# The New Frontier of Disability Rights: Introduction to Child-Custody Rights of Parents with Disabilities

Presented by Kelly Buckland, Ella Callow and Megan Kirshbaum on August 27, 2014

>> TIM FUCHS: Good afternoon, everybody. This is Tim Fuchs with the National Council On Independent Living in Washington D.C. I want to welcome you all to the CIL-NET's newest webinar and teleconference, the new frontier of disability rights, an introduction to child custody rights with parents with disabilities. Thanks so much for joining us today. This webinar is being presented by the IL NET training and technical assistance project for CILs and SILCs. It's operated through a partnership among ILRU, that's Independent Living Research Utilization in Houston, Texas, NCIL in Washington and APRIL, the association of programs for rural independent living in little rock, Arkansas with support provided by RSA at the U.S. Department of Education. I have some quick housekeeping announcements and tips before we start today. We are recording today's call, as we always do, so we can awr R archive it on ILRU's Web site and today's webinar just like all the webinars and teleconferences we do will be archived under the on demand training so you can access them at any time. So whether you want to review it later or want to share it with your colleagues, they're posted there and you can access them free of charge, you can view the PowerPoint, listen to the audio, read the captioning, whatever works best for you.
We are going to break several times during the presentation today to take your questions. If you're on the telephone you can press star pound to ask a question and if you're on the webinar you can type your question in the chat, and that is the text box underneath the list of attendees. Just type your question out and hit enter. We will wait until the Q&A break to address it but take them in the order they are received. Similarly, if any of you all are on the full screen CART captioning today, that's the C krmplet are productions.com link, I'm logged into the chat there and you can type your questions there as well and I'll voice them during the Q&A breaks.
I'll remind you of all those instructions, especially the telephone instructions, star pound.
So the materials for today's call, including the PowerPoint presentation and an evaluation form were sent to you in the confirmation email you received shortly before the call, and if you are on the webinar, of course, the PowerPoint will display automatically. You don't have to do anything. But if you're only on the telephone today or if you're reading the full screen CART captioning, you'll want to have the PowerPoint maybe printed out for at least open on your computer. That will make today's presentation a lot easier to follow along with. So if you didn't realize you needed that, you can get that in the confirmation email that was sent to you as an attachment and PDF and plane text, or you can email me at tim@NCIL.org and I'll send it to you.
Okay. That evaluation form that I mentioned, it is very short and easy to complete. Please do fill that out. We're really interested in what you think of these presentations. And the -- that was sent to you in the confirmation but is also on one of the final slides in today's presentation. So before we close today I'll go to that slide and pointed it out so that you can go to that link. And if you're participating in a small group today, that's great. I hope you are. We encourage it. But I do hope that each one of you will fill out an evaluation so we have everyone's opinion.
With that, that's plenty of announcements. Let's get to the presentation for today. I want to introduce our speakers and along with introducing them I want to thank them for their work preparing the presentation and being with us. For once I get to introduce Kelly Buckland, who is our Executive Director here at NCIL and has done a lot of work on this issue. Kelly is the -- now the current Executive Director of NCIL here in Washington and, of course, before coming to Washington he was the director of the Idaho SILC and a strong advocate for parents with disabilities and a parent with a disability hum self. And for years I've been aware of the work of the folks the through the looking grass, I think Kelly was the first to introduce me to that work and their partnership when he was in Idaho. So I am thrilled to have Ella Callow and Megan Kirschbaum on the phone. Ella is the program director at through The Looking Glass and Megan Kirschbaum is the founder and Executive Director of through The Looking Glass. It's been great working with you all and thanks so much for your work preparing today's presentation. Before I turn over the floor to Kelly who is our first speaker, I wanted to review the learning objectives on slide 2. So after today's call you will have learned the history and impact of the eugenics movement and fundamental trends leading to discrimination against parents with disabilities, how disability law and policy apply to parents with disabilities in the child welfare and family law systems, the intersection between state law and ADA protections, strategies and types of programs that can protect pawrnts with disabilities and their children from involvement in child custody litigation and/or improve outcomes if they do become involved in such lit gawtion, and finally the basic structural, both legal and service, changes needed to protect this population of families. All right. Without any further ado I'm going to go to slide 3 and turn it over to Kelly Buckland. Kelly? Kelly, are you on mute, maybe?
>> KELLY BUCKLAND: I am. Thank you, Tim. Thanks, Tim, for the great introduction and I also want to give my thanks to ILRU and the NCIL staff and Megan and Ella for agreeing to be presenters on today's webinar. I've been looking forward to doing this for a very long time and I'm really happy that we are finally presenting this stuff.
Just to give you all some background, we thought that it would be really appropriate, first of all, just to kind of set the stage. And so why this is such an important topic.
And so you'll see that the first half of the 20th century was characterized by the eugenics movement during which more than 30 states legalized involuntary sterilization, and this legislative trend was premised on the belief that people with disabilities and other quote socially inadequate, unquote, populations would produce offspring who would be burdensome to society.
This sort of sets out the stage, I think, about how society in general looks at parents with disabilities. So there was attempts to even make it so that people would not become parents in the first place by sterilizing them, and these statutes were in a lot -- like I said, 30 different states, and because of those state statutes, more than 65,000 Americans were involuntarily sterilized by 1970.
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So a lot of you might think that that has gone away, but unfortunately even today, 24 years after the passage of the Americans with Disabilities Act, several states still have some form of involuntary sterilization laws on their books. A few each retain the original statutory language, which labels the targets of procedures as possessing hereditary forms of, quote, idiocy and imbecility, unquote. And state that the best interests of society would be served by preventing them from procreating. So this attitude has not gone away and still actually is quite prevalent. So with that --
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So here's kind of a wrap-up of the problem as it exists today. The rate of removal of children from families with parental disability, meaning there's the -- the parents have disabilities, or at least one parent has a disability, particularly psychiatric, intellectual or developmental disability, is ominously higher than rates for children whose parents are not disabled. And this removal is carried out with far less cause, owing to specific, preventable problems in the child welfare system. Further, parents with disabilities are more likely to lose custody of their children after divorce. In fact, I've learned that this is actually where most parents will lose custody of their children, is after divorce. And they have actually much more difficulty in accessing reproductive healthcare and face significant barriers when they're trying to adopt children. So they have problems having children because of societal stereotypes, and they're prevented from adopting or actually getting the medical care needed in preparation for having children.
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So basically when you think about having children, it really -- one of the most fundamental human rights is the right to reproduce and haze a family. Without it, none of that would be here. So it really is one of the most fundamental human rights there is.
And with that I'm going to turn it over to Ella.
>> ELLA CALLOW: Hi, thank you. I want to say thanks to Tim for the introduction. Kelly, for that wonderful laying of the history and groundwork. And all of you for joining us today.
