10-21-2025

Exploring Challenges of Parents with Disabilities Affecting Custody of the Children

Kendyll King
Walden University

Walden University

College of Psychology and Community Services

This is to certify that the doctoral dissertation by

Kendyll King

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Gregory Hickman, Committee Chairperson, Human Services Faculty
Dr. Virginia Smith, Committee Member, Human Services Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2025

Abstract

Exploring Challenges of Parents with Disabilities Affecting Custody of the Children

by

Kendyll King

MA of Social Work, Walden University, 2021

BS Criminal Justice, Northeastern State University, 2003

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Services

Walden University

November 2025

Abstract

Despite the Americans with Disabilities Act of 1990 promoting equality for people with disabilities, parents with developmental and intellectual disabilities experience high rates of involvement with child welfare services due to outdated terminology, information about disabilities, and policies. The purpose of this study was to identify the challenges of parents with intellectual and developmental disabilities and determine if they differ from those of parents without a disability. This was a generic qualitative study grounded in intersectionality theory. Education, employment, health and safety concerns, independence, assistive technology, social services involvement, and supports or resources were examined through the perspective of the parent with an intellectual or developmental disability and compared to the challenges of parents without a disability. The primary research question was an examination of the challenges for parents with intellectual and developmental disabilities while providing quality care to their child according to the state's standards. Thirteen semistructured interviews were conducted, and thematic analysis identified 10 themes: impact of disability on parenting styles and abilities, financial strain and employment, emotional well-being, caregiving arrangements and support networks, access to resources and services, types and severity of disabilities, advocacy and systemic issues, support and resource availability, and societal attitudes and perceptions. Key conclusions contributed to positive social change in that they highlighted that parents with disabilities do not have significantly different challenges than parents without a disability and require changes in policy, education, additional research, and support for the population.

Exploring Challenges of Parents with Disabilities Affecting Custody of the Children

by

Kendyll King

MA of Social Work, Walden University, 2021

BS in Criminal Justice, Northeastern State University, 2003

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Services

Walden University

November 2025

Dedication

I dedicate this journey to my children, who drive me to push through. To my son, I thank you for being motivated through my bachelor's degree to give you a better life and more opportunities. To my daughter, thank you for inspiring me to live fully and guiding my future self. Moreover, to all the other students, especially women who were oppressed by their partners and wanted to hide their gifts and stifle their spirit, I dedicate this doctorate journey to you. You are enough, and the world deserves your wonder and gifts.

Acknowledgments

I also want to acknowledge those who stood before me and said I would not complete this journey successfully. Friends, family, and faculty have all looked me in the eye and doubted my ability and determination, some publicly, some behind my back, and some in front of colleagues. Although initially thought to be a barrier in my journey, I thank you for allowing me to prove what I knew. To the professor who berated me in front of approximately 50 fellow students during my first residency as a master's student and declared to the entire room, I would never make it. I would only be a detriment to society. Thank you. I could not have done this without your voice in my head, with every tear on my cheek as I pushed through exhaustion and frustration, and with every set of eyes you had peered into my soul that day, so thank you. Just imagine what we could have accomplished with praise and support.

Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction to the Study

Very few people with disabilities are aware they have the right to have relationships, have sex, have a child, or raise a child, as these thoughts have been considered unacceptable within society for generations (Benoit et al., 2023). When a person with a disability does have a relationship, sex, or a child, it is frowned upon as it is interpreted that they cannot understand the consequences of their actions or be able to tend to the needs of another human (Perez-Curiel et al., 2023). With continual research and understanding of disabilities, the limitations surrounding the diagnosis are becoming more of an understanding of adapted abilities rather than limits (Zalis, 2023).

Even with the advancement of research and understanding, most states in the United States still have active policies that allow a child's removal from a parent with a disability based solely on the parent's diagnosis rather than based on the quality of parenting they can provide (Ausberger et al., 2021). This policy is outdated and discriminatory based on the Americans with Disabilities Act of 1990, which was passed to promote equality for people with disabilities and allow them fair treatment and a chance to live the life they choose (Albert & Powell, 2021). However, over 30 years later, the policies have not been adjusted to make people feel valued and accepted within their communities (Jalanidhi & Azizah, 2022).

Similarly, in the United States, the People First movement began in 1974 and took almost 20 years to inspire the Americans with Disabilities Act of 1990 (Woolridge, 2023). The People First Movement came to be because individuals with disabilities were tired of being defined by their disability or diagnosis and wanted to be included in the

decisions being made about their lives. This is where the phrase "Nothing about us, without us" originated and started the most significant self-advocacy movement of the population, demanding that they were seen as people (Wooldridge, 2023).

In this study, I discuss how the People First Movement challenged society to humanize people with disabilities and emphasize their personhood rather than focusing on their conditions (Wooldridge, 2023). The Americans with Disabilities Act of 1990 marked an attempt by the American government to make amends for historical neglect of the population and to include them within mainstream society (Albert & Powell, 2021). To date, society's skewed view and uneducated perception of people with disabilities continue to hinder the most basic rights of people: love and family (Adams, 2023).

Background

All humans face challenges as parents. Parents with disabilities are restricted in having the right to raise their children due to a label (Roy, 2022). Learning about the challenges of parents with disabilities will allow communities to provide needed support to parents with or without a disability (Roy, 2022). Learning about the obstacles and using these findings to compare them with the challenges faced by parents without disabilities can help society become educated about the abilities possible with a disability (Pacheco et al., 2022).

