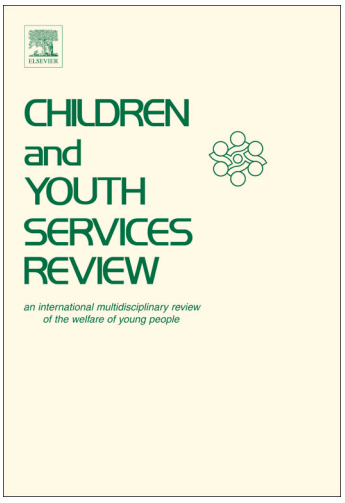
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The Experiences of Children with Disabilities in Foster Care: A Scoping Review

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Author Note

The authors have no declarations of competing interests to report. Data from this review can be obtained by contacting the first author.

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Abstract

Children with disabilities are overrepresented in the United States (U.S.) foster care system, yet their experiences and outcomes remain underexamined within the child welfare literature, particularly for children whose disabilities affect communication. Understanding foster care outcomes for children with disabilities - particularly those with communication disorders - is essential because communication differences may limit children's ability to report harm, participate in case planning, and access services within complex child welfare systems. This scoping review synthesized existing U.S.-based research to examine the intersections between disability, safety, permanency, and well-being among children and adolescents in foster care from birth through age 23. Guided by the federally defined child welfare outcomes framework, comprehensive searches were conducted across seven interdisciplinary databases for studies published between January 2004 and April 2025. Thirteen studies met inclusion criteria. Most relied on administrative datasets or proxy reports and focused on disability broadly, with no studies focusing specifically on children with communication disorders. Well-being and permanency outcomes were examined more frequently than safety; notably, no studies directly assessed safety outcomes for children with disabilities in foster care. Across domains, findings revealed inconsistent disability identification, limited cross-system data integration, and reliance on caregiver or professional perspectives. Results underscore critical gaps in the evidence base and highlight the need for more precise measurement, inclusion of children's perspectives, and improved coordination across child welfare, health, and education systems to better support foster-involved children with disabilities.

Keywords: child welfare, foster care, disability, outcomes, communication disorders

The Experiences of Children with Disabilities in Foster Care: A Scoping Review

In the United States, the Children's Bureau, an office of the Administration for Children and Families, provides support to individual states to fund foster care programs for children and youth who cannot stay in their current home due to abuse, neglect, or other forms of maltreatment (Children's Bureau, 2024). In 2025, there were 331,747 U.S. children in foster care (U.S. Department of Health and Human Services, n.d.). Multiple studies have demonstrated that children placed in foster care have significantly higher rates of mental, physical, and developmental delays and disorders compared to children who are not in foster care (Keefe et al., 2021; Leslie et al., 2005; Ringeisen et al., 2008; Turney & Wildeman, 2016). The presence of a delay or disability may increase a child's risk for experiencing abuse and/or neglect (Fisher et al., 2008; Govindshenoy & Spencer, 2006; Leeb et al., 2012), and maltreatment can contribute to disability (Vig & Kaminer, 2002).

In this scoping review, we explored the intersections between disability, safety, permanency, and well-being for children and adolescents in foster care between the ages of birth-23 years. In reviewing the articles, we focused particularly on foster children whose disabilities affected their ability to communicate effectively. We expect the results of this review will help us better understand the current needs of foster children with communication disorders and other disabilities while also supporting us in designing better interventions to meet those needs. In the

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following paragraphs, we outline the current literature related to the experiences of children with disabilities in foster care. Next, we summarize the current gaps in the literature and discuss how this scoping review will contribute to the current literature base.

1.1 Foster Care

Of the over 330,000 children in foster care in the United States, 39% are between the ages of 0-5 years, 22% are between 6-10 years, 22% are 11-15 years, and 18% are 16-20 years (Annie E. Casey Foundation, 2025). The most common reason for a child's placement in foster care is neglect, which involves a parent's inability to meet their child's basic physical and emotional needs (Child Trends, 2024). Forms of neglect include failure to provide a child with adequate housing, food, clothing, access to medical care, education, and emotional support (Leeb et al., 2008). Other reasons for a child's placement in foster care include parent substance abuse, physical and/or sexual abuse, and parent incarceration (Child Trends, 2024). Foster care, also known as out-of-home care, often involves temporary placements in safe and stable environments, including the homes of non-relative or relative foster care families, group homes, institutions, or pre-adoptive homes. In most cases, children and youth are placed in the homes of non-relative (43%) or relative (31%) foster care families (Annie E. Casey Foundation, 2025).

1.2 Foster Care Outcomes

Child outcomes after placement in out-of-home care focus on three primary domains: safety, permanency, and well-being (D'Andrade et al., 2008). Safety outcomes focus on preventing and responding to maltreatment (e.g., abuse, neglect) of children. Permanency outcomes focus on stabilizing children's living situations and preserving family relationships and connections. Finally, well-being outcomes focus on meeting a child's developmental needs, including physical health, mental health, and educational services. Safety, permanency, and well-being are the core, interconnected goals of the child welfare system, codified through the Adoption and Safe Families Act of 1997 (Pub. L. No.105-89) and monitored through the Child and Family Services Reviews, each dependent on and reinforcing the others (Administration for Children and Families, 2014).

1.2.1 *Safety*

Safety outcomes for children in foster care include maltreatment recurrence, maltreatment while in out-of-home care, and re-entry into foster care due to substantiated maltreatment. The Children's Bureau released a 2024 report documenting some key safety outcomes related to children in foster care (U.S. Department of Health and Human Services, n.d.). While percentages varied across U.S. states, an average of 0.57% of foster children experienced child maltreatment while in out-of-home care, with state averages ranging from 0-2.65%. This same report also noted that approximately 18.5% of children re-entered foster care after reunification, suggesting substantiated maltreatment for these children.

Multiple studies have documented the impacts of abuse and neglect on child development (Toth & Manly, 2019; Valentino et al., 2011). Over the span of two years, Winter and colleagues (2022) evaluated developmental outcomes in 173 children between the ages of 3-5 years; 86 of these children had experienced maltreatment and 87 children did not have a history of

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maltreatment. The maltreated children were found to have a higher rate of impaired cognitive, communication, and motor development compared to the non-maltreated children. In addition, the maltreated children also experienced higher rates of psychiatric diagnoses and externalizing/internalizing symptoms. These negative outcomes of child maltreatment can persist into the adolescent and adulthood years, especially when the maltreatment continues over a long period of time (Strathearn et al., 2020). In fact, children with disabilities are at an increased risk for maltreatment when compared to children without disabilities, and this has been identified as a critical public health issue (Klebanov et al., 2024; Legano et al., 2021). Prevention of maltreatment and connections with safe caregivers are not only important for a child's current well-being, but also their long-term development and success into adulthood. In fact, improving the safety of a child's environment, such as the introduction of a caring adult into the child's life or a parent's willingness to learn nurturing parent practices, can serve as protective factors that buffer the long-term impacts of past maltreatment (Cleaver et al., 2011; Valentino, 2017).