I would add to my introduction that I will be speaking with you twice today during this session. In the first time I'm going to lay out some key legal concepts and a bit of legal framework. Next I'm going to talk to you later about how you can support parents in custody cases in your own capacities with the ILC system.
So as Tim said, I'm the legal director for the national center for parents with disabilities, and through The Looking Glass, and our program focuses on what -- sort of dealing with the aftermath of what Kelly has spoken of, which is this crashing intersection between disability and family and civil rights and how poorly people with disabilities rights were treated during the 20th century.
We conduct research on the prevalence and research of parents and dependency systems. We support strategy with attorneys and families at the trial and appellate levels and provide legislative support when people are trying to change bad laws or improve the laws they have on the books.
I always want to highlight and point out that the well-being of children is our core driving concern, and that is not antagonistic to protecting the rights of parents with disabilities. I don't know a single social worker, lawyer, judge, anyone who would say there is a better place for a child than with their family, so long as they are safe and not being abused or neglected. Our issue is that too often children are removed not because of abuse or neglect but because of preexisting negative ideas about disability.
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So as Kelly highlighted, parenting is a fundamental human right. It's a civil right. It's protected by the constitution, and that is long established in U.S. proo deny -- jurisprudential theory or legal theory based on very old philosophies by writers like Rousseau and LOCKE who said when free people agree to be governed there are things they hold back from government interference, and one of those is family. So unless there's a really driving need, like the protection of children from abuse or neglect, the states should not break up families.
We've found in our case law that our constitutional amendments that protect us from unequal or unfair application of laws, like the 14th amendment, or -- insurance due process if we're having something taken from us that's fundamental like our liberty or our speech or our children, applies in these cases. So both the 14th and 5th Amendments have been found to apply where the stated seeks to remove children from families. There's a line of cases if someone cares to read them. The Meyer-Pierce-Stanley-Santosky case that hold this out. And then our federal policy follows and recognizes that by establishing standards the government must show before they can interfere and saying that there has to be a process by which families can argue they shouldn't be broken up. The states in turn recognize this in their laws. Yet despite us all agreeing that this is a fundamental right and our highest courts establishing that is true, parents with disabilities lose custody of their children is through the dependency system, probate courts and family court proceedings at a very high rate, and they're often deprived of, really, a true meaningful due process in these cases.
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There's six key concepts I just want to outline for you here as we move through the legal framework. I refer to disability in these cases as a status crime. The reason I do that is because unlike a parent's race or religion, national origin, sexual orientation or gender, which you could never bring up as a basis -- legitimate basis to challenge parenting, disability is regularly accepted as a basis to challenge a parent's right to be with their child.
This is woven into most if not all state legislation, eats in the family courts or the dependency courts legislation.
This area of law, which is typically written and addressed only by the states, is impacted by the Americans with Disabilities Act. It's impacted by a piece of federal law, federal legislation. So it's one of those areas that's a little unique in our national jurisprudence where you have a strong interplay of state laws and federal laws that can be confusing and create kind of a complex matrix.
What it typically comes down to are two camps that argue about the issue of nexus. Nexus meaning connection. So on one side you'll have people say this parent has a disability, therefore, obviously, they are less able or unable to parent this child. And then you have the other side saying, no, that is not obvious. You have to evidence some sort of nexus or connection between a parent's disability and harm to the child, or it's totally irrelevant if the parent has a disability. Unfortunately what happens is that that former group often carries the day, and they carry the day because of attitudinal bias in our society that we do assume as a society, and our laws show this, we are still assuming pathology around disability, and so that goes back to the top of the list. That's why disability is treated as a status crime.
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So how does this play out? Like he said, there are three different systems where parents can lose custody of their children, family, probate and dependency court. I will talk about the two largest ones. Family court is like divorce court. We think of parents arguing between themselves or with a family member for custody of a child. Then there's dependency or what you think of as like child protective service cases where the state is saying, I have to use my parent's -- the state as parent power to remove a child to protect it because it's abused or neglected by the parent. And these two different systems are the main places you'll see parents involved when they're having their custody challenged.
In 37 states we have dependency system laws that allow parental disability as a grounds for removal of children, termination of parental rights, or a bypass of their due process. They don't get a chance to correct and challenge and get custody of their child.
12.9% of children in a 17-state sample who are removed from caretakers, were removed from people with with disabilities only parents with disabilities only represent 6.2% of the parent population. We know from re accident research you are three times more likely to end up as a parent in a child welfare case if as a child you received special education. So you see a direct link there with overrepresentation.
In the family courts, there was a 1200-apparent study of parents with physical disabilities, and a huge number of them reported discriminatory treatment in the family court system. And then these two systems we know 40 to 80% of parents with intellectual or psychiatric disabilities lose custody of their children.
Tim, I would like you to skip slide 11 and go to slide 12, please. Thank you.
So how can this be? Right? The ADA was passed 24 years ago. This should have been fixed by now, right? Well, there are uses and there are limits to the uses of the Americans with Disabilities Act in custody cases. And the fact is most people don't even think about, as I said, the sort of complex interaction between the two levels of law. So let's explore that a bit.
Discrimination against parents with disabilities was an issue that was documented during Congressional testimony on the Americans with Disabilities Act prior to and during passage. Unfortunately, it was not specifically addressed in the language of the act. In the interim period, almost every high-level case has found that the ADA is not a defense to termination of parental rights, and it's rarely even considered in family law cases, despite the fact we have a 1970s era case in marriage of Carney that says disability is never enough to deny custody, that you have to show that nexus. There seems to be a general kaw misconception that Title II of the ADA does not apply to child welfare or family court practice, but it does.
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The fact is that the ADA requires reasonableness of public entities. Agencies must make reasonable modifications in policies, practices or procedures unless it would fundamentally alter the nature of the service, program or activity. And the state has to show why it's not reasonable. It's not enough simply to say it. And that applies to child welfare agencies, to family law courts and dependency courts. They must provide equal access, mean young they have to provide people with disabilities an equal opportunity to participated in services, programs and activities, and it's written broadly, meaning the ADA makes no exception for activities that implicate strong state interests. The state versus the federal government is seen as being the sole occupier on issues to do with children and families within the state. However, the ADA has been interpreted over and over as being broad enough even to impact that sort of traditionally strong state interest.
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Okay. So that's it for our first Section. That's the legal framework, theoretical legal framework, and I will turn it over to Megan, I believe.
>> TIM FUCHS: We're actually going to take our first Q&A break. So I'm going to open this up now and, again, if you're on the telephone and you have a question you can press star pound. And if you're on the webinar, of course, you can type your question in the chat. And same if you're on the CART. I don't see anyone else logged in on the CART screen but I'll keep my eye on it just in case. Again, I realize this Section was introductory, so if we don't have a lot of questions or any, that's fine, but let me give you all about 30 seconds just to see if there are any questions as we've gotten started here.
