be amended to include communication needs of the child. This communication needs will be assessed by screeners in the foster care system. The child will be provided with a cultural and language broker to ensure full communication for health and safety needs of the child.

2. Each state will recruit, develop, and manage a plan to ensure there is a listing of caregivers who can provide ASL language support and cultural needs to all deaf and hard of hearing children in the foster care system. Even if the child themselves may not understand sign language, it is still important to have a representative who understands the emotional and cultural ramifications of this disability.

3. The agency will recognize the child’s communication needs, and provide the child with accommodations for communication, in line with the child’s ability to receive this communication. For example, if the child has additional needs other than deafness, the appropriate method would be to provide the child with a deaf interpreter, to ensure full access in a different way. If the child is deafblind, then the appropriate example may be a tactile interpreter.
4. Any agency worker who will be working directly with deaf and hard of hearing children must undergo sign language proficiency interview using either a Sign Language Proficiency Interview (SLPI) or the American Sign Language Proficiency Interview (ASLPI). If there are no agency workers, then the agency must utilize a cultural broker to attend visits, participate in meetings, and interact with the child and parents to ensure safe and appropriate approaches are utilized.

5. Each state needs to work with agencies to identify all children with disabilities appropriately, and to obtain appropriate services for these children with disabilities. Data needs to be collected and analyzed, to ensure equitable services are provided. Data should be collected on the following: language needs, success stories, provision of services, possible outcomes, and length of time needed to address complex needs. This data must be shared and published yearly.

6. In the case of Child Welfare, if needed, the parents of the children must show sign language proficiency and understanding of language and cultural differences in their deaf and hard of hearing children before reunification can occur. This is imperative due to the safety of the child. If the child is unable to communicate with family, or communicate about abuse, then that will continue to jeopardize the health of the child.

7. If the child is present, regardless of parental involvement, the child must be given access to their own interpreter, and in cases where it is applicable, the deaf mentor or Court Appointed Special Advocate (CASA) must join to ensure optimal access is given to the child to state their needs. We have oftentimes seen parents speaking for their deaf child, and this must stop.

8. When there is a taskforce and/or meeting concerning children with special needs, or cases concerning specific children, there must be a stakeholder from the deaf community or the deaf school (specifically school counselors/school psychologists) on this committee, in order to raise issues concerning these deaf and hard of hearing children.

9. Children must receive emotional/physical/mental health services separate from the parents or other caregivers, with providers and appropriate communication brokers, to ensure full access to this specific support.

10. Provide children with legal advocates, in order for them to get their needs met.

**Rationale:**
While we are making advances for deaf and hard of hearing adults, we are seeing lack of support for deaf and hard of hearing children under the age of 18. In many cases, there are no interpreters being provided. Agencies may be quick to assume that parents will take care of the communication process. This eliminates the child’s ability to be heard, and the child’s voice cannot be considered, especially when it comes to decisions which concern the child themselves.

We are proposing one of NAD’s priorities should be focused on the welfare of the children who are required to access governmental services, such as WIC, TANF, Developmental Disabilities (DD) and Child Welfare. For example, when children are required to attend medical appointments, the interpreter should be provided for the child, even though the parent is with the child. This does not often happen. During Child Welfare meetings, the child should be provided with a Court Appointed Special Advocate (CASA), or a cultural broker who understands their language and culture, in order to provide the most comprehension to the child. Also, an interpreter should be provided at all times. For DD, many times, the support worker or the agency worker do not have adequate language access to the child.
**Fiscal Impact:**
NAD Staffing time.

**NAD Board/HQ Response:**
The NAD already has a position statement regarding deaf children who are in the foster care system, which can be found here; https://www.nad.org/about-us/position-statements/position-statement-on-quality-foster-care-services-continuum-for-deaf-children/. Clarification of the proposal is needed to assess what additional goals are needed beyond the position statement.