When reviewing available literature regarding parenting and disability, most results are studies about the parents' needs while parenting a child with a disability, the needs of a child with a disability, and resources related to assisting a parent with a child with a disability (Emam et al., 2023; Long-Bellil, 2022). For example, the 2023 article

"Parenting stress and life satisfaction in families of children with disabilities: The mediating effect of social support in three Arab-speaking countries" addresses the need for support to alleviate parenting stress resulting from children having disabilities (Emam et al., 2023). Similarly, Gueze et al. (2023) discuss the continuous struggles to maintain balance within the families' lives when caring for a child with disabilities. The information available about parents with a disability is minimal, as the concept is still considered taboo in most societies (Long-Bellil, 2022). However, with the increase in self-advocacy and the focus on abilities rather than disabilities, people with disabilities becoming parents are on the rise (Tarasoff et al., 2020).

However, until this practice of equality becomes mainstream, more exploratory studies are needed to understand the abilities of people with disabilities better. Suppose it takes over 30 years after the Americans with Disabilities Act was passed for society to consider people with disabilities as deserving of family. In that case, it will take longer for it to become a common practice and thought within society (Albert & Powell, 2021). After completing the primary exploratory studies, the data can be utilized in various studies to support individuals with disabilities, strengthen their families, and enable them to exercise their human rights (Busetto et al., 2020).

Problem Statement

The Americans with Disabilities Act of 1990 was enacted to promote equality for individuals with disabilities, ensuring fair treatment and providing them with opportunities to thrive and live the lives they desire (Albert & Powell, 2021). While the Act highlighted the right to work and be part of society, many people in the population

have taken this movement and used it to promote the equality of having relationships, engaging in sex, and having children (Benoit et al., 2023). While the Americans with Disabilities Act of 1990 was an innovative way of thinking and promoting the inclusion of people with different abilities, it is still considered taboo by society that people with disabilities are sexual beings and, therefore, cannot or will not reproduce and become parents (Long-Bellil, 2022).

For example, there are still 35 states in the United States that can remove a child from their natural home based solely on the fact that the parent has a developmental or intellectual disability, not based at all on abilities and quality of parenting (Ausberger et al., 2021). This outdated and discriminatory policy of most states makes it nearly impossible for people with disabilities to be productive members of society, experience being a parent like their fellow citizens, and enjoy the basic needs and wants of being human (Adams, 2023). This ability and desire to become 'equal' was the basis of the Americans with Disabilities Act of 1990 (Powell & Albert, 2021). However, over 30 years later, society has yet to adjust the policies to make people feel valued and accepted (Jalanidhi & Azizah, 2022).

Most society has a perception of people with intellectual and developmental disabilities as asexual beings (Holmes, 2021). Sexual education and sexuality are not discussed or explored with this population, leaving many to discover their preferences in secret, experimentally, or due to the curiosity willing to explore with someone who will take advantage of them (Holmes, 2021). Lack of education increases the abuse and

exploitation rate for this population and allows them to become victims more readily (Disability Justice, 2023).

Very few people with disabilities are aware they have the right to have relationships, have sex, have a child, or raise a child, as these thoughts have been considered taboo within society (Benoit et al., 2023). The social problem prompting a search of the literature is that parents with developmental and intellectual disabilities are losing custody of their children based on a diagnosis and not their ability to provide quality and adequate parenting to the children due to outdated policies, lack of resources, lack of support, or other reasons to explore (Ausberger et al., 2021).

All humans face challenges as parents, and parents with disabilities often face restrictions in their right to raise children due to a label (Roy, 2022). Learning about the challenges faced by parents with disabilities can help communities provide the necessary support to all parents, regardless of disability (Roy, 2022). Identifying these obstacles and comparing the challenges faced by parents without disabilities can provide valuable information that demonstrates the abilities of those with disabilities (Pacheco et al., 2022).

Although the aforementioned research regarding equality for parents with intellectual and developmental disabilities illuminates significant findings, I have not found any qualitative research that has examined the daily challenges of parents with disabilities and strategies for overcoming the challenges to be more successful at parenting and providing quality care to their children. Given such, further research is warranted that could examine the challenges of parents with disabilities overcoming the

barriers to being successful parents and providing quality care to their children to address the documented problem of parents with disabilities losing custody of their children (Van der Lubbe et al., 2024).

Purpose of the Study

The purpose of this qualitative, generic design study was to explore the daily challenges parents with intellectual and developmental disabilities face while providing adequate and quality care to their children, which might prohibit them from keeping custody of their children according to the state's standards. Autism spectrum disorder (ASD), for example, is known as a "spectrum" disorder because there is a wide variation in types, abilities, and severity of symptoms across those with the diagnosis (National Institute of Mental Health, 2024). This means that there are ranges of abilities within a single label, and people cannot be reasonably judged solely by that label (Roy, 2022).

The same rationale applies if a person has a label of intellectual disability; this does not automatically disqualify them from being a good parent (Norlin & Randell, 2023). If someone is labeled genius, this does not automatically qualify them as a good parent (Ule & Zivoder, 2023). Many barriers for this population need to be addressed, as far as fairness, parenting with disabilities, and how society and policies make it nearly impossible for this population to thrive are some of the barriers (Ausberger et al., 2021).

Research Questions

What are the challenges faced by parents with developmental or intellectual disabilities while providing quality care to their children according to states' standards?

Theoretical/Conceptual Framework

Intersectionality offers an agenda for theorizing inequalities as contingent, connected, and conflictual (American Association on Intellectual and Developmental Disabilities, 2024). Intersectionality theory, which has gained significance over the last 20 years, focuses on uncovering processes of differentiation and systems of inequalities across various topics, including disabilities (Wickenden, 2023). Developed by Kimberle Crenshaw in 1989, this theory highlights how different social identities intersect and create unique experiences of oppression or privilege, shaped by not only gender but also factors such as race, class, sexuality, and ability (Rowan, 2024). This theory presents new opportunities for transforming social movements, such as enabling people with disabilities to become parents (Wickenden, 2023).

