

Your Role as a Foster Parent in Special Situations

All of the children and youth that come into your home will have their own unique needs and challenges. However, some young people's special situations create additional challenges for you as a foster parent. In particular, these are children who:

- Have special medical or health care needs or disabilities
- Have special emotional or behavioral needs or disabilities
- Have needs related to their sexual orientation
- Are preparing for adulthood

We will briefly explore your role as a foster parent in each of these special situations.

Parenting a young person with special medical needs or disabilities



Children who have special health care needs include youngsters with a variety of actual or potentially disabling conditions. A recent study indicates that there are about 10 million children in the United States with a chronic health care condition and about 4 million of them have a health condition that interferes with normal childhood activity.

Special needs are nothing to be afraid of. When you are preparing for becoming a foster parent, the agency may ask you if you are willing to take a child with special health care needs or disabilities. Before responding, here are some things to think about.

There are special needs that each one of us can easily deal with, some that we can learn to deal with, and some that we are not suited to dealing with. The key is figuring out which is which.

The special needs you are suited to dealing with right now are those that can be found in your own home or family or workplace, conditions you are familiar with. Perhaps your brother had asthma as a child, or your sister needed a leg brace to walk. Perhaps your grandmother is deaf, or your next door neighbor's child is learning disabled. Make a list of all the medical conditions and disabilities you have some experience with. You might be surprised how long your list is.

Next, buy or borrow from the library a good medical encyclopedia. Read about some of the conditions you think you could learn to cope with and to incorporate into your family routine. Can your home, for example, be made wheelchair accessible? Your bathroom?

Common Conditions Children in Foster Care May Present:

You will hear many different medical and psychological terms as workers discuss the needs of specific children and youth with you. Look them up, read, ask your family doctor and other foster parents about them. The more you learn, the less intimidating the condition will sound to you.

A short list of the most common conditions and/or disabilities among children and youth in foster care include:

- ✓ Developmental delays or lags
- ✓ Fetal alcohol exposure
- ✓ Pre-natal drug exposure
- ✓ Down's Syndrome
- ✓ Cerebral Palsy
- ✓ Speech delays and disabilities
- ✓ Hearing and vision problems
- ✓ Allergies, asthma, and related difficulties
- ✓ Birth defects correctable with surgery
- ✓ Enuresis (bed-wetting) or encopresis (soiling)
- ✓ HIV positive

When you have a young person with special health care needs or disabilities in your home, you will need to become comfortable dealing with the medical community, as well as learning to care for the child in the home setting. Your role may also include teaching the child's birthparents how to care for these special needs in preparation for the child's return home. If the child is to be adopted by a family other than yours, or moved to the home of a permanent legal custodian you may play a similar role, teaching and mentoring the new family in caring for this child's unique needs. Finally, as children grow older, they will need help learning how to manage their own health care needs.

Dealing with the Medical Community

When a young person with special physical or medical needs comes into your home, you will want to ask some basic questions, including:

- How are the current health needs being met?
- Are all health needs identified?
- Who are the current providers and will the child have to change providers?
- Is the medical coverage in place and activated?
- To what extent is the child or youth active in caring for her own health needs?

- What services related to the special needs are already in place? Are there other services needed?
- Does the child or youth receive services through the Department of Public Health Special needs division? Or SSI? Will she be eligible for these services or supports when returning home or moving into a permanent family?

Advocating for the Young Person

Know how to find providers and access services in your community. Go on a “scavenger hunt” in your community and make a list of resources that help parents of children with special needs in your community. Consider parent-to-parent organizations (organizations run by parents which provide support, information and mentoring), as well as any that are disability specific, or those that are offered by city, county or state agencies, churches, schools, hospitals, etc.

On the Internet: There are a plethora of resources for parents of children with special needs on the Internet. A good place to start on the Internet is the website for a national resource called “Family Village”: <http://www.familyvillage.wisc.edu/>

In addition to locating resources, you will need to develop your advocacy skills. Some of the steps include:

- ✓ Build relationships and develop professionalism. You want to build partnering relationships with and communicate as peers with professional service providers. These relationships will be of great value over time.
- ✓ Be organized and accessible. Many foster parents believe it makes sense to keep logs or journals or notebooks with all of the medical and educational information related to the young person and the providers involved. Several organizations, including Family Voices and Parent to Parent, have examples of these notebooks and may be able to help you develop your own.