1.2.2 *Permanency*

Permanency outcomes ideally include either reunification with the child's family of origin or adoption. When children are in out-of-home care, permanency can also be related to placement duration and stability, length of time in foster care, and discharge status. The 2024 Children's Bureau report noted that for children in foster care longer than two years, 64% experienced three or more different placements (U.S. Department of Health and Human Services, n.d.). This number dropped to 39% for children in foster care for 1-2 years and 19% for children in foster care for less than 1 year. Additionally, 52% of children were reunited with their family of origin and 37% were adopted or placed with a consistent guardian.

A stable, secure relationship with a consistent caregiver has been shown to benefit child development, especially for infants and toddlers (Alhusen et al., 2013; Balbernie, 2013). Research has suggested that a secure attachment in childhood promotes stronger social-emotional skills, cognitive functioning, physical health, and mental wellness (Ranson & Urichuk, 2008). For children who have experienced maltreatment, a secure attachment with a caregiver can serve as a protective factor against the negative outcomes of previous childhood trauma (Belsky & Fearon, 2002; Ensink et al., 2021). Permanency and a secure relationship with a child's biological parent, foster parent, or adoptive parent can be supported through parent training programs, which typically focus on strategies for improving parent/child interaction, decreasing parental stress, and responding to child challenging behavior (Adkins et al., 2022; Dalgaard et al., 2022; Job et al., 2022).

1.2.3 *Well-Being*

Well-being outcomes relate to physical health, mental health, and education, including preparation for independent living for transition-age youth. As described above, both safety and permanency impact a child's well-being outcomes. Living with a safe and permanent caregiver often results in a child having better access to consistent services and resources that can enhance their overall well-being (Horwitz et al., 2012; Maclean et al., 2016; Ringeisen et al., 2009). This may include access to appropriate medical and dental care, mental health services, educational support, and referrals to specialists or service providers as needed.

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Maclean and colleagues (2016) did a systematic review of 11 cohort studies that included maltreated children. In these studies, children were either placed in out-of-home care, or they remained with their family of origin. The children in out-of-home care were found to have better access to mental health and special education services. However, studies have also shown that access to services while in out-of-home care does not necessarily translate to better child well-being outcomes (Maclean et al., 2016; Zill & Bramlett, 2014). Additional research is needed to identify how to best support current and long-term well-being of children and youth in foster care.

1.3 Children with Disabilities in Foster Care

Approximately 32% of foster children between the ages of 0-18 years have a diagnosed disability (Slayter, 2016). Other studies have suggested this statistic to be between 22% and 44% (e.g., Bilaver et al., 2020; Platt & Gephart,., 2022). Although the percentage of these children who have communication disorders is unknown, research indicates that about three times as many young children in foster care experience language delays compared to young children out of foster care (Krier et al., 2018). Childhood trauma and maltreatment contribute to developmental delay; therefore, it is likely that many children in out-of-home care, even those who do not have a diagnosed disability, experience delays in development (Winter et al., 2022). Maltreatment, including abuse and neglect have been linked to delays in language, with younger children being particularly vulnerable (Sylvestre et al., 2015; Hyter, 2021).

While children with disabilities are thought to be at a greater risk for abuse and neglect (Govindshenoy & Spencer 2006; Maclean et al., 2017), research is mixed as to the degree of risk, with some studies showing a decreased risk of maltreatment for children with disabilities (Leeb et al., 2012). This variability in maltreatment prevalence for children with disabilities may be due to multiple factors, such as under-reporting and/or under-identification of instances of child abuse or neglect. Children with disabilities often have co-occurring communication disorders, which may negatively impact their ability to self-report experiences of abuse or neglect to a trusted adult (Oosterhoorn & Kendrick, 2001).

Another reason for these differences in maltreatment estimates may be related to the child's disability type. For example, Turner and colleagues (2011) examined a national sample of 4,046 children between the ages of 2-17 years who were maltreated, and they found differences in adverse experiences across disability types. In their study, children with internalizing psychological disorders (i.e., depression, anxiety) were more likely to experience child maltreatment and sexual victimization compared to children with developmental disorders, learning disorders, and physical disabilities (Turner et al., 2011). Maclean and colleagues (2017) found that children with intellectual, mental, behavioral, and conduct disorders were at higher risk for maltreatment compared to children with autism spectrum disorder, Down syndrome, or cerebral palsy. Children with only a psychological or behavioral disorder may be more capable of reporting maltreatment, whereas children with developmental disabilities or physical disabilities may face communication challenges that limit their ability to self-report. This again could contribute to the under-reporting of child maltreatment among certain disability groups.

1.3.1 *Safety, Permanency, and Well-being for Foster Children with Disabilities*

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Given the increased risk for delays in development as well as the potential for abuse and neglect among foster children with disabilities, especially those impacting communication, interventions and supports for promoting safety, permanency, and well-being may be even more important. Children with disabilities benefit significantly from stable and responsive caregivers, early access to therapeutic services, and supports that are coordinated and aligned across settings (Estes et al., 2015; Guralnick, 2016). Foster children with disabilities have a double vulnerability - they experienced some form of maltreatment or trauma, and they have a disability that impacts their development and independence. Because of this increased level of vulnerability, early access to coordinated and evidence-based services is critical.

Although children with disabilities are overrepresented in the child welfare system, relatively little research has synthesized how safety, permanency, and well-being outcomes have been conceptualized and measured for this population. As previously mentioned, children with disabilities are at a greater risk for abuse and neglect, and this risk may relate to disability type. They are also more likely to have inconsistent out-of-home placements or to be placed in group home settings or institutional care, which may offer less individualized attention from a consistent caregiver (Platt& Gephart, 2022). Because of inconsistent out-of-home placements, their access to medical and educational services may be limited and/or disjointed. In addition to difficulties accessing services, foster youth with disabilities also have poorer transition outcomes. Teens with disabilities in foster care are less likely than either teens with disabilities or teens in foster care alone to graduate from high school and enroll in post-secondary education (Johnson et al., 2020; Salazar et al., 2020). They are also more likely to experience underemployment, unemployment, poverty, and homelessness (Cheatham et al., 2020; Courtney & Heuring, 2005; McCauley, 2023).

1.3.2 *Children with Communication Disorders in Foster Care*

Children with disabilities represent a heterogeneous population within the child welfare system, encompassing a range of developmental, cognitive, behavioral, and communication-related conditions. Many of these conditions involve communication challenges that may affect how children express needs, interact with caregivers and service providers, and participate in assessments or services. For this reason, the present review includes studies examining children with developmental and related disabilities commonly associated with communication impairments. Previously published reviews have focused on the experiences of children with disabilities in out-of-home care settings (e.g., Gatwiri et al., 2024; Shannon et al., 2023), but to our knowledge, none have focused specifically on foster children with communication disorders, presenting a gap in the current literature base.