Intersectionality is a framework for understanding how aspects of a person's multiple social and political identities might combine to create unique burdens and barriers. Intersectionality is beneficial for considering how the interlocking systems of inequality affect those most marginalized within society and their communities, as well as for examining these relationships when promoting social and political equality and inclusion (American Association of Intellectual and Developmental Disabilities, 2024).

Intersectionality moves beyond traditional frameworks and separates social problems into challenges that specific populations face. The basis of intersectionality started with the idea that people have individual personalities and unique experiences within a 'group', but can still experience oppression and discrimination simultaneously. Intersectionality highlights the unique experiences created by the intersection of various

forms of discrimination, including race, gender, class, and sexual identity, within historical, social, economic, political, and legal contexts and norms that intersect with structures of oppression and privilege (Center for Intersectionality and Social Policy Studies, n. d.).

Disabilities, as a category of identity, are often overlooked when discussing intersectionality. However, disabilities are socially constructed and liable to misrepresentation or lack of understanding (Wickenden, 2023). While not the sole identity of a person, it ignores many other aspects such as race, gender, or sexuality; it does contribute to the identity and contributes to the oppression of the group (Wickenden, 2023).

Intersectionality pertains to disabilities as they intersect with other identity factors, such as gender, age, race, and sexuality (Wickenden, 2023). While the Americans with Disabilities Act did not specifically mention parenting, it also did not exclude it by name; however, it does state that people with physical or mental disabilities in no way diminish a person's right to participate fully in all aspects of society (Powell & Albert, 2021). In this study, I explored the challenges faced by parents with disabilities and also compared the differences, if any, to parents without disabilities to assist in determining whether this bias is based on facts rather than the outdated and incorrect knowledge that people with disabilities cannot be contributors to society. Once these challenges are identified, they can be compared to those of parents without a disability. If the challenges are similar, the results can determine whether the population is being explicitly oppressed for their identity, which includes their disability.

Interview questions were grounded in intersectionality theory as it pertains to the challenges of parenting faced by people with disabilities. I probed the unique and familiar challenges of any parent, disability or not, showing whether there is a stigma or bias toward people with disabilities as parents, adding to the outdated assumptions that people with disabilities have limitations instead of the need for adaptations or support for parenting. Discovering the challenges in comparison to the state's standard of care requirements will either prove or disprove the alignment that a disability can be the sole hindrance to quality parenting.

Nature of the Study

Method and Design

To address the research questions in this qualitative study, the specific research design included a generic survey that examines the challenges faced by parents with developmental or intellectual disabilities when providing quality care to their children by state standards. This approach considered the state's parenting standards, the challenges of parents without a disability, and the parents' perceptions of the difficulties faced with a disability. This approach was exploratory, as it addresses the scope of the problem and research question by identifying the challenges (Hassan, 2024). Additionally, comparing the difficulties identified to those of parents without a disability aided in reinforcing that there are current policies that are outdated based on assumptions and misinformation about disabilities and people's abilities (Wickenden, 2023).

Procedures

In-depth, semistructured interviews were the most effective method for gathering detailed information about each participant's experiences as a parent with a disability (Adeoye-Olatunde & Olenik, 2021). Although time-consuming, this approach was employed in qualitative research to gain an understanding of the views, experiences, and feelings associated with a particular idea, program, or situation (Buys et al., 2022). Getting detailed information from an individual perspective was part of the discovery process. This method was typically used to understand how to approach a topic that needs further study and can be a valuable component. Interviewing also required practice and skills to move the interview forward, establish rapport, and make connections, ensuring that all the necessary information is obtained (Rutledge & Hogg, 2020). I reiterated that this is a discovery and learning interview, and there were no wrong answers (Hassan, 2024b). I encouraged the participant to speak freely and not worry about offending someone or saying the wrong thing. I also reminded them of the strict confidentiality requirements outlined in the study consent (See Appendix A).

Using an exploratory qualitative approach, I conducted semistructured interviews to gather the information for the study (Mashuri et al., 2022). Interviews consisted of open-ended, probing questions, with additional clarifying questions to ensure a thorough understanding. Consistent, pre-planned interview questions (Appendix B) guided the interview, while also allowing for further questions that probe for clarification (Razzetti, 2023). Interviews took place in person or via Zoom, as participants were from various locations, allowing for the observation of expressions, body language, environment, and

the content of the answers. Interviews were not restricted to a minimum time or limit, as participants could take as much time as needed to describe their experiences.

The interviews were digitally recorded through Zoom, transcribed with transcription software, and verified for accuracy and then, analyzed with MAXQDA coding software and manually sorted and sifted through the transcriptions looking for similar phrases, relationships between variables, patterns, themes, distinct differences between subgroups and common sequences, affixing codes to such commonalities, noting reflections and gradually elaborating a small set of generalizations found throughout the interview transcriptions (Lester et al., 2020).

Coding is a qualitative data analysis strategy that helps find trends and themes in the data collected through interviews or other methods. What coding process, manual, or coding software should be used in the study's methodology? Questions like ‘What data will be coded?’ ‘Where does the data originate?’ ‘How will you explain your coding process?’ and ‘How will the results of the coding process be reported?’ need to be asked to determine the method (Illinois Library, 2024). Numerous coding software packages, such as MAXQDA, are either free or can be purchased to assist with coding and data analysis.

I used two coding methods to code and analyze my data. I planned to do a variation of self-coding to become deeply familiar with the information from the study. I also used a secondary method of coding software to verify my findings and ensure additional accuracy and thoroughness (Adhikari, 2020). Using this double coding method was a cautious way to ensure the data was thoroughly understood and remains

intertwined with and attuned to the drive behind the research. It ensured thoroughness in verifying that all information is reviewed and coded appropriately.