Just about 10 more seconds. I don't see any questions being typed on the webinar and there's no one waiting on the phone. He we'll have two hoar Q&A breaks, one during the presentation and one at the end. Sounds like everything has been clear so far. So I'm going to go ahead to slide 15 and now we'll turn it over to Megan.
>> MEGAN KIRSCHBAUM: Am I going to start with talking about services and programs that can prevent custody loss and address the current problems and practice.
So, first of all, it's really important for CILs to get involved with issues of parents with disabilities. In a research project we did on paratransit access for parents with disabilities and their children, we interviewed 73 CILs around the country and only 15% of the CILs kept track of parental disability, knew how many of their clients were parents with disabilities. So that was very concerning to me.
If we want resources for parents with disabilities, we can't keep them invisible in our communities through not identifying them in data collection systems.
Another way CILs can prevent custody loss and address problems is helping support families of parents with disabilities in their communities. In the original CIL model, the Berkeley CIL, there were family services from '74 to '82. I know because I was the family therapist doing them. Also for a time with Roberts. But when the model was replicated around the country, the family services seemed to be dropped, and that was unfortunate. But you can build that I know a lot of CILs are doing services currently that are supportive of families in broader ways, certainly financial advocacy is very supportive of family systems, and you can identify in your CILs services that are currently impacting families and build on those. And you can also benefit from the strategies that through The Looking Glass has used since its founding in 1982, and that would be reflected in what I'll talk about next.
Which is how such services can be located or built in a community. This is slide 16.
CILs can connect to local community and support services to parents, expectant parents, grandparents, children, families, generic services to families in their community that are not disability focused. We're particularly interested in getting CILs connected to the early head start system and we've been doing training about -- to that system about serving parents with disabilities appropriately. We're interested in linking the CILs and the early Head Start systems and that's because they focus on low-income families, they begin very early during pregnancy, they have a parent empowerment orientation, and they're in most communities. So they're a very promising prevention services. But there's also other systems that are very important to link to, like early intervention, public health nursing, in that funt mental health services, relevant to parents with psych disabilities, kinship care and foster care systems, which is particularly relevant to parenting grandparents with disabilities, and the ever expanding home visiting programs all over the country.
So linking these systems to CILs cannot just help inform the systems about appropriate disability practice and independent living, disability culture, adaptations, community solutions and linkages to -- to other disability network organizations, but also is important in identifying people in these systems who can provide appropriate services and supports in your community and also support your advocacy efforts.
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So obviously the CIL roles can vary from just advocating for community services to actually offering direct services to families. I know that a number of CILs are involved with assistive technology services, but these services can be expanded and supported to include baby care adaptations, parenting adaptations, but it's important to understand that a lot of the baby care adaptations are not on the market so that customizing them or adapting baby care equipment is important, and that's where it's important to have O.T.s and rehab engineers involved and also through The Looking Glass because we've been the main place working on baby care adaptations can help with all of that.
I also am aware that CILs have tradition ally done support groups for people with disabilities, and it seems very feasible to form peer support groups for parents with disabilities. And, plus, I know that with the required supervision that CILs could provide internships for mental health professionals as well as O.T.s that specialize in serving parents with disabilities and their children. Actually in the original Berkeley CIL we had O.T.s and we had mental health services and we were able to take interns.
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So, appropriate community-based supports can prevent families from having custody problems in the first place, or they can provide informed input if the custody problems arise. For instance, custody loss in parents with intellectual disabilities is 40 to 60% nationally and higher in some communities, but through the looking glass had preventative intervention with parents with intellectual disabilities and their children that resulted in just a 4 to 7% loss of custody, and that was -- what that looked like was home-based services that facilitated parenting skills, parent-child relationships, child development, and also which used cognitive adaptations. More recently we have added video coaching and parent-child groups with parents with intellectual disabilities to support the responsiveness to their babies and the development of their babies.
Parenting evaluations are also key to custody outcomes in both CPS and family court. So as an expert witness, I've analyzed records and custody cases in parents with disabilities in 10 states for disability appropriate practice, and what I found is many egregious parenting evaluations, biased, unaware about disability or appropriate services or adaptations, and many of these evaluations have relied on parenting measures or psychological tests that themselves that haven't been normed with and inappropriate to use with people with disabilities. So often the parenting evaluations focus on parents' diagnosis and generalize about the diagnosis and then speculate in a negative way about the future impact on parenting, even when the current parenting looks okay. So instead of -- if given the problem with the measures and psych testing, their observation of parenting is crucial -- thorough observation of parenting is crucial, observing parentedding in the parents' home setting.
So disability informed input has been essential to counteract this poor practice. For instance, from early on in the 1980s we started doing alternative parenting evaluations, which included piloting adaptations. There was a famous case, the Tiffany Callow case that was one of the early examples of. CILs need to locate people or work as a team with people in their communities who can do such alternative parenting evaluations on the local level. Another way of providing disability input is in recent years our analysis of the disability appropriateness of measures and tests used in parenting evaluations. These have been very helpful in critiquing these evaluations for court as part of expert witness roles and custody cases and we continue to critique parenting evaluations themselves so these can be sent to us for analysis.
So baby care adaptations and assessment are another example of important community-based supports. So we've -- at through The Looking Glass we have been doing research in intervention over the past 23 years focused on baby care adaptations, and it's shown baby care adaptations can produce really rapid and profound change, like a mother warrior quadriplegia who expected to be a passive observer of others caring for her baby became the primary caregiver. In general the equipment can increase the parent's role, and since it reduces pain and difficulty, it enhances the relationship between parent and child. So given all of that, I've said for a long time that you can't evaluate parenting by a parent with a significant physical disability without first providing baby care adaptive equipment and techniques.
So getting baby care adaptations in place before a baby's birth and community indicating with -- communicating with hospital staff so they understand this can definitely prevent custody problems. When custody problems do arise, even our videos of baby care adaptations and our idea books have been effective in some cases, and then in recent years, our O.T. can travel and complete adaptive baby care assessments using a very thorough assessment tool we developed. Anyway, these assessments and linkages to local O.T.s have been effective, but, again, CILs need the local linkages to O.T.s and people who can construct equipment like adapted cribs so these are available all over the country. And then always our staff is available to consult and train about such adaptations.
So on -- for more on these topics you can look at the chapters on parenting evaluation and adaptations I wrote for "Rocking the Cradle." In conclusion, please remember, though, it isn't fluff to pass legislation. Passing legislation without local accommodated services for parents with different disabilities and their children can still result in unnecessary custody loss.
Now we're going back to Ella.