1.4 Purpose of the Review

Several studies have demonstrated that foster children with disabilities have different experiences and outcomes than their peers without disabilities. However, the details of these differences and how they are connected are not well understood. Because safety, permanency, and well-being are the core goals of the foster care system (Administration for Children and Families, 2014), it is essential to collect regular data on all children to evaluate progress toward these outcomes. This is especially critical for foster children with disabilities, given their heightened vulnerabilities.

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To help address the gap in the literature related to foster children with disabilities, this scoping review examined the intersections between disability, safety, permanency, and well-being among children and adolescents in foster care from birth through age 23. Children with disabilities are overrepresented in the child welfare system, yet little is known about the day-to-day experiences of children with disabilities, especially those with communication disorders, in foster care and the services, supports, and resources available to them. Gaining a better understanding of what we do and do not know about this population is an important step toward identifying the types of interventions and supports that can best promote their safety, permanency, and well-being. The following research questions guided this scoping review:

1. What are the defining features and focus areas of existing research on the experiences of children with disabilities in out-of-home care within the United States?
2. How have studies examined outcomes related to safety, permanency, and well-being among children with disabilities associated with communication disorders in out-of-home care in the United States?

Because this scoping review synthesized existing research rather than collecting primary data, our aims focused on examining how studies have described and measured outcomes related to safety, permanency, and well-being among children with disabilities, including those with communication disorders, in out-of-home care. Based on our understanding of the field and the population studied, we anticipated that the available literature would be limited. However, by synthesizing how disability-related safety, permanency, and well-being outcomes have been conceptualized and measured, this review provides a foundation for improving research, policy, and service delivery for children with disabilities in out-of-home care while identifying key gaps in current child welfare data and service systems.

2 Method

2.1 Research Design

This study used scoping review methods and followed the PRISMA-ScR checklist to guide decision making. Given the exploratory nature of this review, a scoping review was the best method for answering our broad research questions. Like systematic reviews, scoping reviews use a systematic search and inclusion process, but where systematic reviews aim to evaluate the effectiveness of intervention and quality of research, scoping reviews are frequently used to provide a descriptive overview of the research related to a particular topic (Arksey & O'Malley, 2005; Colquhoun et al., 2014; Pham et al., 2014). Arksey and O'Malley (2005) proposed a framework for conducting scoping reviews that consists of five stages: (1) identifying the research question, (2) identifying relevant studies, (3) selecting studies, (4) charting the data, and (5) summarizing and reporting the results. Our process for steps 2-4 is documented below.

2.2 Identifying Relevant Studies

2.2.1 *Inclusion and Exclusion Criteria*

For this study, we included journal articles, preprints, early access articles, and conference papers with full text, published from January 2004 to April 2025. Included studies were required to present either quantitative or qualitative data related to the outcomes of safety,

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permanency, or well-being for youth with disabilities in the foster care system in the United States. We defined "disability" as any impairment that makes it more difficult for a person to do certain activities or participate in daily life (CDC, 2025), while youth in the foster care system were defined as those placed in out-of-home care with a foster family (kin or non-kin) or in a group home setting. Studies were required to report the experiences of children, adolescents, or transition-age youth (ages 0–23) with communication disorders, or with diagnoses commonly associated with communication impairments (e.g., autism spectrum disorder, intellectual disability, Down syndrome, cerebral palsy, or Deaf/hard of hearing). For this review, communication disorders were defined as impairments in the ability to receive, send, process, and comprehend verbal or nonverbal information; communication disorders may be related to one's hearing, language, speech, and/or cognition and can vary in severity from mild to profound (ASHA, 1993). Because communication disorders frequently co-occur with developmental and neurological conditions, studies examining these diagnoses were considered eligible for inclusion.

We excluded studies if they were (1) reviews, opinion/forum papers, editorials, technical reports, books, or book chapters; (2) written in a language other than English; (3) conducted outside of the United States; (4) involved child participants receiving support through the child dependency system but not out-of-home care; or (5) focused solely on ADHD/ADD or Emotional/Behavior disorders as the primary disability.

2.2.2 *Search Strategy*

A social science librarian on the team conducted comprehensive searches within seven databases across various professional disciplines, including education, psychology, medicine, and social work: PubMed, CINAHL Ultimate, APA PsycINFO, Web of Science, ERIC, Child Development and Adolescent Studies, and Social Services Abstracts. The search comprised three stages. To begin, the team gathered search terms from existing systematic or scoping review articles on disabilities (e.g., Gypen et al., 2017; Shannon et al., 2023) and, where available, database thesauri. These terms were specifically related to foster care, developmental disabilities, communication disorders, and children. Subsequently, the research team, leveraging their subject matter expertise and knowledge of social work literature, identified pertinent search terms and phrases related to permanency, safety, and well-being. Next, we formulated search queries by combining search terms using Boolean operators. These queries were then slightly adjusted for each database to align with their specific requirements. Google Scholar was also employed to find relevant studies and to review the reference lists of related review articles. An initial search was carried out in January 2024. In the final stage, the team conducted an updated search in April 2025. Both searches utilized the same databases to identify the most recently published articles on the subject. The results were then refined by limiting the date range (2004 - present), language (English), and document types. The full search strategy for all databases is reported in Supplementary Material A.

A total of 1265 studies were identified through database searches. These studies were then imported into Covidence, an online systematic review management program. The system automatically removed 455 duplicates, leaving 810 papers for screening.

2.3 Selecting Studies

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Two student research assistants conducted a title and abstract screening of the 810 articles to identify relevant articles for full-text review. The student research assistants were enrolled as graduate students in social work or medicine. The students had previous coursework related to either disability or child welfare, and were present at full research team meetings, contributing to discussions the inclusion and exclusion criteria. At this stage, the research assistants focused on the following: location (Were the foster children in the United States?); participant characteristics (Were the participants 0-23 with disabilities?); and foster care experiences (Did the study report the experiences of youth in foster care?). If the two research assistants disagreed, a faculty member with expertise either in communication disorders or social work reviewed and made the final inclusion/exclusion decision. Percent agreement for title and abstract review was 90.9%, and 54 articles remained after the initial screening procedures.

For the full-text review, all 54 articles were assigned to be read by at least two faculty researchers with expertise in either communication disorders or social work. These faculty researchers read the articles, applying the inclusion criteria to determine inclusion or exclusion. When the two faculty members disagreed, a third was consulted, the article was discussed among the three, and a final decision was made via consensus. Percent agreement of independent reviewers for full-text review was 72% prior to consensus meetings. Challenges in making inclusion and exclusion decisions stemmed from determining whether participants included individuals with communication disorders, as this was not reported consistently in the majority of the articles. A total of 13 articles remained after full-text review and were included in the current scoping review.