While it was convenient to use coding software, it was also important to maintain sight of the purpose or passion of the study and the provided interest in picking the specific research topic and population. Research questions were derived from questions within a field of love and belief (Adhikari, 2020). Strictly relying on software to code and analyze data could detract from that purpose and cause one to lose sight of the initial motivation that drove the research.

Sampling and Criteria

The sample, which consisted of both purposeful and snowball samples, would include approximately 16 family units. These consisted of at least one parent with a disability within the parent group or a single parent who has a disability and is the primary caregiver for the child. The generic, qualitative study conducted by Mathisen et al. (2023) used a sample size of 12 participants for their in-depth interviews. In comparison, Jones et al. (2021) used a sample size of 23 for their exploratory, qualitative study on occupational stress. Additionally, twelve participants were used for the exploratory research regarding components of interventions to increase seniors' physical activity (Powell & Thomas, 2021).

The criteria for inclusion in the maximum variation sample included being a parent with an intellectual or developmental disability. Participants must have had or have custody of their biological child for more than half of the child's life, including infancy through the teenage years, as no age restrictions apply to this study. The sample

does not need to include parents with disabilities who have had interactions with the Department of Family and Children's Services (DCFS), as the "challenges" are being compared to the assessments used by DCFS and the state to determine if the struggles are specific to parents with disabilities or parents in general. Ideally, the sample would comprise participants from both rural and urban areas across various regions to ensure a comprehensive representation of all barriers faced by parents with disabilities.

Additionally, no individual was excluded based on race, gender, or other demographic characteristics if they meet the other criteria, as including diverse races, cultures, and demographics would facilitate a more comprehensive representation of the challenges faced (Frost, 2024). The vetting process included an initial questionnaire to ensure the participants met the requirements to participate. The questionnaire consisted of questions about the individual parent's diagnosis, age, number of biological children, custody arrangements, and living situations, including location and whether they had interacted with DCFS.

Analysis

The thematic analysis process is a structured, sequential, and thorough process for interpreting qualitative data. Initially, transcribing the data, familiarizing oneself with identifying themes, and selecting quotations helped recognize viewpoints and patterns, identify recurring terms or elements, and designate them as keywords that encompass the participants' experiences. Third, coding or short phrases or words were assigned to data segments to capture the core message, significance, and theme. Then, theme development involved organizing the codes into meaningful groups to identify patterns and

relationships that could offer insights into the research question. Step five involved conceptualizing the themes identified by understanding and defining concepts from the data, and relating them to social patterns. Finally, the conceptual model was developed by representing the data in a manner guided by relevant theories. This model answers the research question and underscores the study's contribution (Naeem et al., 2023).

Researcher Credibility

Credibility was established through familiarity with the social problem and the population being studied. Understanding and empathetically discussing the population's oppression and struggles accurately allowed the researcher to establish credibility. Additionally, working with the population, living among them, interacting with them, and studying them added credibility (Johnson et al., 2020). This researcher had professionally interacted with this population of people with disabilities for over 15 years and is familiar with the range of abilities encompassed by each disability.

Transferability relates to the quantitative concept of external validity. Identifying other populations facing oppression due to similar circumstances enabled the study to be transferable, allowed the analysis and conclusion to be applied to various populations and explained the exact reasoning behind oppression. To support transferability, thick descriptions were employed, utilizing the three elements of describing the setting, describing the participants, and presenting sufficient evidence to support the findings. This also contributes to the dependability of the research and process, as it can be applied multiple times to varying situations to yield the same results (Johnson et al., 2020).

Although statistical reliability does not apply in qualitative studies, it must meet a

standard of dependability. Dependability in this study was ensured by consistent evidence in the data collection process, analysis, and reporting. Any adjustments to the planned methodology were documented and thoroughly explained.

Establishing conformability uses well-planned, reviewed, and ethical methods to conduct the research; a researcher must follow the approved plan to the letter. If an unexpected event or result occurs, the researcher must notify the IRB, which will review the situation and inform the researcher on how to proceed. Additionally, the researcher must saturate the study with literature sources that support the claims made throughout the study. These sources must be valid and credible, mostly peer-reviewed, and from reputable sources. The study must be fact-based, objective, non-biased, and honest to represent and analyze the data. All procedures must be ethical (Johnson et al., 2020).

Ethical Considerations

Participant protection necessitates protocols that safeguard participants from harm during the study. These protocols were reviewed by the IRB and followed precisely to ensure ethical sustainability. Examples of harm can include strong emotions from discussing difficult and potentially traumatizing events in one's life, or causing any physical damage. A protocol that might be in place if discussing a traumatic event would be for a counselor to be available to discuss any resurfaced or lingering emotions. Additionally, participant protections apply to vulnerable populations, including individuals with disabilities and children. Consent was obtained from all parties, including guardians and participants, and the purpose of the line of questioning and data

use must be explained so that participants could fully understand and provide informed consent (Quinn & Long, 2024).

Confidentiality was maintained for all participants by encrypting and storing identifying information on a separate, locked storage device. The data is being stored for five years and then professionally destroyed to prevent data leaks and breaches of confidential information that could identify participants in the study. Outside of the researcher, myself, and the IRB at Walden University, no one has access to the raw data, which may contain identifying information.

Definitions

Intellectual disabilities: A condition characterized by significant limitations in intellectual functioning and adaptive behavior that originates before 22. Adaptive behaviors encompass conceptual, social, and practical skills, which can be assessed through testing of IQ or other standardized measures. Additional assessment considerations should include a community environment typical of the individual's peers and culture, linguistic diversity, and cultural differences in how people communicate, move, and behave, as well as the assumption that limitations often coexist with strengths in an individual. Life functioning will improve with ongoing support (American Association on Intellectual and Developmental Disabilities, 2024).