>> ELLA CALLOW: Thank you, Megan. Can we move to slide 20, please.
So as I said before, the first time I spoke with you was about the legal framework, and this time I'm going to be talking about things you can do as a layperson, as a nonlegal professional, to support individuals and families in these types of cases.
So, you know, one of the things that happens is that there are gaps in the information that attorneys or social workers know or think to collect when an individual has a disability and that's at issue in a child custody case, either in family court or in dependency court. But you, because you're coming from a disability culture, a disability community perspective, may be the person that could pick up and gather that information and fill in some blanks in the case. So if you have an individual come to you and they express to you they're dealing with a custody matter, you ask them if they're a mom or dad and they start to discuss a case where they lost a child and they're appealing it, or they're worried someone has threatened to file for custody against them, maybe an expartner or a neighbor has complained about them to child welfare, you know, you might want to find out more information about the individual and how disability is either suspected of impacting their imrairnght or is impacting their parenting for them. So questions like what types of disabilities do you have, attorneys sometimes don't even think to ask that. An individual might come to their office and be a wheelchair user and they assume that's the disability issue when in fact the other parent is going to go after this person because they have a mental health label. Being a wheelchairer user has nothing to do with the argument other side is going to make. So you want to find out what is the real range of disabilities. When did this person get their disability? How did they get it? Is this recent? Was it traumatic? Was it not? Was it a long time ago? Because there's a different in how they're Fung -- how they've lunged to function in the world with the disability that will impact how they're able to parent with the disability. What medications are they on? What are the effects of those medications? Are they on things that make them sleepy? That's going to be an issue perhaps, then, in a case that can they adequately supervise a young child. Or maybe it doesn't have a side effect and someone is claiming, oh, they have to take all this medication. So what, if it doesn't have an effect that impacts the child. Do they have an adequate supply of their medication. Are they getting their medication legally? Are they on medication that is legal. You have people being given medical marijuana prescriptions, and it's not legal under federal law and courts can get anxious using medical marijuana for their disability or whatever it is they're using it for in the context of child custody. These are all things that can come up as an issue. We know people as disabilities have less adequate access to healthcare. Finding out if they have their medication, adequate supply, get it in the proper channels, those are important things to know.
Is the parent in pain or ill? There is often an assumption among people who are not disability aware that simply because one has a disability automatically assumes pain or illness. They don't ask beyond that. They don't understand the concept that one can have a disability and be healthy and therefore in the alternative can have a disability and be ill and need that addressed, need medical attention. Again, this is about the fact there is often a lack of adequate medical access for this community and so we want to know what's going on with their current state of health and well-being. Are they safe? There are much higher rates of assault and injury against persons with disabilities, whether we're talking hate crimes or domestic violence. So is a person safe? Do they have someplace to live that is safe? Do they have someplace to live? Many of my callers have issues with residency stability, they're underhoused, they don't have someplace to live either because the waiting lists are huge for public housing and they're poor or they can't find someplace that's accommodated to their equipment, or they can't find someplace that has adequate transportation to meet their needs for employment or healthcare or, you know, whatever. They need to get to. So the combination of unaccommodated housing, poverty in the community and nad quutd transportation leads to finding out whether they're adequately housed. Do they have support people? Do they have family that assists them? We still have a concept in this country, this very western nation of the individual. But in fact most people parent in tandem with family members and family of choice members. So who are their people. Again this is something that isn't always looked into my attorneys because of that assumption. It doesn't matter. It's about the individual and how they parent. But also because there's this concept of people with disabilities not being in families, which is the basis of the custody issue to begin with. We don't see persons with disabilities as being in families as the same way as everyone else. What kind of equipment do they use? Do they use any equipment? If they do, sit in good condition? You'll have people who are wheelchair users but the battery system is completely wrecked on their chair and so they're using another chair that is not actually the right size for them or doesn't work for them and they're exhausted, and that impacts their parenting. Are they literate? I have too often worked with clinical staff who are great because we get calls from all over and one of the basic questions they haven't inquired about is the person literate? We know that special education systems are underfund and many places inadequate. People are coming out undereducated and then they're required to understand Howe high-level legal discourse in written and spoken form and they can't read it and so knowing if they can or cannot read their own papers is important. Do they have an income or not? So what are they able to afford or not afford as far as court filings, attorneys, things like that? Have they experienced attitudinal bias? We've had people who have been stopped, harassed and had equipment taken away from them to record even though they're persons who are blind and they're using that equipment as an accommodation to be able to take notes in the courtroom. 0 they experienced this sort of discrimination or attitudinal bias thus far in the system. What accommodations do they want if they can have them in the child welfare agency? Every court is required to provide -- to provide accommodations or a method by which you can ask for them, and they have to to hear that request and rule whether or not whether you have them. Child welfare agencies are required to make accommodations as well. What would a parent want? Do they want to have a support person there? Do they want a cog flawtive interpreter there? Do they want to have things put into a certain medium, emailed to them rather than mailed to them? Do they want to have a recording device in the courtroom? These are things you need to know early so that you can then empower the parent to ask for them. Do they have questions? Things they just don't know the answer to that no one seems to be answering for them, they're having a hard time putting that question together, and you could perhaps find out what those questions are because it might be less stressful, they might feel less intimidated with you than in a legal context.
Next slide, please, Tim.
Okay. You want to determine if the client knows what type of case they're in, because they often don't. If they are in a case where there are social workers and the child has been removed from them by an official state employee, that's typically a dependency court case. If they do not have those elements, it's probably a family court case. But helping them figure out what type of case they're in, it's not a light thing. We honestly have callers on a regular basis who do not understand what type of case they're in, and it's important for them to know that. You want to figure out if the client has an attorney. If they're in dependency court at least for most states at some point you're appointed a public defender, an attorney free of charge, and so they will be represented. Most family court litigants are not represented because they are not given free counsel. They have to pay for it themselves. And because -- and most people can't afford to do so in or out of the disability community, but most of the clients that we hear from do not have the means to provide an attorney for themselves. So if -- but if they do have an attorney, you really want to find out having gathered information is the -- if the cleunt wants to create a relationship between you and your attorney so you can apprise the attorney as appropriate to the client, client-directed, of what you learned speaking with them, because as I said, they will not have thought, because we're not trained as lawyers or social workers, to really examine the reality of the life of the person with a disability in these cases, and that's something that you can deeply enrich the case by adding that information.
You want to help the client to either -- if they wish to -- to contact the courthouse and speak with the Americans with Disabilities Act coordinator's office, or talk to the parent and attorney about the attorney helping them to do that, to request accommodations in advance of hearings happening at the courthouse. Same with the dependency system. Contacting child welfare saying we want these things ahead of meetings to plan case services or in preparation for mediation between the family and the system.