2.4 Charting the Data

The first four authors (three faculty members and one graduate student) extracted study characteristics and outcomes from the 13 included articles. Data extraction was guided by a structured coding manual developed for this review (Supplementary Material B). The researchers piloted the coding manual on three articles before finalizing the manual and coding all 13 articles included in the review. Each researcher coded all 13 articles, and coding was compared to identify disagreements. All coding disagreements were discussed by the four researchers until a consensus was reached.

For each included study, we extracted information on study characteristics (authors, year, design, study aims, and location), participant characteristics, disability status and type, and the primary outcomes examined. Disability status was recorded descriptively when reported in the original studies and included conditions commonly associated with communication impairments or developmental disabilities (e.g., autism spectrum disorder, intellectual disability, developmental delay, or hearing impairment). Measurement tools used to assess outcomes and key study findings were also recorded. Information about foster children (regardless of whether they were considered participants in the study) was extracted to the furthest extent possible and included the following: number of foster children, age, gender, race and ethnicity, spoken languages, type of out-of-home care, time in out-of-home care, and disability.

To systematically categorize outcomes assessed across studies, we developed a coding structure informed by the child welfare outcomes framework articulated by D'Andrade and colleagues (2008). This framework outlines three federally defined domains of child welfare

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performance: safety, permanency, and well-being; see Table 1 for coding definitions and examples. For each included study, the measured outcomes were assigned to one or more of these outcome domains based on the stated objectives, measurement tools, and findings. This coding framework enabled a structured synthesis of how child welfare outcomes have been operationalized in the context of disability across the literature. Consistent with the study aims, extracted variables focused on how included studies conceptualized and measured outcomes related to safety, permanency, and well-being for children with disabilities in out-of-home care.

3 Results

A total of 13 studies met criteria for final inclusion in this scoping review. These studies focused on children with disabilities in the foster care system and addressed the three constructs examined in the review: safety, permanency, and well-being. The studies examined a range of disabilities among children in out-of-home care, including intellectual disability, developmental delay, autism spectrum disorder, and other developmental conditions. Many of these conditions may involve communication challenges; however, none of the included studies focused specifically on communication disorders, limiting our ability to answer our second research question.

3.1 Study Designs

Of the 13 studies included in the review, 10 used quantitative research designs, two used qualitative designs, and one used both quantitative and qualitative methods. Nine of the 10 quantitative only designs included direct measures of foster children's experiences, including measurement of developmental skills through the Ages and Stages Questionnaire (ASQ; Squires & Bricker, 2009) (Greiner et al., 2021) and review of foster children's records. The most reviewed records included the Adoption and Foster Care Reporting System (AFCARS) (Johnson et al., 2020; Slayter, 2016a; Slayter, 2016b) and with one study reviewing the National Survey of Child and Adolescent Well-Being II (NSCAW II) records (Simmel et al., 2016). Other studies extracted foster child data from Medicaid (Bilaver & Havlicek, 2013; Keefe et al., 2023) and charted data from the University Center for Excellence in Developmental Disabilities (Valicenti-McDermott & Demb, 2008). One study included data from two different sources: the AFCARS and the National Youth in Transition Database (NYTD) (Lee et al., 2023).

Leathers and Testa (2006) used a quantitative design to review proxy reports of foster children's experiences; they analyzed older ward status reports which were based on caseworkers' experiences with foster children on their caseloads. St. Jean and colleagues (2024) used a mixed research design (quantitative and qualitative measures), which included analysis of survey data collected from current, past, and prospective foster parents. Both qualitative studies also included proxy reports of foster children's experiences instead of direct measurement. Havlicek and colleagues (2016) collected information about foster children with autism spectrum disorder (ASD) through focus groups with service providers. Shannon and Tappan (2011) conducted ethnographic interviews with a variety of individuals involved in the foster care system, including an expert in child welfare, foster parents, caseworkers, intake workers, special investigators, Child Protective Services office staff, and state-level administrators.

3.2 Demographic Information

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3.2.1 *Studies with Direct Measures*

The nine studies with direct measures included over 1,150,000 children who were currently in the child welfare system or enrolled in Medicaid; 1,132,166 of these children were in foster care or some type of out-of-home placement (Table 2). Two studies with direct measures included children who were in foster care and those who remained with their family (Keefe et al., 2023; Simmel et al., 2016). The children in the nine studies with direct measures ranged in age from 1.5 years to 18 years. Four studies with direct measures purposefully separated data for foster children with disabilities and foster children without disabilities (Bilaver & Havlicek, 2013; Johnson et al., 2020; Slayter, 2016a; Slayter, 2016b). Within these four studies, a total of 229,827 (21%) foster children had a documented disability. One study included only foster children with disabilities (n = 82), and there were no comparisons made to typically developing foster children (Valicenti-McDermott & Demb, 2008). Another study included only children with disabilities who were involved in abuse/neglect investigations (n = 639), and 10.3% of those children were in out-of-home placements (e.g., foster care) (Simmel et al., 2016). One study examined children enrolled in Medicaid, comparing children who were placed in foster care (n = 8426) to those who were not (n = 388,914); of the children in foster care, 32% had diagnoses related to mental health and/or developmental disorders (Keefe et al., 2023).

Disability types across all studies with direct measures included autism spectrum disorder (ASD), intellectual disability (ID), emotional/behavioral disorder (ED/BD), visual impairment (VI), deaf/hard of hearing (DHH), physical disability (PD), specific learning disability (SLD), language impairment (LI), developmental disabilities (DD), and multiple disabilities (MD). Many of these disability types often include underlying communication disorders; however, only one study specifically highlighted the inclusion of a LI (Valicenti-McDermott & Demb, 2008).

Of the nine studies with direct measures, eight studies reported data on child gender, and seven studies reported child race/ethnicity (Table 2). Most children across the studies were reportedly Black or white, with other races/ethnicities including American Indian/Alaskan Native, Asian-Pacific Islander, Hispanic, and Other. Three studies reported specific data on the children's out-of-home care settings (Bilaver & Havlicek, 2013; Lee et al., 2023; Slayter, 2016b), three studies only reported if the setting was with kin or non-kin (Greiner et al., 2021; Simmel et al., 2016; Valicenti-McDermott & Demb, 2008), and three studies did not report this information (Johnson et al., 2020; Keefe et al., 2023; Slayter, 2016a). Out-of-home care settings were primarily kin and non-kin; other settings included those with specialized care, independent living, group home/institution, and trial/pre-adoptive care. Some children were also reportedly living independently or on runaway status.