Developmental disabilities, beginning at birth or during childhood, are chronic and adversely affect an individual's daily living and functioning. A mental impairment, physical impairment, or a combination of both can cause developmental disabilities, which limit functions related to self-care, communication, learning, mobility, decision-

making, independent living, and financial self-sufficiency (North Carolina Department of Health and Human Services, n. d.).

Assumptions

Identifying assumptions in research is necessary as this is how society bases decisions, thoughts, and actions. It substantially impacts how we interpret the world and act within it, allowing researchers to distance themselves from their biases to obtain objectivity (Adu & Miles, 2023). Although there is a broad perception that people with intellectual and developmental disabilities are asexual beings, it is apparent that, due to the presence of policies stating people with disabilities cannot safely and effectively parent their children, 82% of people with intellectual and developmental disabilities who do have sexual relations (Brkic-Jovanovic et al., 2021).

Mainstream society has birthed this perception due to many childlike features and behaviors exhibited by people with disabilities. While mentally, persons with developmental disabilities may still portray childlike tendencies, the development of the human body remains similar to that of those without disabilities. The same urges, curiosity, and feelings develop as the person reaches puberty and is exposed to social stimuli that create curiosity (Long-Bellil, 2022). Society, therefore, excludes people with disabilities from sexual education, which leaves the population to explore independently, without safety precautions, and become more susceptible to abuse due to their lack of understanding and education (Holmes, 2021).

Additionally, disabilities have been given a negative connotation of lack and inability due to the labeling and ignorance surrounding labels, diagnoses, and

possibilities. Most people fear what they do not know or understand and fictitiously assume that since something is different, it is wrong, based on the perception and understanding of people with disabilities (Pressman, 2021). Throughout most of history, people with disabilities have been considered burdens and locked away from society, and never been given a chance to be understood or learn that their adapted abilities are still capable of many things (U.S. Department of Justice Civil Rights Division, n. d.).

The assumption that people with a disability 'cannot' do something is the same as assuming people without a disability 'can' do anything. Dr. Stephen Shore stated, "If you have met one person with autism, then you have met one person with autism" (Healis Autism Centre, 2020, p.1). This rationale applies if a person has a label of 'intellectual disability'; this does not automatically disqualify them from being a good parent (Norlin & Randell, 2023).

Scope and Delimitations

This study's scope is within the boundaries of participation and disclosure of participants willing to discuss their experiences of parenting with a disability and their involvement with a child welfare agency. All information and data obtained from the interviews are assumed to be true and accurate. The interviews will include positive and negative interactions with child welfare agencies. While not discounted for the work they do, this study focuses on the challenges of parenting with a disability.

Delimitations are confined to the willingness and availability of participants as well as the policies available by each state's child welfare systems to coordinate the challenges of the parents with developmental disabilities and the states' standards of care.

If not all states' policies regarding standards of care are not available for review, an objective, generalized, and average set of standards will be utilized to understand the care standards. For this study, the need for policy is to correlate the standards of care with the challenges of parenting with a disability, understand the basis of these policies, and determine if they are outdated or discriminatory.

Limitations

Exploratory, generic research has a limited scope as it focuses on a specific research problem or questions rather than attempting to provide an understanding of a broader phenomenon. The research is typically conducted on a smaller scale and employs non-random sampling, which can limit the generalizability of the findings to a broader population. Additionally, exploratory research is less rigorous and is not designed to test specific hypotheses; rather, it aims to gain insights and understand the research problem. This qualitative design and approach are subjective and can be subject to bias and interpretation, as it can be challenging to interpret the findings of exploratory research. This research can also be time-consuming (Hassan, 2024).

Challenges

A challenge to this study included personal bias and emotions regarding the subject, as well as an emotional connection with the participants, which could influence one's perception of their struggles as a parent. Working with this population for over 15 years had implanted a desire and need to prove that society has the wrong perception of these individuals and their abilities. If the study were to show data supporting the idea that people with disabilities cannot be parents and provide quality care to their children,

personal emotions would make it challenging to complete the study and dissertation, as the results would go against every right that is fought for this population. Therefore, discrediting the work completed and progress made over my professional career working with people with disabilities.

However, remaining ethically objective, the data upheld the actual abilities regarding parenting with a disability. With the potential of being initially devastating, the obtained data was used to better understand the challenges and implement resources to bridge the disparities that cause the inadequacies in the parenting of people with disabilities. The information obtained by the study was not a finalization that people with disabilities are not adequate parents according to states' standards, but an opportunity that additional support, education, and resources need to be available to provide equality for this population, as the Americans with Disabilities Act of 1990 states (Ausberger et al., 2021).

Barriers

Obtaining participants who met the criteria, understand the purpose of the study, and were willing to participate would be difficult. The idea of people with disabilities as parents was still a new concept in society and does not occur very often. Sexual education is not taught in most special education classes, as people with disabilities are mislabeled and thought to be asexual (Long-Bellil, 2022). Therefore, if a person with a disability were to have a child and maintain custody, it might be considered a phenomenon. Then, compounding the phenomenon with the study criteria, understanding, and willingness to participate made it challenging to find participants.

Additionally, many people with disabilities have limited transportation and mobility (U.S. Department of Transportation, 2022). Traveling to meet for interviews will be difficult, both physically and financially, and it will be a barrier since there are no regional restrictions as part of the criteria. Virtual interviews are an alternative; however, this population may have limited access to technology due to financial constraints and accessibility issues (Rafi, 2021). In-person interviews provide a richer context than virtual ones, as they can miss cues, body language, and technical barriers (Maurer, 2021). In-person interviews were the preferred method of interviewing, if available; however, due to location, costs, time restraints, transportation, and other accessibility issues, Zoom was also utilized.