Helping the cleunt secure a copy of their own file from the courthouse. Anybody can get a copy of their own file from the courthouse, but most people don't know how to do it. So helping them simply take the steps of going to the court, giving their case number, having the case file pulled up, getting copies made, and putting that together with maybe a notebook to write down things that happen or dates or some other medium that they use for information recording and keeping that in one bag, one case, something, so that they can track what happens going forward is immensely valuable. I can't tell you how many times people contact me and go, I don't know what the last order was, I don't think I have a copy of it. I just have a pile of stuff. You know, and it's really -- that can be really difficult for people to actively participate if they don't know what's happening in their case. You want to figure out transportation options that they have, help them understand how to get to court hearings, visits, mediations, case services, anything they have to go to to help them get there and get there on time. They need to have that down. Transportation is a huge problem for people with disabilities in many parts of the country and they can really derailg. If you don't show up, they say you don't care enough to show up for the case. That's not the case. You just couldn't get there.
While you're engaging them on this topic, while you're asking people if they vfd kids, if they're parents, while you're talking about custody cases if they have them, there are some things that parents have told me that I feel are important for people to remember to understand the trauma that this experience represents for them. So I try tee put this into any presentation. Parents tell me with regularity the following things, nobody seems to believe in them, not their own lawyers or therapists. That's really hard for them. Often it's their own families challenging their custody, expartners, family members and that's very painful to them. They want people to understand that they love their children as much as we love ours. So this loss, just imagine if someone took your children. That's exactly how they feel. People don't seem to realize that. They feel very bitter when they're in dependency cases and they're being lumped in with parents who hurt their children. They'll say, there are people there who beat their children up and they're more likely to get their child back than me and my only crime is that I have this diagnoses that people assume means I can't parent well. That's very painful to them. They tell us there is no life without their children. They would have rather gotten a death sentence than lost custody of their kids. People just do not seem to recognize that. I've had people say at the end of custody hearings in family court, this one woman lost custody of her children, and said what am I supposed to do. The attorney told her, you need to find a hobby and left her in the courtroom. And this is her child she just lost custody of. There's a callousness against their grief that I find surprising even after having been a family court litigator. They tell us they'll never forget their children, never stop trying to get them back when they lose them, in dependency, especially, no matter what I tell them about statutes of limitations and they can't appeal at this juncture. They say thank you just for treating them decently, which is awful. They are so mistreated often in these cases when someone just listens and is decent they are grateful. You should have never have to be grateful for decency. They talk their upbringings and lives. So many have survived abuse in foster care, they are people who have been in new stootions, they've spent their lives being poor, many of them have been in abusive relationships, abused by families or husbands or boyfriends, and still at the end, they found the strength to really love someone, to love this child or these children, and most of the time are not accused even of hurting them. They're accused of being inadequate in some way. So that's just important to keep in mind for realizing how traumatizing and upsetting this system can be for individuals with disabilities.
Tim, I think that's it. Or do --
A little bit more. Understanding evidence creation. Megan was talking about adaptive baby care assessments and good accommodations, good interventions, evidence-based, best-based practices for family support. Those are always creating evidence that a parent is in fact competent, despite attitudinal bias, despite assumptions, that the parent does have what it takes to parent safely and well and support the health, education and welfare of children. Other things that -- so you can reach out to us about how to try and secure those services in your community if you have a parent who could use them and wants you to do that. Other things that you can do just as lay people, help them think about who could write a declaration and would be willing to come to court and testify that, yeah, this is a nice family, this parent does well by their children, whether it's, you know, a local boys & girls club employee that sees the kids three days a week, a Sunday school teacher at a religious institution, an individual that's been a friend of the family or a neighbor. Those are really important. Just someone to say, yeah, in the real world, in real life, I see these kids and parented and they're okay. Record collection is another huge thing that takes time and no one thinks of until three days before trial sometimes and that's what records I'm speaking of are like the educational records for the kids, the medical records, the dental records, just to show that the health, education and welfare of the child is okay with this parent. And parents need to do that typically because of privacy issues with the children, but if they can be told that that's something that could be useful and help to be empowered to go seek out those records, having those in one place again, like their court papers, can be really important for them meaningfully participating in a case. And on that note it's really important to contact through The Looking Glass or other resource agencies early on because a lot of these things do take time to get records, to get declarations, to set up interventions, evaluations, assessments, get reports written, get everyone served with them. It all takes time. So connect early as much as possible and make sure to connect clients and attorneys to the disability community and materials early, and you're in a perfect position to do that. Megan talked about using general community resources to strengthen family functioning, and that's really, really important. The more that you can show a parent has some support in the form of early Head Start or even boys and girls clubs in their area or even a tutoring program it can sometimes help the court feel that maybe some gaps in the parent's strengths are able to be filled in by civic organizations. Finally you can always download a copy of "Rocking the Cradle" to flesh out of the issues we've discussed here. There's -- it's broken into chapters, the chapters on the history of the issue, legal issues, around a million references to different writings and resources. And I think that's it for me, Tim.
>> TIM FUCHS: We're going to move to questions. Let me pick up my handset so I'm clearer here.
We have two questions folks have been patiently waiting to have answered on the web, but in the meantime, if you want to type out your question you can do that in the chat and, of course I'm sure you all remember by now, if you have a question on the phone you can press star pound and we'll take them in the order that they're received.
We have two quick questions from Roberta. I'm going to start with: Going back to your Section, Megan, you mentioned the infant and baby assessments you do and Roberta was wondering if the assessment is done through an assessment tool that you would be able to share with folks that are on the phone? Is that possible? And how is that done?
>> MEGAN KIRSCHBAUM: I'm not sure if -- there are general alternative evaluations of parenting that we've done for many years that are pry marly observational in nature, because we felt that's very important given the problems with measures. Most measures that are in the field, unfortunately, related to parenting have not been warned -- are inappropriate in different ways for people with disabilities. So that's why we've emphasized observation so much. I'm not sure if she's talking about the baby care adaptation assessment tool that we've developed. That's mostly at this point -- it was designed for guiding occupational therapists in developing baby care adaptations because there's such a need for more expertise and occupational therapists about baby care adaptations all over the country. So it's being used -- it's going to be used -- it is in use by our O.T.s and sometimes those O.T.s can go to different areas and do assessments, and it's going to be used to train O.T.s regarding it in the coming year. So it's more focused on expanding the O.T. expertise about parenting adaptations. So it isn't something we can just send out or that would be appropriate just to send out to people.
>> TIM FUCHS: Okay. Good. Thank you.
>> MEGAN KIRSCHBAUM: But we definitely can consult with people who are involved in doing their own evaluations or assessments. That's something our national center definitely can do on a case-by-case basis.
>> TIM FUCHS: Okay. Good. Thanks.