3.2.2 *Studies with Indirect Measures*

Four studies included proxy reports of foster children's experiences. These proxy reports were collected from service providers (Havlicek et al., 2016), caseworkers (Leathers & Testa, 2006), current, past, and prospective foster parents (St. Jean et al., 2024), and other individuals involved in the foster care system (Shannon & Tappan, 2011). A total of 616 participants provided these proxy reports; however, only one study specifically mentioned the number of foster children being described (n = 416; Leathers & Testa, 2006). The service providers reported on foster children with ASD (Havlicek et al., 2016); no other demographic information was

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reported for these children. The study by Shannon and Tappan (2011) also did not include any demographic information for the foster children being described.

The caseworker reports included information on foster youth who were aged 17-20+ years (Leathers & Testa, 2006). Of the 416 foster youth described by Leathers and Testa (2006), 55% were female and most were Black (72%) or white (22%). Thirty-nine percent were living in out-of-home care with kin, while 8% were in non-kin foster care, and 27% were in independent living settings. Twelve percent were specialized in foster care, institutional care, or a group home. Nine percent were runaways or incarcerated, and the living situation of 5% of the foster youth was unknown at the time of the study. Thirty-three percent were noted to have a diagnosed disability, including developmental disabilities and specific medical needs.

The current and past foster parents did not provide specific numbers or information regarding the demographics of foster children served, but they did report the various disabilities and care needs of the children in their care (St. Jean et al., 2024). This survey study included a total of 82 current or past foster parents, and within this group, parents reported serving foster children with behavioral disabilities (n = 62), complex medical conditions (n = 40), developmental disabilities (n = 49), severe communication issues (n = 22), and severe sensory issues (n = 23). Foster parents also reported serving foster children who were non-ambulatory (n = 11) and technology dependent (n = 17).

3.3 Outcomes

3.3.1 *Safety*

Safety outcomes were rarely examined in the included studies. None of the studies directly measured indicators such as recurrence of maltreatment or maltreatment occurring during foster care placements. However, several studies referenced safety-related issues indirectly through caseworker reports, service referrals, or placement decision-making. In one study, the authors noted that CPS workers had difficulties identifying safe placement options for children with disabilities, although it was unclear whether this was related to preventing maltreatment or providing appropriate medical care (Shannon & Tappan, 2011).

3.3.2 *Permanency*

Permanency outcomes include either reunification with the child's family of origin or adoption. When children are in out-of-home care, permanency can also be related to placement duration and stability, length of time in foster care, and discharge status. Permanency was represented in seven of the 13 included studies.

Several articles discussed placement stability for children with disabilities. First, Shannon and Tappan (2011) noted that identifying initial placements for children with disabilities was more difficult. Foster families in this study reported not feeling supported or trained in providing care to children with disabilities. Families also shared that a lack of community resources made them less willing to accept children with disabilities. Once children with disabilities are placed in out-of-home care, they are more likely to experience placement instability and longer time in out-of-home care than children without disabilities (Bilaver & Havlicek, 2013; Slayter, 2016a).

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When looking at transition to adulthood, Leathers and Testa (2006) found that half of the youth with developmental disabilities still had an open child welfare case at the age of 19, and this number was slightly higher for youth with medical special needs. Slayter (2016b) found that transition-aged youth with disabilities were 1.73 times more likely to transfer from foster care into the custody of another state agency, rather than into living with a relative, reunifying with a parent, or living independently. Havlicek and colleagues (2016) found that autistic adolescents experienced barriers to accessing transition services, including a lack of coordination between systems, poor identification and tracking, and confusion about what services are available and who should pay for them.

Outcomes related to adoption varied, with Johnson and colleagues (2020) reporting that white children with disabilities were more likely to be adopted out of foster care than either white children without disabilities, or Black and Hispanic children with or without disabilities. Slayter (2016a; 2016b) reported that children with intellectual disability were 48% less likely to be reunified with their family, twice as likely to be adopted, and four times as likely to experience adoption disruption.

3.3.3 *Well-Being*

Well-being outcomes relate to physical health, mental health, and education, including preparation for independent living for transition-age youth. Well-being was the most frequently assessed outcome, addressed in nine studies, which was expected given the breadth of specific outcomes related to well-being. Several articles suggested that children with disabilities were more difficult to place in foster care, and that this can lead to more restrictive placements than children without disabilities (e.g., non-kinship vs. kinship care; group home vs. non-kinship foster home). Although children with Down syndrome, intellectual disability, and developmental delay are often placed in kinship care, children with multiple disabilities were more likely to be placed in non-kinship care (Simmel et al., 2016), and autistic children were more likely to be placed in specialized foster care or congregate care settings (Bilaver & Havlicek, 2013).

Many studies addressed health and development screenings and services for children with disabilities in out-of-home care. Shannon and Tappan (2011) found that when entering out-of-home care, most children do not have services in place and that setting up a plan of care takes time and resources. They also reported that many individuals working in child protective services lack knowledge about the supports available, and that a lack of collaboration across agencies can contribute to delays or lack of access to services for children. Foster parents also reported lack of knowledge about supports available and delays in accessing services, including mental and behavioral supports, childcare, respite, and medical specialist care (St. Jean et al., 2024). However, Simmel and colleagues (2016) found that, of children in the child welfare system, children in out-of-home care were more likely to receive referrals for evaluations related to disability than those who remained in their homes. Two studies in this review (Greiner et al., 2021; Valicenti-McDermott & Demb, 2008) examined developmental evaluations of foster children and found that between 75-80% of children would benefit from services such as speech therapy, physical therapy, occupational therapy, or behavioral therapy, although few had been receiving services prior to entering care or to this evaluation. When children were referred to services, Greiner et al. (2021) found that non-kin placements were more likely to complete the referral than kinship caregivers. Beyond placement type, differences in race and/or ethnicity also

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contributed to disparities in children's access to necessary developmental screening and services (Simmel et al., 2016).

Although studies rarely looked at educational outcomes, one found that older foster children (>11 years) were more likely to have received a formal evaluation and have an Individualized Education Plan (IEP) in place in school (Simmel et al., 2016). Another found that foster youth with developmental disabilities or medical special needs received 3-4 times more counseling and independent living support in school than other foster youth and were less likely to drop out of school (Leathers & Testa, 2006). When transitioning out of school, foster youth with medical special needs were less likely to be employed, but foster youth with developmental disabilities were no less likely to be employed than other foster youth (Leathers & Testa, 2006).

Finally, several studies investigated adverse outcomes, such as running away from home, experiencing homelessness, incarceration, and death for youth in foster care. These studies mostly found that developmental disability was a protective factor. Youth with developmental disabilities were less likely to run away (Slayter, 2016a) and less likely to experience homelessness or incarceration (Lee et al., 2023). Although the number of children who die while in foster care is very low, youth with intellectual disabilities were found to be more likely to die in care than peers without intellectual disability (Slayter, 2016a).