Significance

The Administration for Children and Families (US Department of Health and Human Services, n. d.) will have a decrease in abuse/neglect reports and lower the number of children in foster care. Local sexual education agencies like the YWCA of Metro St. Louis that provide Sexual Health and Disability Education (SHADE) would flourish, adding jobs to the communities as well as educating people with a diagnosis of intellectual disability, cerebral palsy, autism, or epilepsy over the age of nine (YWCA of Metro St. Louis, n. d.). The Missouri Department of Mental Health would see a decline in depression as these parents with disabilities find meaning and purpose in their lives as they raise their children. Inclusion, socialization, and skill development will flourish as people learn new skills for parenting, working with individuals with disabilities, and expanding their education and acceptance of diversity by embracing people with

disabilities as equals within their communities (Missouri Department of Mental Health, n.d.).

This study encompasses all five social determinants of health: economic stability, access to and quality of education, access to and quality of healthcare, neighborhood and built environment, and social and community context (Office of Disease Prevention and Health Promotion, n.d.). Economic stability would be affected as many people with disabilities become empowered to participate in mainstream society, and the general population becomes educated about the abilities of individuals with disabilities. Becoming part of mainstream society involves securing a better-paying job, pursuing secondary education, and raising a family. Education Access and Quality will be affected as people with disabilities receive education about sex and relationships; therefore, they will push for an update and improvement of curriculum and program availability. Health Care access and quality are demanded as this population will seek birth control options, gynecological and obstetric needs, birthing and parenting education services, and general access to health services to maintain a healthy sex life. Neighborhoods and Built Environments incorporate the population into the mainstream and promote interventions and policy changes at the local, state, and federal levels to help reduce health and safety risks and promote health. The Social and Community Context promotes inclusion and combats discrimination, while fostering positive relationships at home, in the workplace, and in the community (Office of Disease Prevention and Health Promotion, n. d.).

The study's findings would lead to positive social change, as they would demonstrate the equity and value of a population of people with developmental and

intellectual disabilities —a promise made over 30 years ago (Powell & Albert, 2021). This population will begin to understand their rights to form relationships, have sex, have children, or raise children, which is still considered forbidden within society (Benoit et al., 2023). Inclusion, socialization, and skill development will flourish as people learn new skills in parenting, working with individuals with various disabilities, expanding their education, and accepting diversity.

Summary

All humans face challenges as parents. Parents with disabilities are restricted from having the right to raise their children due to a label or diagnosis that is viewed as a challenge by society that does not fully understand the label (Roy, 2022). While the Americans with Disabilities Act of 1990 was an innovative way of thinking and promoting the inclusion of people with different abilities, it is still considered taboo by society that people with disabilities are sexual beings and, nevertheless, have the ability or right to parent their children (Leary, 2018). Outdated and discriminatory policies make it nearly impossible for people with disabilities to be productive members of society, experience being a parent like their fellow citizens, and enjoy the basic needs and wants of being human (Adams, 2023).

Learning about the obstacles and using the findings to compare them with the challenges faced by parents without disabilities can help society become educated about the potential abilities of individuals with disabilities (Pacheco et al., 2022). This generic qualitative study will identify the challenges of parents with disabilities through a semistructured interview process with a parent who has an intellectual or developmental

disability and has custody of their biological child. Location, intellectual or developmental disability, race, culture, or any other demographic will not exclude a participant from being interviewed and counted in the data collected, allowing a broader and more realistic sample that can provide data that fully represents the needs of all parents with intellectual or developmental disabilities (Frost, 2024).

While there are a few ethical considerations regarding consent and re-traumatization, additional protocols and services will be implemented to ensure adherence to the highest ethical standards. Additionally, personal biases pose a challenge to overcome during this study, but they can be mitigated through objectivity, peer consultation, adherence to ethics, and IRB approval. Additional barriers include ensuring that participants fully understand the purpose behind the study and having access to transportation or technology that allows them to participate adequately in the survey while still meeting the sampling criteria (Rafi, 2021; U.S. Department of Transportation, 2022).

The significance of the study would increase inclusion, socialization, and skill development as people with disabilities learn new skills in parenting. At the same time, society will begin working with people with disabilities and expanding their education and acceptance of diversity by embracing people with disabilities as equals within their communities (Missouri Department of Mental Health, n.d.). This study also incorporates all five determinants: economic stability, access to and quality of education, access to and quality of healthcare, neighborhood and built environment, and social and community context (Office of Disease Prevention and Health Promotion, n. d.). Equality and human

rights would finally be available within the world's most powerful nation (Central Intelligence Agency, 2024).

Chapter 2: Literature Review

Parenting involves many tasks and responsibilities, from meeting a child's basic needs, such as food, shelter, and clothing, to nurturing their emotional well-being and intellectual development (American Psychological Association, 2024). In its most basic sense, according to Psychology Today (2024), parenting is about creating a safe and supportive environment in which a child can grow and thrive, requiring patience, dedication, and a willingness to adapt to meet the child's needs.

Parenting a child with a disability has an exorbitant amount of research surrounding education, parental support, and inclusion. However, little empirical research on parents with disabilities exists. To address the concerns and barriers faced by parents with disabilities, including education, employment, health and safety, independence, assistive technology, state standards, and child welfare involvement, will be reviewed within the context of the literature review.

Literature Search Strategy

I conducted an extensive literature review to identify the gap and make a significant research contribution. I completed the review using reliable databases, including EDSCO, Google Scholar, ERIC, Directory of Open Access Journals, CINAHL Plus, Education Source, and APA PsycINFO databases. These databases were primarily accessed through Walden University Online Library and Google Scholar. Some search terminology used includes *parenting with a disability, parents with a disability, Intellectual disabilities, developmental disabilities, challenges of parents, challenges of parents with disabilities, children with parents with disabilities, implicit es about*

disabilities, parents with disabilities and child welfare, supporting parents with disabilities, good enough parenting, adaptive parenting, and *social worker biases of parents with disabilities*.