Going back to the beginning of your part 2, Ella, Thane was wondering with the methadone treatment for heroin addictions when you were talking about medications and illegal drugs and how that's viewed by court and he clarified that this is in reference to medication effects in a sense of one addiction being substituted for another another. Sit something you have all encountered in working with parents and do you have any recommendations?
>> ELLA CALLOW: I think what Thane is identifying is it's similar to the issue of medical marijuana where, yes, it's prescribed, yes, it's to address something that could be severe and detrimental for a child. The problem is if the methadone is having the same practical impact, right, so if you're on methadone and you're nodding out and you're s can't track what's going on, there will be a nexus between harm to the child and medication you're on. Can you ameliorate that? Maybe if you can time when you're taking it for a time when the effect won't take place while you will have the child under your supervision. Like if you're taking it and the child is in child care at that time or is in a play group at that time or with the other parent. Maybe you don't have to have it every day after a while. Maybe you're going down on the amount of time you have to have it or use it. So if you can find some way to ameliorate the impact of your having to be on methadone so it doesn't have an impact on the child then it's going to be better than if you couldn't. And definitely better than if you're on heroin, but, still, yeah, I mean, they're legitimately going to look at that and say, does it impact the child? And they're really not so much concerned about the nature of it, like have you just become a methadone addict now. It's not so much that. It's the practical impact. So, are you able to safely supervise this young child? The other issue that comes up with a safeguarding medicines. Any type of substance can be poisonous to a child if they take it in volume. So like if a child gets a hold of your pills, if they get a hold of your methadone, your medical marijuana Brownie, whatever it is, they can get sick from it. So sometimes it's about basic child proofing. You have to show that you're keeping this stuff out of the reach of the children, and they will bang on that. It's really practical sort of safety issues. So you need to show you've done your homework and be responsible with the medications. That's the other side of the issue with medications.
>> TIM FUCHS: Excellent. Great advice. Thank you. I see some people typing but I see also that we have somebody on the phone that chimed in first. So we're going to go to the phone and unmute your line and, caller, you can go ahead.
>> CALLER: Yeah, I just had a question about -- there was a couple years ago that there was a movement for guardian ad litems to be certified to examine disability cases. Has any of that proceeded, especially with those guardians having actually more influence at times than child studies or social services in general?
>> MEGAN KIRSCHBAUM: Yeah, that's a great question. I'm not aware of that. I haven't seen any wild scale certification program emerge. The guardian ad litems play an important role in that they are rg supposed to be a third -- really supposed to be a third voice for the best interest of the child, and it's really important often to pull in either child counsel or the guardian ad litems into sort of the circle of professionals you're educating about the disability side when if you're helping a parent advocate for themselves in these cases. So if you're sending out materials from "Rocking the Cradle" or bringing up issues around what the parent wants for accommodationed and why, or you're providing reports to people in the case after an adaptive baby care assessment has been done, you want to bring child counsel and guardian ad litems into that circle and make sure it's not just parents' counsel and opposing counsel you're working with specifically because of with a you said because they can be almost more important. Sometimes the court is more attuned to their voice because they see it as being a less -- as being pure in the interest of the child. Kawrl right, more independent. All right. Thank you.
>> ELLA CALLOW:.
>> TIM FUCHS: Great. Let's go back to the webinar. Another question from Thane. Ella or Kelly, if you could help us clarify, in your opinion, would the ADA apply to those in remission in methadone treatment, for example, or just to the addicts who are currently using?
>> KELLY BUCKLAND: I actually think it's kind of the opposite of what you're talking about. My understanding is that the ADA does not cover people who are currently using, but it does cover people who are not currently using. So I think the ADA -- so the answer to your question, I think, is the ADA should cover people who are not using but are recovering but would not cover people who are using, which if you think about it, actually, fits with child custody kinds of stuff anyway. If you have people who are using drugs or alcohol, they're probably not -- if they're using them to an extent where it's unhealthy, they're probably not taking good care of their children either. So that would sort of make sense. But, again, I think as was stated before, the problem is that a lot of people don't see the ADA as cover young people in parenting things, so even though they may technically be covered under the ADA your state probably doesn't see it that way.
>> TIM FUCHS: Okay. That's great. Thanks. I don't see any other questions pending, and we've got another Section from Kelly coming up. I'm going to continue the presentation and go ahead to slide 25 here and Kelly is going to walk us through their work in Idaho. But we will have another Q&A session at the end of the call. Kelly?
>> KELLY BUCKLAND: Thanks, Tim.
Yeah, so basically through this webinar you've seen a lot of the issues that have been discussed around parenting with a disability and why discrimination kind of occurs to people. I really liked Ella's last slide, or next to last slide, that kind of went through what people are telling them, and that has absolutely been my experience as well. People really feel like no one understands and that they've had their children taken away from them, which is -- as we discussed at the beginning of this, one of the most fundamental rights, human rights and civil rights people have, and so to sort of have that violated really does hurt people to the core. And so what I kind of wanted to talk about here was some of the efforts in Idaho that went on and how they came about, and at the time sort of how we got involved in this. But as Tim said in my introduction, I was the Director of the state Independent Living Council in Idaho for a number of years, I think about 14 or 15 years, and one of the years that we went around getting comments on the state plan we went out and had public forums on the state independent living plan and solicited input from people, and one of the issues that came up was parents with disabilities losing custody of their children. And so we put that in our state plan as one of the things that we were going to work on. And as a part of working on that, we formed this committee which became the committee on family, which stood for fathers and mothers independent living with their youth.
So we developed this committee, as I said, as part of like one of the goals that was outlined in the State Plan for Independent Living, and what we did was had members on the committee that were, one, parents with disabilities. We had all of the CILs represented on the committee. We had a number of attorneys, including attorneys for protection and advocacy organization. We had state childrens services on there. We had grandparents as parents. We had the parent training centers, the DD council, the university center owe excellence and last but certainly not least we had legislators on there, including the chair people of the committees that this legislation would end up in in both the Senate and the House in the state legislature. So -- next slide.