4 Discussion

This scoping review examined how existing research has studied safety, permanency, and well-being among children with disabilities in out-of-home care in the United States. Overall, the findings suggest that the evidence base in this area is limited and fragmented. Only 13 studies met inclusion criteria, and much of the existing research relied on administrative datasets that provide limited detail on children's developmental needs and experiences. Although the review was motivated by interest in communication-related disabilities, the studies primarily examined broader categories of developmental and intellectual disabilities. Many of these conditions may involve communication challenges (Shannon & Tappan, 2011); however, none focused specifically on communication disorders as a primary category. Taken together, these findings indicate that the literature provides only a partial understanding of the experiences and outcomes of children with disabilities, particularly those related to communication, within the child welfare system.

The reviewed literature reports broad system-level patterns, including disability prevalence, placement trajectories, and permanency outcomes, but lacks the depth, consistency, and integration needed to fully understand children's experiences. Much of the research relied on administrative and cross-sectional datasets, which offer valuable population-level insights but often lack detail on developmental profiles, communication needs, and service experiences (Soneson et al., 2023; Putnam-Hornstein et al., 2013). These datasets also rarely linked across systems, limiting the ability to examine how child welfare involvement intersects with healthcare, education, and disability services (Brownell & Jutte, 2013; LaLiberte & Lightfoot, 2013). As a result, current data sources are not well positioned to capture how children's needs and outcomes evolve over time or across systems (Soneson et al., 2023; Putnam-Hornstein et al., 2013), and this limits children's timely access to services as well as opportunities for interdisciplinary collaboration and support.

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4.1 Defining Disabilities in Child Welfare

The absence of standardized approaches to defining disability limits comparability across studies and weakens the overall evidence base (American Academy of Pediatrics, 2007; American Psychological Association, 2016; Williams et al., 2017). Disability was defined inconsistently, with some studies relying on broad administrative indicators such as "special needs" status, while others used specific diagnoses or proxy measures such as receipt of special education services. In many cases, disability type was not specified and information on severity or functional needs was not reported, limiting the ability to distinguish between subgroups. These inconsistencies may reflect broader challenges within child welfare systems, where disability identification often depends on caseworker recognition or administrative classification rather than standardized criteria (Shannon & Tappan, 2011).

Child welfare classifications are also not well aligned with those used in education or Medicaid and developmental disability systems, which further complicates reliable identification and cross-system data integration. Without more consistent approaches to defining and measuring disability, it remains difficult to draw clear conclusions about the needs and outcomes of specific subgroups of children. Strengthening the identification and documentation of disability is critical, as current data systems do not consistently capture detailed or standardized information needed to monitor outcomes and allocate resources effectively (American Academy of Pediatrics, 2007; American Psychological Association, 2016). Improving disability identification and documentation in the child welfare system has the potential to both clarify children's needs and improve tracking of outcomes, while also expanding access to specialized services. When specific disabilities are clearly documented, children are more likely to be connected with the appropriate providers. For example, a child with a developmental disability may have greater access to a speech-language pathologist when a communication disorder is explicitly identified, or to an occupational therapist when sensory processing and motor challenges are documented. More precise identification and documentation can also inform system-level planning by highlighting gaps in service availability. For instance, documenting the prevalence of communication disorders among children in foster care can draw attention to the need for specialized communication supports, potentially leading to the development of targeted programs and improved service access.

The field lacks a child-centered and population-specific understanding, particularly with respect to communication-related needs. Although many studies examined children with developmental or intellectual disabilities, none focused specifically on communication disorders as a primary category of analysis. In addition, the existing literature relied almost exclusively on administrative data or proxy reports from caregivers and professionals, with no inclusion of direct input from children or youth. The absence of direct input from child welfare–involved youth limits understanding of how children with disabilities experience maltreatment, interact with systems, and participate in decision-making (Shannon & Tappan, 2011). This gap carries direct implications for federal child welfare requirements on youth participation. At any permanency hearing, the court or administrative body must consult the child in an age-appropriate manner regarding proposed permanency or transition plans (42 U.S.C. § 675(5)(C)(iii)). Beginning at age 14, agencies must develop the case plan in consultation with the child (§ 675(1)(B)). Because state child welfare agencies receive federal financial assistance, they are also subject to Section 504 of the Rehabilitation Act (29 U.S.C. § 794). For children

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with communication disabilities, exercising these rights depends on compliance with federal requirements for effective communication and appropriate auxiliary aids and services (45 C.F.R. § 84.77).This is particularly important for children with communication-related needs, as communication differences may affect their ability to report maltreatment, express needs, and be accurately understood (Shannon & Tappan, 2011; American Psychological Association, 2016). Without these perspectives, research may overlook key mechanisms shaping risk and outcomes.

4.2 Child Welfare Outcomes for Children with Disabilities

Even for core system goals (safety, permanency, and well-being), the literature provides an incomplete and uneven picture of how systems serve children with disabilities. Safety outcomes were rarely examined, with little attention to recurrence of maltreatment or safety in foster care placements. Data on safety outcomes for foster children with disabilities – particularly those with communication disorders – are critical given evidence that these groups face an elevated risk of abuse and maltreatment (Hwa-Froelich, 2022; Hyter, 2021; Stivanin et al., 2015). Children with communication disorders may have limited ability to report ongoing harm, underscoring the need for heightened attention to safety monitoring and protective supports for this population. Research also indicates that maltreatment risk varies across disability types (Maclean et al., 2017), further reinforcing the importance of accurate and timely identification and documentation. A clearer understanding of how specific disabilities relate to maltreatment risk can strengthen providers' capacity to tailor supports and guidance for both foster and biological parents, ultimately improving child safety outcomes.

Research on permanency outcomes is also limited and tends to focus on whether children exit foster care rather than how they exit or the quality of those outcomes, although existing findings suggest that disability-related needs may complicate placement stability and reunification (Shannon & Tappan, 2011). These findings are salient under the Family First Prevention Services Act, which strengthened requirements for individualized assessment of congregate care. For children placed in qualified residential treatment programs, an independent qualified individual must assess the child within 30 days and determine whether their needs can be met with family or in a foster family home, and if not, whether the program provides the most effective and appropriate level of care in the least restrictive environment. A court must independently approve the placement within 60 days (42 U.S.C. § 675a(c)). These requirements parallel the disability rights integration mandate, which requires services in the most integrated setting appropriate to the individual's needs (28 C.F.R. § 35.130(d); Olmstead v. L.C., 1999). No included study examined placement decisions under either framework. In contrast, greater attention has been given to well-being and service access, with studies indicating that children are more likely to receive developmental screening, evaluations, and services following placement. These findings suggest that entry into out-of-home care may serve as a point of identification for previously unmet needs (Shannon & Tappan, 2011; American Academy of Pediatrics, 2007). While this may reflect improved access to services, it also highlights missed opportunities for earlier identification and intervention and underscores the need to strengthen screening, referral processes, and cross-system coordination earlier in the child welfare continuum (LaLiberte & Lightfoot, 2013; Walton et al., 2022).