Theoretical Foundation

Intersectionality Theory

Intersectionality is a framework for understanding how aspects of a person's social and political identities intersect to create unique burdens and barriers within their society (American Association on Intellectual and Developmental Disabilities, 2024). Typically, intersectionality refers to the intersection of race, class, and sexuality, and how these identities intersect with unique experiences of oppression or privilege (Rowan, 2024). However, since its development in 1989, intersectionality has also incorporated disability as an identifying characteristic and is now integrated into intersectionality theory (Morgan, 2022; Rowan, 2024). Less research exists on the intersectionality of disability compared to other social identities, especially in education, due to decision-makers' discretion influenced by implicit biases and stereotypes, as well as the belief that these biases are factual (Growing Inclusivity for Vibrant Engagement, 2024).

Al-Faham et al. (2019) examined the focus on categories of differences and the relationships between categories. In terms of conceptualization, intersectionality concerns not only different dimensions of identity but also includes the interactions between those dimensions. Although blamed, a disability is not the problem; the root cause of the intersection is the structural, economic, and social processes that punish, marginalize, and exclude people with disabilities (Bixby, 2024). Scholars have studied and evaluated how

patterns of inequality are shaped through the complementary interaction of intersectional (micro) and interlocking (macro) processes (Al-Faham et al., 2019). Disability is often overlooked as an inequality in sociological research and policy discussions. Scholars typically focus on the disparity between disabled and non-disabled people, masking understandings of how disability intersects with other systems of oppression and social inequality (Bixby, 2024).

Intersectionality and Relationship to This Study

Regarding the topic of parenting with a disability, parenting would be the interlocking process (macro) as it has a broad base to intersect and determine how a disability is the intersectional component that initiates the oppression. As of 2020, the number of parents in the United States with children under 18 living at home was 63.1 million (United States Census Bureau, 2020). The Centers for Disease Control and Prevention reports that 28.7% of adults in the United States have some disability (2024). More than 4.4 million parents over the age of 18 have a disability, which includes self-care disabilities, vision disabilities, hearing disabilities, independent living disabilities, ambulatory disabilities, and 1.6 million with cognitive disabilities in the United States (Brandeis, n. d.). As stated, the number of parents in the United States without a disability surpasses the number of parents with a disability, and the numbers are increasing (Centers for Disease Control and Prevention, 2024). The U. S. Bureau of Labor Statistics released an annual review of people with disabilities in the job market, showing that people with at least one disability and part of another marginalized group, such as people of color or LGBTQIA+, have more significant employment gaps as they bear intersecting

and compounding systems of oppression (2021). According to a 2020 Government Accountability Office report (2024), students with disabilities are disproportionately disciplined. Students with disabilities comprise 15% of public schools, yet they account for 25% of students suspended from school (Government Accountability Office, 2024; Schaeffer, 2023). However, Black students with disabilities, who make up approximately 19% of students with disabilities, are suspended at a rate of over 36% (Government Accountability Office, 2024). Across gender, race, ethnicity, and age, people with disabilities are less likely to be employed and more likely to work fewer hours, earn lower incomes, and accumulate less wealth than people without disability (Ives-Rublee et al., 2022). In the context of intersectionality theory, the purpose of this study is to determine whether having a disability creates unique challenges as a parent or if these challenges are similar to those faced by parents without disabilities. If identical, this shows a disadvantage for people with disabilities in having an equal opportunity to have a family based on their identity with a disability.

Literature Review

Defining Disability

To understand the challenges of people with disabilities while parenting, the disability must first be defined and understood. Intellectual disabilities are conditions characterized by specific limitations in intellectual functioning and adaptive behavior that typically originate before the age of 22 (Bartoshesky & Wright, 2021). Developmental disabilities that begin at birth or during childhood are chronic and affect an individual's daily living and functioning, which causes mental and physical impairments (North

Carolina Department of Health and Human Services, n.d.). Ultimately, intellectual and developmental disabilities (IDD) affect the trajectory of the individual's physical, intellectual, and emotional development (U. S. Department of Health and Human Services, 2021).

Nervous system disorders affect the brain, spinal cord, and nervous system function, thus affecting intelligence, learning, behavioral disorders, speech or language difficulties, seizures, and mobility. Cerebral palsy, down syndrome, fragile X syndrome, and autism spectrum disorders are all examples of nervous system IDDs (Bartoshesky & Wright, 2021; U. S. Department of Health and Human Services, 2021). Sensory system disorders affect the senses or how the brain processes and interprets information from the senses of sight, hearing, touch, taste, and smell. Preterm infants and infants exposed to infections may have functioning issues with hearing and sight, or people with autism spectrum disorders can have difficulty with touch (U. S. Department of Health and Human Services, 2021). Metabolic disorders are conditions that affect how the body utilizes food and other materials for energy and growth, disrupting the balance of materials necessary for the body to function correctly. Phenylketonuria (PKU) and congenital hypothyroidism are examples of metabolic conditions that can lead to IDDs (Bartoshesky & Wright, 2021; U.S. Department of Health and Human Services, 2021). Individuals with degenerative disorders may seem typical at birth but then experience disruptions in skills, abilities, and functions as they age. Alzheimer's disease, Parkinson's disease, Huntington's disease, cancers, and osteoporosis are typical examples of degenerative disorders (U. S. Department of Health and Human Services, 2021). It is

important to note that some definitions of IDDs consider many disorders, such as autism spectrum disorder, seizure disorder, attention deficit disorder, anxiety, cerebral palsy, vision disorders, hearing loss, and depression as accompanying comorbidities (Bartoshesky & Wright, 2021).