So some of you probably don't know this, but my first job -- well, my first job was working for PNA, but that lasted for about three months. So my second real job that I got paid real wages for was doing child protection, and so I did child protection for the state of Idaho for about three years, and at that time I was one of those people who went out and actually removed children from their homes and put them in other placements. So I've seen this from both sides of the aisle, which added, really, a fairly interesting perspective on this stuff, but -- so when we formed this committee, we had some very specific goals that we wanted to achieve, and the purpose of the committee was basically put out on the table when we started having our meetings, and the first purpose of the meeting -- or the committee was to review the current child custody laws, and we did that. So when we reviewed them, what we wanted to do was specifically tag discriminatory language in the law basically that -- like stuff that says, your child can be removed from you if you have this and this disability, and believe it or not, they were actually outlined in the law, very specific kinds of things like, you know, very old terminology, too, like brain disease or some sort of psychological disability, they were actually put in the law, that those were reasons to take custody of your child just like -- without any kind of hearing or anything. So the first thing was to go through the law and take out all that sort of language. So the third thing was to go through the legislation and build in protections against discrimination against parents with disabilities. So we put in language that was very similar to the language in the ADA that prohibited discrimination against parents with disabilities, you know, which was language basically -- basically pulled it right out of the ADA plugged it into the child custody laws in Idaho. And then the fourth thing which Megan talked about quite a bit in her presentation was to create an evaluation system that was fair. So when you were looking at the parenting abilities of parents with disabilities, you were doing it in a way that was fair to parents with disabilities and treated them the same way that you would treat parents without disabilities, meaning that you wouldn't put them in an impossible situation and then do an evaluation on them about how they were parenting. You needed to provide the support and then do an evaluation. And what I also need to say here is that through The Looking Glass, and Megan, were very involved in this and came up and talked to the committee and also provided testimony in front of the legislature, which was extremely helpful and really kind of solidified our working relationship.
So next slide.
So here's the number of meetings we had. This is just sort of for statistical purposes, but in 1999, which is the first year we undertook this, you can see we had the most number of meetings, five of them. Going down through the purposes I just talked about, that's really what the meat of the -- of those meetings were. So those five meetings were really to review the legislation, take out all the inappropriate language, insert language that protected people -- or parents with disabilities, and then secondly created this evaluation system that was fair to parents with disabilities.
So in 2000 we had one meeting. That basically was because the legislation was introduced in '99 and passed the Senate unanimously but then failed in the House. So the meatding in 2000 was to go back through the legislation and try to address the issues that we heard in the House about why people had problems with the legislation. And so, again, we introduced it in the Senate, and it passed the Senate unanimously but failed in the House again. So in 2001 we had two meetings, basically again to go over those same sorts of concerns that were expressed in the House, try to deal with them, and then secondly we decided that we would introduce it into the House first and then go to the Senate. So we had two meetings where we dealt with that.
Then in 2002 we had one meeting as well.
Next slide.
So the legislation that we ended up going through, and this is very important, I think, because a lot of people think about this in terms of child protection, but we went through child protection and adoption like we talked about before, people with disabilities experienced significant barriers when trying to adopt children and we went through the divorce and separation legislation which, again, as we've talked about before, really is where most people lose their children. And we had parents with disabilities who came into the legislature and testified in regards to having had custody removed from them by the family court and given to the parent that didn't have the disability because of all the biases around disability, and then the parent who didn't have the disability was abusive and the children were taken away from that parent and then custody was restored to the parent with the disability. So those children actually went through a whole bunch of issues, including abuse, when if they had been awarded to the parent with the disability in the first place and the bias hadn't existed the children wouldn't have had to have experienced the abuse that they did because of the custody decision. And so -- and then the other one we went through was guardianship, because it does have issues related to parenting quite a bit.
Next slide.
So as I mentioned, in 2000 we introduced legislation that passed the Senate unanimously, was killed in the House. 2001 again we introduced legislation, passed in the Senate unanimously, again killed in the House. Then in 2002, we introduced it in the House, house Bill 577 and House Bill 579 and those bills passed the House and then they passed the Senate and they were signed by the Governor, and those bills dealt with guardianship and separation and divorce.
So that was a huge victory and meant a lot to lot of people.
So then in 2003, again we introduced these bills in the House, House Bill 160 and House Bill 167, and those bills passed the house and then went to the Senate and passed and were signed by the Governor, and those bills dealt with child protection and termination of parental rights. And so with those bills passing we essentially had modified all of the child custody statutes in the state and protected the rights of the parents with disabilities in legislation.
Next slide.
So what did we learn through that experience in we learned a lot of things. One, if you're going to do something like this in your state, you really do have to involve the courts in the process. That was one thing we didn't do. And we absolutely should have done that in the committee. We should have had someone from the courts there. Eventually we did get someone involved from the Supreme Court and although they said they didn't take positions on legislation, we found through experience that they absolutely do take positions on legislation. They may just not be very public about the positions that they take, but they do take positions and people find out about them.
The other thing is to involve the prosecutors. They're the people who are ending up taking this stuff into court, and you need to get them on board and get them on board early. They were basically the ones who killed our legislation in 2000 and 2001 in the House, and so it's really important to get the prosecutors involved, and we found that basically the prosecutors were worried about whether or not the thing -- the thing we talked about earlier, whether or not current -- abusers of drugs and alcohol would be protected by the legislation, and they didn't want that to happen.
So we made sure that the legislation really was just affecting those who were in recovery, not the people who were currently using. So -- third, it's really important to also get the Attorney General's office involved. They're a huge advocate for you when they are an advocate and they can be a really staunch opposition when they're an opposition to what you're doing, too. So it's important to get them on board adds well.
Next slide. So basically the family committee, as I mentioned earlier, modified every piece of child custody law in the state of Idaho, and as far as known at this time, Idaho is the only state that has done this in regards to like a comprehensive approach that I went through. The legislation has had a positive impact on at least 14,750 Idaho families. And so what we really want to do now is see something done on a national basis so that it doesn't matter what state you live in, that your rights as a parent are protected under the law. And so with that, that kind of ends my presentation, and, Tim, I think we have another question and answer period.
>> TIM FUCHS: Actually I believe we're going to walk through the resources first.
>> KELLY BUCKLAND: Oh yeah, I'll turn it over to Megan for this one. So Megan.
>> MEGAN KIRSCHBAUM: Actually, Kelly and I advocated for the National Council On Disability to focus in on issues of parents with disabilities under the Bush Administration, then Ella, Kelly and I and others advocated under the Obama Administration which led to the "Rocking the Cradle" report that would be very important for participants on the webinar to review. As Ella said, it's very comprehensive it really has gathered together so much of the information over the many years that we have all produced working on this issue. And Ella and I were quite involved, particularly Ella, and secondarily me, in writing the report, about a third of the report through the looking glass wrote. So you can get that online. And -- from NCD. And also you can contact the national center of parents with disabilities and families through the looking glass for a wide variety of resources, technical assistance and consultation like what Ella does around custody issues, many publications regarding custody issues and baby care adaptations and services for parents with all disabilities. We also, as I had mentioned, can help withdraw teaing parenting evaluations and providing expert witnesses for custody cases for court situations. We have a lot -- now we have foof different DVDs that are focused on baby care adaptations with different disability issues and an idea book. And we can provide a lot of more in-depth training regionally that we're linking early head starts and CILs and -- as part of our national center. The association for successful parenting is also really an excellent resource for parents that have intellectual disabilities. They provide training, do conferences, and they're a really good networking organization for professionals that are involved in working with parents with intellectual disabilities nationally, and the Bazelon center has been very, very helpful as a custody -- in the custody area over years, focused on parents and people, adults and children, that have mental disabilities. And -- also the national disability rights network is -- could be helpful, and this is -- the newer name for protection & advocate see system. It's very important to contact them and request their assistance and let us -- and we're very interested in knowing whether they have been of assistance to you because we're trying to push the protection advocacy system to get more involved with parents -- the issues that of parents with disabilities. The National Federation of the Blind has been very engaged with issues and helpful in cases and done national -- and the national MS society also links people to custody help. So those are just a few of the resources that are available. And then I'll -- I pass it back to Tim, I believe, for questioning.