4.3 Implications and Future Directions

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These findings point to three key areas for strengthening child welfare policy and practice: cross-system coordination, workforce training, and prevention. Improved coordination across child welfare, healthcare, education, and disability service systems is needed, as children's needs are often identified only after entry into foster care and data systems are rarely linked (LaLiberte & Lightfoot, 2013; Walton et al., 2022). This fragmentation contributes to gaps in service access, particularly for children in kinship placements or those not identified prior to removal (LaLiberte & Lightfoot, 2013). Strengthening communication, referral pathways, and data integration may support earlier identification and more coordinated service delivery. Workforce training is also critical, as reliance on administrative data and proxy reports, combined with inconsistent identification of disability, suggests that child welfare professionals may have limited training in recognizing developmental and communication-related needs (Shannon & Tappan, 2011). Enhancing training in disability identification, communication differences, and trauma-informed approaches may improve assessment and service access (Shannon & Tappan, 2011). Finally, these findings underscore the need to strengthen prevention and early identification within the child welfare continuum. Expanding developmental screening and access to services during investigations and in-home service provision may help address unmet needs earlier and reduce the likelihood of out-of-home placement (American Academy of Pediatrics, 2007). Federal law already requires states to refer children under age 3 who are involved in a substantiated case of maltreatment to early intervention services under Part C of the Individuals with Disabilities Education Act (42 U.S.C. § 5106a(b)(2)(B)(xxi)), yet no included study examined referral compliance.

This review also highlights several important directions for future research and data development. There is a need for studies that more directly examine safety outcomes, including recurrence of maltreatment and safety within foster placements, as well as longitudinal designs that capture developmental trajectories and service pathways over time. More consistent approaches to defining and measuring disability would improve comparability across studies, while expanded demographic data would support examination of how disability intersects with race, ethnicity, socioeconomic status, and language. Future research should also prioritize inclusion of children's perspectives using methods accessible to those with diverse communication needs. Finally, improving data infrastructure, particularly through linking administrative datasets across systems, may enable more comprehensive analyses of children's experiences and outcomes (Soneson et al., 2023; Putnam-Hornstein et al., 2013).

4.4 Limitations

Several limitations should be considered when interpreting these findings. The number of studies meeting inclusion criteria was relatively small, reflecting the limited scope of existing research. Some types of grey literature, such as technical reports, were excluded from our review to ensure a consistent minimum standard of methodological reporting and quality across included sources; given the limited information on children with disabilities specifically, including technical reports could have contributed to a more complete picture of the experiences of children with disabilities. Much of the evidence included in the review relied on administrative and secondary data, which constrained the types of outcomes examined and limited insight into children's lived experiences, and none permitted assessment of compliance with the policy requirements described above. Variation in how disability was defined across studies also limited comparability and may have resulted in under- or inconsistent identification. In addition, the

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review was restricted to U.S.-based, English-language studies, which may limit generalizability. Finally, defining the primary outcomes (safety, permanency, and well-being) may have also been a limitation as some of these outcomes overlap and influence each other. Despite these limitations, this review provides a structured synthesis of the current evidence base and identifies key gaps to inform future research, policy, and practice.

4.5 Conclusion

Children with disabilities in out-of-home care remain an understudied population within the child welfare literature. Existing research provides limited insight into how safety, permanency, and well-being outcomes are conceptualized and measured, and communication-related needs are largely absent from the evidence base. The findings of this review suggest that current knowledge is constrained by fragmented data systems, inconsistent approaches to defining disability, and limited attention to children's perspectives. Addressing these gaps through improved data infrastructure, more inclusive and child-centered research approaches, and stronger coordination across service systems will be critical for advancing knowledge and improving outcomes for children with disabilities involved in the child welfare system.

Data Statement

Data from this scoping review is available from the first author upon request.

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Table 1

Safety, Well Being, and Permanency Definitions and Examples

Outcome	Definition	Indicators	Example from included articles
Safety	The child is protected from abuse or neglect and maintained in a safe living environment.	Maltreatment recurrence; maltreatment in out-of-home care; removal due to abuse/neglect; re-entry into foster care; caseworker/caregiver perceptions of safety	"The challenge for CPS workers is identifying placement options that can meet the needs that children with disabilities require to be safe" (Shannon & Tappan, 2011, p. 1471).
Permanency	The child achieves stable and lasting placement and family relationships.	Reunification; adoption; guardianship; placement stability/disruption; time in care; discharge status	"Foster children with ID spent, on average, 1,631.6 days in care over their lifetime (SD = 709.4) as compared to foster children without ID, who spent, on average 609.0 days in care (SD = 1,484.1)" (Slayter, 2016a, p. 305).
Well-being	The child's physical, emotional, educational, and developmental needs are met during and after care.	Developmental screening; physical/mental health access; IEP/IFSP use; service use; independent living readiness	"…one previous foster parent emphasized that some agency services are difficult to access, especially due to their location: 'The support I was offered looked good on paper but [was] not real…Located at the southern tip of IL – [there are] no supports, except on paper'" (St. Jean et al., 2024, p. 5).

Note. CPS = child protective services, ID = intellectual disability, SD = standard deviation, IEP = individual education plan/program, IFSP = individual family support plan, IL = Illinois.

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Informed by: D'andrade, A., Osterling, K. L., & Austin, M. J. (2013). Understanding and measuring child welfare outcomes. *Evidence for Child Welfare Practice,* 135-156.

Table 2.

Study Information and Participant Demographics

Study Information				**Study Participants and Foster Children**						
Authors, Year	**Study Design**	**Study Construct**	**Data Source**	**Type (*N*)**	***N* of children described**	**Child Age (*M*, range)**	**Child Disability**	**Child Race/ Ethnicity**	**Child Gender**	**Child Out of Home Care Setting**
Direct Measures of Foster Children's Experiences										
Bilaver & Havlicek, 2013	QT	P	Medicaid claims	Children Entering Out-of-Home Care (9853)	ASD=240 Total=9853	Total=3-18 yrs	ASD=240	ASD: B 1.9%, W 2.8%, O 2.8% Total: B 42.4%, W 49.8%, O 7.9%	ASD: F 1.3%, M 3.6% Total: F 50.4%, M 49.6%	ASD: Kin 1.6%, Non-kin 2.5%, Specialized Foster Care 6.2%, Specialized Congregate Care 4.5%, Specialized Independent living 11.1% Total: Kin 55.9%, Non-kin 25.3%, Specialized Foster Care 2.6%, Specialized Congregate Care 16.1%, Specialized Independent living 0.2%