Caring for the Young Person in your Home

There are several special considerations when caring for a child or adolescent with special physical or medical needs in your home. Some of these include:

- Be sure you know how to use any special equipment she has and who to call in case of a malfunction or other equipment problems
- Learn about how to administer any medications she receives, and also learn who is allowed to administer them. For example, in most cases, you will not be able to allow another child, even a responsible older teenager, to give medications to a child
- Be aware of how the medical condition affects nighttime care and sleep routines. Will someone need to check on the child during the night?
- Be aware of any food or dietary restrictions the young person has and be sure that anyone who may offer meals or snacks to her understands these issues

- Discuss the young person's special needs with her and other members of the family and help them develop responses to questions they might receive at school, church or in the community

Supporting a young person living with special needs



Children and youth with special needs may be fearful of or have concerns or questions about doctors or hospitals and may need preparation and support for coping with medical appointments and procedures. You can work with the caseworker, birthparents and/or therapists to help prepare a young person for each doctor or hospital visit. Children's most common fears:

- Separation from parents, siblings, home environment while receiving medical care
- Pain
- The doctor's mannerisms may be scary
- The unknown
- Guilt "I caused my illness"

In addition, adolescents may have concerns such as:

- Being talked down to or treated disrespectfully, by medical professionals
- Loss of privacy
- Missing school, work or extracurricular activities for medical reasons
- Impact of medical challenges on developing sexuality and relationships
- Managing medical needs when on a job, traveling away from home or at college

There are many ways foster parents can help young people through these fears, including

- Explain purpose of all visits and/or interventions
- Address any guilty feelings the child may have - use statements - "This is not caused by anything you did or forgot to do"
- Acquaint young person with others who have same or similar conditions
- Tell young person what to expect – if age appropriate and helpful, considering using role play, doll play, or books.
- Involve the young person in the process ahead of time by gathering information to bring to doctor, writing out questions to ask doctor, visiting a new or different facility, taking a tour of medical facilities, etc
- Teach the young person specific self-care and health care management skills so she can have confidence when away from home
- Model including the young person respectfully in all conversations and decision making when meeting with doctors and other medical providers

- Teach young people in your care how to access health insurance, make appointments, locate specialists and obtain prescriptions.

Older Youth with Special Needs



When a youth with special needs approaches his or her late teens, there are services within the adult world that may become available. If you are caring for a youth with special needs who is 14 or older, there are some special things to be aware of:

- ✓ The child's IEP (Individual Educational Plan) must address "transitional" needs, that is – the special preparation this young person may need for becoming independent and self-sufficient in the future
- ✓ The office of Vocational and Rehabilitation services can become a resource for the youth in planning for college, vocational school or work
- ✓ The young person should begin to take an active role in caring for her own health care needs, including knowing how to administer her own medications, care for equipment and even schedule appointments
- ✓ The "Healthy and Ready to Work" program (see resource guide) has many helpful tools for youth with special needs

Parenting a Young Person with Special Emotional or Behavioral Health needs



Many of the same issues, questions and challenges related to caring for a young person with special medical or physical needs will also apply to caring for a child or youth with special emotional or behavioral health care needs. There are some common emotional or behavioral challenges that a young person in foster care may have, including:

- ✓ ADHD- Attention Deficit Hyperactivity Disorder
- ✓ AD- Attachment Disorder
- ✓ ODD- Oppositional-Defiant Disorder
- ✓ Depression, Mood disorders
- ✓ PTSD- Post-traumatic Stress Disorder (from abuse)

- ✓ Acting-out associated with previous sexual abuse
- ✓ Chronic lying, stealing, or violence
- ✓ Risk factors for other mental illnesses

These are just a few of the types of special needs that are often “invisible” - meaning that the young person with these special needs will not “look” a whole lot different than other children and youth - they are not in wheelchairs, nor do they use tubes for feeding. They have no or only subtle immediate visible cues to the fact that they have any special needs at all.

Factors which can cause or contribute to these needs:

- A history of abuse – physical, sexual or verbal/psychological abuse
- Attachment disorders
- Severe grief reactions to the separation from or loss of birth family
- Psychiatric/chemical disorders

Every young person comes into a “new” family with a certain amount of baggage: rejection, loss, grief, identity issues, etc. As the she “settles” into the foster family, some of these issues will be best worked through within the family over time, while others will require additional, outside help. How can you know when such help is needed? While some children and youth may come into your home with previously identified special emotional or behavioral needs, in other cases, the foster parent may be the first person to become aware of and identify these needs. In these instances, the foster parent may be the first to identify the need for help or therapeutic intervention.

With such help, problems can be worked through and resolved in a healthy manner. Without such help, children and youth grow up under the burden of this baggage and may be subject to a higher risk-status of developing such lifelong problems as substance abuse, severe emotional challenges or even sociopathic or criminal behavior. These latter are certainly rare and the goal of mentioning them here is not to scare foster parents, but rather to remind us that preventive steps we take now can reap significant dividends for her future.