>> TIM FUCHS: That's right. Okay. Thanks everyone. Here is our final Q&A break. We've got just a little under 10 minutes. So plenty of time. And a relatively small audience. So I hope you all won't than shy. We should have plenty of time for questions, and we want to make sure that you are all able to get clarifications before we break. I do have a couple I'll start with, but just a reminder, star pound is the key tee asking questions on the phone. I'll keep an eye there while we take these first questions on the web.
Ricky Lee has been very patient waiting to have her question answered. She's wondering, what can centers do to assist with identifying parents who have a disability and have already lost custody of their child in the past due to their disability, and a wrea late question, what would be the statute of limitations? Ella or Megan do you wanted to start?
>> MEGAN KIRSCHBAUM: I could start and pass it to Ella, because I was emphasizing in my comments that it's very important for CILs to include information about parents with disability, to identify parents who have a disability had had in the intake procession and certainly you could add information about losses of custody in the past, and so that would be what I think -- I don't know what -- from Kelly's point of view -- obstacles to that have been if there have been obstacles. But it's obvious the CILs are not including the parents -- parenting by people with disabilities in their data collection systems and it's obvious to me that that's superimportant. So that would be my comment and Ella can respond for -- to the rest of this.
>> TIM FUCHS: Ella or Kelly, anything -- well, what is the statute of limitations --
>> ELLA CALLOW: Well, you know, we're not talking about a matter of years. We're talking months, typically, and I'm not going to say every single state's rule for appeals but it's a very short period often that you have to signal through the filings of specific papers there is an attention to appeal a decision and then the actual appeal itself takes time, takes a while. He it's not guaranteed that you will win at the appeal level, or sometimes the court you're going to aabove that will even take your case for review. But to get that initial time right after a bad decision at the trial level that you want to appeal is typically a matter of weeks or months, and so it's really, really important that parents, if they have had a recent loss, know that and are able to make a decision about whether they wish to proceed. What's really sad is, you know, we see parents who call us years after and are still trying to figure out some way to get their children back. It's heartbreaking. It's really, really difficult. There's some very rarefied methods for attempting to challenge that, but it depends on the state and the law and the circumstances and what's happened when the child since. It's sort of the beyond the parameters of this discussion. But those are really, really hard cases. So, yeah, having a screening of some sort is typically for agencies that provide services. I'm assuming most CILs have a basic screener that they use with people to see what their issues and needs are and asking that about, are you involved a child custody case or, you know, have you had involvement in a child custody case may be something to think about having there so that that conversation can happen and parents can take advantage of the limited time frame or window they have available to them to challenge a bad decision.
>> TIM FUCHS: Okay.
>> MEGAN KIRSCHBAUM: I can add that the time pressure issue is very important because when parents have custody difficulties, the excellence, the effectiveness of services they receive, the need for that is heightened by the very short time periods that are involved to turn the situation around. So that's particularly an issue for parents with intellectual disabilities whose progress from intervention can be very steady but tends to be at a slower pace than parents, say, with physical disabilities and who we see baby care adaptations which can provide rapid change. So the pressure to create appropriate services on the local level is very great because of the time pressure.
>> KELLY BUCKLAND: Just to add one more thing, if CILs are going to ask people this kind of a question, you really do have ask. People don't voluntarily bring this up. Because, one, it's a painful thing to talk about. Secondly, I think a lot of people are really embarrassed if they've had their children taken away and feel a lot of shame around that and that it was their fault and what have you, even when it was discrimination that red to it. Swr usually the person accepts most of the blame and so it's not something that they readily are wanting to bring up and tell you happened. So it does take you asking them.
>> MEGAN KIRSCHBAUM: Kelly, but there are no obstacles to collecting information about the presence of the parents with disabilities within the CIL clientele, right?
>> KELLY BUCKLAND: No, there's no issue about bringing it up.
>> TIM FUCHS: And then the final question --
>> ELLA CALLOW: I know -- the questions that I pose to people when I'm doing intakes here, I do take effort to use terminology and framing of questions that can -- that's sensitive, and I think what Kelly said is super important, and having something along the lines of we know that parents with disabilities struggle with attacks or challenges to their custody often, you know, has this been an experience you've had or are having? Would you like to receive resources or information about that? Something that gives people the framing being we understand that this is a dynamic and it's an unfair dynamic and you two among many may have this had dynamic in yoarp parenting experience. It goes a long way in helping desensitize the topic.
>> TIM FUCHS: Thanks. Kelly, regarding work in Idaho, Roberta was wondering if you would elaborate on the guardianship issues you all addressed in legislateddation.
>> KELLY BUCKLAND: Yeah, I would be happy to.
Basically the same issues that you address in parenting. Guardianship is usually used in a temporary basis or sometimes, you know, it's used in a long-term relationship as well for people who have been determined that they need a guardian, and so the barriers are very similar to the same ones that you experience in adoption, and so you have to make sure that the language that's in there doesn't prohibit people with disabilities from becoming a guardian and that you put language in there that essentially protects people from discrimination if they're looking at becoming a guardian so that people with disabilities can be used as guardians as well. So -- we always think of people with disabilities being the recipient of a guardian rather than being a guardian and that's part of the stereotype you have to work against.
>> TIM FUCHS: Thanks. As you said your last word, the clock ticked over to 4:30. So we're going to go ahead and begin to wrap up here. I want to thank all of you for being on the phone today. And don't forget that this is archived so you can access it going forward, share it with colleagues, others in your state, whomever you would like. That's on ILRU's Web site under on demand trainings of course, I want to thank, Ella, Megan and Kelly, really enjoyed the talk today. I'm so glad we were able to get this topic on the CAM undur for this year. And I just appreciate your time putting this together, and a really great presentation. I'm going to go ahead to slide thraightd. As I mentioned at the beginning of the call this is the link to the evaluation, same link that was sent to you in the confirmation email. Please take a moment to tell us what you thought of today's presentation. If you have any suggestions we'll take them seriously going ahead. Thank you so much, everybody.