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Greiner, et al., 2021	QT	W	ASQ	Children in Welfare System (235)	235	1.57 yrs	DD 75%	W 25%, O 75%	F 42%, M 58%	Kin 42%, Non-kin 58%
Johnson, et al., 2020	QT	P	AFCARS	Foster Children (182,056)	Disability = 50,573; TD= 131,063	7.98 yrs (0-17)	28%	B 29.3%, W 44.4%, H 21.6%, AI/AN 3.4%, API 1.3%	NR	NR
Keefe et al, 2023	QT	W	Children enrolled in Medicaid	Children (397,340)	Non-foster care = 388914; Foster care = 8426	35.6% under age 5, 28.4% 5-10, 21.6% 10-15, 14.3% 15-18	Mental Heath or DD = 63,019; 16% (non-foster); 2728; 32% (foster)	NR	Non foster: F = 194,590 (50%); M = 194,295 (50%) Foster: F = 4100 (28.7%); M = 4326 (51.3%)	NR
Lee et al., 2023	QT	W	NYTD and AFCARS	Youth Aging out of Foster Care (33,191)	33,191	NR	46.5% ED 36.8%, ID/DD 4.3%, VI/DHH 6.3%, PD 1.1%	B 29.13%, W 42.76%, H 19.16%, O 7.61%, NR 1.34%	F 50.02%, M 49.98%	Foster 38.48%, Pre-adoptive 18.9%, Group home/institution 36.45%, Independent/run away 5.52%

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Simmel, et al., 2016	QT	W	NSCAW II	Children Involved in Abuse and Neglect Investigations (639)	639 (10.3% in Out-of-home care)	<3 years 7.0%, 3-5 years: 15.5%, 6-10 years 40.5%, 11+ years 37.0%	SLD 70.3%, ID/DS/DD 1.8%, MD 27.9%	B 17.3%, W 52.8%, H 24.6%, O 5.3%	F 38%, M 62%	Kin 5.9%, Foster 4.1%, Other 0.3%	
Slayter, 2016a	QT	P	AFCARS	Foster children (370,773)	ID=11,420 TD= 359,353	ID=2.97 yrs TD=7.67 yrs	ED 51.9%, VI/DHH 11.1%, PD 13.8%, O 45.3%	ID: B 33.5%, W 64.9%, H 12.9%, AI/AN 4.0%, API 1.1% TD: B 30.9%, W 64.8%, H 19.00%, AI/AN 4.5%, API 1.7%	ID: F 37%, M 63% TD: F 49.9%, M 50.1%	NR	
Slayter, 2016b	QT	P	AFCARS	Foster children (527,484)	Disability = 167,594	Disability=11 yrs	ID, PD, VI/DHH, ED, O	Disability: B 32.3%, W 57.4%,	Disability: F 43.9%, M 56.1%	Disability: Trial 7.9%, Kin 16.8%,	

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					TD= 359,890	TD=7.67 yrs		H 23.1%, AI/AN 4.0%, API 1.7% TD: B 31.0%, W 64.7%, H 19.0%, AI/AN 4.5%, API 1.7%	TD: F 49.9%, M 50.1%	Non-kin 39.4%, Pre-adoptive home 10.0%, Group home 8.6%, Institution 12.6%, Supervised independent living 2%, Runaway 2.2% TD: Trial 12.3%, Kin 29.2%, Non-kin 38.3%, Pre-adoptive home 8.2%, Group home 4.1%, Institution 5.5%, Supervised independent living 1.0%, Runaway 0.9%
Valicenti-McDermott & Demb, 2008	QT	W	University Center for Excellence in Developmental Disabilities chart data	Foster Children (82)	82	4.1 yrs	DD w/LI 78%, ID 32%, ASD 15%	NR	F 67%, M 33%	Kin 52%, Non-kin 48%

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Proxy Reports of Foster Children's Experiences

Havlicek, et al., 2016	QL	P, W	Focus groups	Service Providers (41)	NR	NR	ASD	NR	NR	NR
Leathers & Testa, 2006	QT	P, W	Older Ward Status Reports	Caseworker Reports (416)	416	17 yrs 24%, 18 yrs 37%, 19 yrs 22%, 20+ yrs 17 %	Disability=33 %, DD 9%, Medical special needs 4%	B 72%, W 22%, H 5%, O 1%	F 55%, M 45%	Kin 39%, Non-kin 8%, Specialized foster 5%, Institution/group 7%, Independent living 27%, Incarcerated 3%, Runaway 6%, Other 5%
Shannon & Tappan, 2011	QL	P, W, S	Ethnographic interviews	Individuals involved in foster care (33)	NR	NR	NR	NR	NR	NR
St. Jean et al, 2024	QL/ QT	W	Surveys of current, past and prospective foster parents	Current Foster Parents of Youth with SHCN (40, 32%), Past Foster Parents (42, 33%), Prospective Foster Parents (44, 35%)	NR	NR	Current: BD 29 (72.5%), complex medical conditions 18 (45%), DD 23 (57.5%), non-ambulatory 3 (7.5%), severe communication issues 8 (20%), severe sensory issues 10 (25%), technology dependent 6 (15%), O 5 (12.5%)	NR	NR	NR

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	Past: BD 33 (78.6%), complex medical conditions 22 (52.4%), DD 26 (61.9%), non-ambulatory 8 (19.0%), severe communication issues 14 (33.3%), severe sensory issues 13 (31%), technology dependent 11 (26.2%), O 4 (9.5%)

Note. QT = qualitative, QL = qualitative, P = permanence, S = safety, W = well-being, ID = Intellectual Disability, Developmental Disability = DD, DS = Down Syndrome, Emotional Disturbance/Disability = ED, Behavioral Disability = BD, SLD = Specific Learning Disability, LI = Language Impairment, PD = Physical Disability, DHH = Deaf/Hard of Hearing, VI = Visual Impairment, MD = Multiple Disabilities, B = Black/African American, W = White, H = Hispanic, O = Other, AI/AN = American Indian/Alaskan Native, API = Asian/Pacific Islander, NR = not reported, ASQ = Ages and Stages Questionnaire, AFCARS = Adoption and Foster Care Reporting System, NSCAW II = National Survey of Child and Adolescent Well-Being II, NYTD = National Youth in Transition Database

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Highlights

- Research on outcomes for foster children with disabilities is limited.
- Most studies focused on well-being and permanency outcomes.

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- No studies directly focused on safety outcomes or communication disorders.
- Gaps in outcome measurement, disability identification, and system coordination.
- Future research is needed to understand foster children's perspectives.

Declaration of interests

☒ The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

☐ The authors declare the following financial interests/personal relationships which may be considered as potential competing interests:

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