Red Flags



What follows is a list of possible “red flags” that *may* indicate a need for outside resources. Please keep in mind that all young people are likely to display some of these indicators at various times. The need for intervention is more likely if the child or youth displays several at once, or some over longer periods of time.

Things that Happened to the child/youth:

- ✓ Severe illness or forced separation from primary caregivers in the first 3 years of life
- ✓ Neglect of physical needs, especially during the first 2 years of life, physical abuse at any time, but especially during the first 2 years
- ✓ Sexual encounters of any kind during childhood.
- ✓ Child witnessed traumatic events, domestic violence, alcoholic or drug-addicted parents, a parental death, a sibling death, a destructive fire, etc.
- ✓ Child is forced to participate in a church or group that practices frightening rituals, animal sacrifices, etc.
- ✓ Child is left alone for long periods.
- ✓ Child is locked up.

Behaviors a Young Person may Exhibit:

- ✓ Indiscriminately (physically) affectionate.
- ✓ Refusal or fear of appropriate affection with parents,
- ✓ Excessive clinging on, need for physical affection or attention
- ✓ Pre-occupation with bodily functions, especially vomit, bleeding, urination, and defecation or sexual functions
- ✓ Exhibiting sexually aggressive behaviors, coercing others into sexual activity
- ✓ Destructive to self, others, animals, material things. Lack of impulse controls, short attention span, hyperactivity
- ✓ Difficulty and/or obsession with food, overeating, bingeing, refusal to eat, abnormal eating patterns, etc.
- ✓ Preoccupation with images of death, violence, and gory, graphic details
- ✓ Inability to discriminate between lies and realities and/or telling of crazy, obvious or outrageous lies.
- ✓ Experiencing hallucinations, delusions, hearing voices or other bizarre behaviors
- ✓ Extreme difficulty with forming peer friendships
- ✓ Frequent bursts of seemingly unexplained anger
- ✓ Expressing thoughts, feelings or behaviors related to suicide
- ✓ Expressing thoughts, feelings or behaviors related to causing serious injury or death to others

If you notice that a young person in your care has several of these red flags, or even just one that seems to be particularly intense or concerning, talk with the agency caseworker about obtaining a thorough behavioral health assessment or evaluation for her. Then, work with the young person herself, her caseworker and therapist to create and implement a developmentally appropriate and individualized intervention plan.

Impact on the parents and others in the family

Parenting children and youth with emotional and behavioral special needs can be especially challenging. “Invisible special needs” are often hard on both the parent and the child. People who see a “normal-looking” young person will have expectations for behavior, performance or cognitive understanding that the child cannot meet. For example, a teen that is deaf and has significant developmental delays may look “normal” but will not respond to something he cannot hear or may behave in an odd, child-like way. People may think this young person is being rude, and obnoxious. Try to imagine how you will feel in situations like these and what kinds of support systems you and the young person you care for will need. Some of the feelings that foster parents have described include:

- Isolation, feeling different from other families
- Difficulty in obtaining services
- Embarrassment, social stress
- Unpredictability of child, situations that may occur

Parenting a Young Person with Issues related to Sexual/Gender Orientation



No one really knows how many lesbian, gay, bisexual, transgender or questioning (LGBTQ youth) are in the foster care system, although studies indicate that these youth may make up approximately ten percent of all youth in foster care in urban areas. A survey conducted by the Urban Justice Center in 2001 reports that as many as 78% of these youth endure further harassment or abuse related to their sexual orientation after being placed in foster care. As a result, these youth are at a high risk for serious emotional challenges as well as for running away.

While many LGBTQ youth enter foster care for reasons of neglect or abuse similar to other youth in foster care, many enter care specifically because of their sexual orientation issues. Some are forced to leave their homes as a result of conflict over sexual identity or behavior. Others enter the system as a result of problems in school stemming from harassment and discrimination faced there.

As a foster parent, it is important to ensure that all children and youth in your home feel and are in reality both physically and emotionally safe and protected from harassment and discrimination.

Understanding Sexual Orientation

Sexual orientation refers to a person's sense of self, identity and sexual and affectional attraction to members of other, the same or both sexes. Research indicates that there is a continuum of sexual orientation, with some individuals exclusively attracted to members of the opposite sex, some exclusively attracted to members of the same sex and some in between, attracted to members of both sexes.

Learning about, exploring and awakening to sexual feelings are all a normal part of adolescent development. It is also normal for youth to question their own sexual identity and orientation during this period of development and perhaps to experiment with different sexual behaviors. In addition, youth who have experienced abuse or neglect may have specific sexual questions, confusion or fears. It is important to be supportive and understanding of youth who are going through this often scary developmental stage. Youth who are questioning their sexual identity, or beginning to recognize feelings of attraction to members of the same sex may need to be provided with caring and competent therapists who can help them to feel safe and protected as they seek answers and explore issues related to their sexuality.

It is important to understand that neither heterosexuality nor homosexuality is "contagious". Sexual orientation is not learned or imposed upon youth by exposure, nor are LGBTQ youth any more likely than heterosexual youth to "prey upon" or act out inappropriately with other children. Neither can sexual orientation be "unlearned" and attempts to do so can be damaging to young people.

Providing the Support a LGBTQ Youth will need



There are several things you can do as a foster parent to ensure that these young people receive the understanding and support they need for healthy and positive development. Some of these include:

- ✓ Recognize that you may be already parenting LGBTQ young people.
- ✓ Be aware of your own personal feelings or beliefs that might conflict with your responsibilities to LGBTQ youth in your home
- ✓ Educate yourself and others about LGBTQ youth.
- ✓ Let the youth in your home know that you are comfortable with people who are LGBTQ.

- ✓ Display visible signs such as posters, stickers or books that demonstrate an acceptance of LGBTQ people.
- ✓ Eliminate anti-LGBTQ slurs. Use gender neutral language when talking to young people. For example, instead of asking a teenaged boy whether he has a “girlfriend,” ask if he has “someone special in his life.”
- ✓ If a young person is letting you know that they are LGBTQ, don’t ignore it. Talk to them about it.
- ✓ Protect LGBTQ young people from bias and harassment
- ✓ Ensure that all youth in your home, including LGBTQ youth have access to appropriate reproductive and sexual health care services and caring professionals who can answer questions about a range of sexual health issues ranging from sexually transmitted diseases, to living with HIV/AIDS to reporting and coping with sexual harassment, attacks or rape
- ✓ Help an LGBTQ young person find resources and support in the community .
- ✓ Consider joining a support group for parents of LGBTQ youth so that you will be supported in your own efforts to parent the youth in your home.

Parenting a Young Person as She Prepares for Adulthood



For most parents, preparing their children for independence and adulthood is a lifelong task, beginning in very early childhood. Each time a parent teaches a child to master a life skill, such as tying shoes, or toilet training, that child is a step closer to successful life as an independent adult one day. As children grow into adolescents, this preparation for adulthood takes on a new sense of importance, and parents begin to teach their teens about managing a checkbook, getting and keeping a job, planning a menu and shopping for groceries, etc. Even when young people move away from their parents’ home for college, the military, marriage or their first independent apartment, in most cases, they still have access to their parents and other family members for advice, help and even financial support when needed.

Yet, for children and youth in foster care, the acquisition of life skills in this “normal” sequence does not always happen, and when they leave care at the age of 18, they often do not have access to the safety-net of a supportive and financially stable family to assist them in these ways. Therefore, it is of special importance that foster parents of adolescents pay particular attention to their need to learn and master the skills they will need to successfully manage their lives as independent adults.

Some of the skills a foster parent should encourage a youth to develop, and provide opportunities within the home to practice include:

- Budgeting and money management, including handling their own money, establishing credit and learning to save for future needs
- Menu and nutrition planning, grocery shopping and food preparation
- Seeking, obtaining and holding onto a job
- Managing their own health care including making appointments, locating services, taking medications
- Preventing unintended pregnancies and preparing for healthy sexual relationships
- Seeking and obtaining an apartment
- Care of clothing and personal items
- Managing their own transportation needs including capacity to safely use public transportation, driver's education and exploration of obtaining a driver's license (discuss with the youth's caseworker for legal and insurance issues)
- Planning for post-secondary education, including meeting pre-entry requirements, testing, application deadlines, campus visits and interviews, and financial aid
- Managing adult relationships, including knowledge of safety, personal boundaries and other relationship skills and issues
- Crisis management – knowing how to seek resources and who to call in an emergency.

Foster parents should advocate for youth in their home to receive the full range of independent living services for which they are eligible.

Some youth may have additional special needs during these transition time in their life. For example, you may be asked to provide a foster home to an adolescent who is already parenting a young child. Your role, in addition to that mentioned above may include assisting in child care, and modeling parenting skills. Or you may be the foster parent of an adolescent with significant developmental disabilities, in which case, the Office of Vocational Rehabilitation Services can provide support beyond those provided by the child welfare agency.

In all of these instances, the most important element is to engage and involve the young person herself in the development of skills and the utilization of available services and supports.