Parenting and Its Challenges

There has been a shift in how society defines the concept of family over the past several decades. Family can now include parents-to-be, biological parents, adoptive parents, step-parents, foster parents, and other caregivers responsible for raising a child (Aragao et al., 2023). Just because there has been a shift in family does not mean a shift in the definition of parenting or parents. Parenting, consistently throughout history, involves many tasks and responsibilities, from meeting a child's basic needs, such as food, shelter, and clothing, to nurturing their emotional well-being and intellectual development (American Psychological Association, 2024). In its most basic sense, according to Psychology Today (2024), parenting is about creating a safe and supportive environment in which a child can grow and thrive. Parenting requires patience, dedication, and a willingness to adapt and learn as the child grows and changes (Kaverman, 2023). Parents have a unique opportunity to help shape the future by raising the next generation of leaders, thinkers, and doers, providing health and safety, preparing them for a productive life, and passing on cultural values to the next generation (American Psychological Association, 2024; Kaverman, 2023).

Although parenting is not a new concept, there is no foolproof parenting rule book. Every child is unique, even within the same family, and requires nurturing tailored

to their individual needs (Dorval et al., 2020). There is an array of parenting tips and skills that range from strengthening the relationship with the child, readiness for kindergarten, navigating the moodiness of teens, and even being an empty nester (Huybrechts, 2023; Whittaker et al., 2024; Gregorova et al., 2024; Park & Mendoza, 2022). However, none are accurate and effective for all children, and parenting is considered a trial-and-error process (Walton, 2023). Parenting requires advice, support, and relief to raise children; the well-known proverb 'it takes a village' refers to the importance of community and the need for support from others to help raise a child (Reupert et al., 2022). The 'village' is defined as parents, siblings, extended family, neighbors, teachers, professionals, community members, and policymakers who care for a child. All involved parties may provide direct care to the child or support the parent in caring for their children, as no one specializes in everything (Reupert et al., 2022).

Parenting A Child With A Disability

While parenting, in general, has challenges, parenting a child with a disability compounds the complexity of raising the child. In addition to typical parenting tasks, parents of children with a disability have additional responsibilities that can include a) navigating the medical challenges and needs, b) becoming an expert on the disability and child, c) collaborating with medical and social care management, d) navigating the challenges of daily living and e) shaping the child's possibilities and future (Aim et al., 2024). Depending on the child's needs, whether or not they have a disability, supports and resources are available to help parents navigate the difficulties they encounter. These supports and resources can be professionals, support groups, family, or a parent who has

experienced something similar. Parents play a crucial role in enabling or limiting their child's development and care through the support systems utilized in the child's care (Lancaster et al., 2023).

Caring for a child with a disability can be stressful and have an impact on the mental and physical health of the parent; many programs aim to support the parents and the child in addressing mental health needs (Riemersma et al., 2022). In the 2023 Hsu et al. study of Chinese American parents of children with developmental disabilities, the relationship between individual characteristics, parents' perceptions of developmental disability, social support, the severity of a disability, and parents' self-reported physical health and depressive symptoms was primarily due to isolation. The results showed a significant, positive difference in physical and mental health in parents who received support from family, friends, co-workers, or community involvement and those who did not (Hsu et al., 2023).

Formal support, such as doctors, specialists, therapists, direct support professionals, social workers, and more, plays an essential role in the development of a child with disabilities. Parents with higher education or better financial well-being utilize formal support significantly more than parents with lower levels of education or lower income (Sarcevic-Ivic-Hofman, K., & Wagner Jakab, A., 2023). It is also crucial for parents to access support early in the child's life to support lifelong success and independence. However, knowledge about the support services or their availability also depends on the parents' level of education (Sarcevic-Ivic-Hofman, K. 2022).

Parents have a plethora of support and resources available to assist in raising their children, and no parent is expected to be an expert. The individual needs of the child and parent play a significant role in the family system. Assistance is available to children and parents who are unable to provide the service. For example, in therapies and medical care, Society will praise a parent for seeking assistance for the child (Lancaster et al., 2023). However, as research shows, society has historically frowned upon parents who need or seek help, even though science has proven that those who need or seek assistance, and even though science has proven that isolated parents' mental and physical health suffers significantly (Hsu et al., 2023).

Education

The idea of public education was developed in the 1830s by a Massachusetts Legislator, Horace Mann. He began to advocate for creating public schools that would be available to all children, free of charge, and funded by the state (Center for Education Policy, 2020). Throughout the 19th century, public education gained popularity across many communities, with the rationale that when children from diverse backgrounds interacted in the same classrooms, they would find common ground, learn to respect one another, and develop the skills of getting along (Center for Education Policy, 2020). In the 20th century, access was not available to all children as initially envisioned. Schools were slower to provide full access to girls than to boys, immigrants only had access to learn the English language, children with disabilities were kept at home, and non-white groups were excluded completely (Center for Education Policy, 2020).

In 1975, the U.S. Congress passed the Education for All Handicapped Children Act (EAHCA), one of the pieces of federal education legislation in American education history (Harkin, 2012). This legislative act brought approximately 1 million students who were previously barred from public school education into the education system. Additionally, it is estimated that 3 million students with disabilities were not receiving appropriate education based on their needs during this time (Rothstein & Johnson, 2010). Due to this disparity, EAHCA, combined with other legislative acts, mandated a strict set of federal rules and regulations regarding free and appropriate public education, the least restrictive environment, nondiscriminatory evaluation, individual education programs, due process, continuum of educational services, and a zero rejection policy in public schools (Harkin, 2012).

Today, U. S. public schools are made up of about 15% of students (7.3 million) with disabilities. According to federal education data in 2021-2022, 32% of students receiving services under the Individuals with Disabilities Education Act (IDEA) had a specific learning disability (dyslexia, brain injury, developmental aphasia, perpetual disabilities, and minimal brain function), 19% had a speech or language impairment, 15% had a chronic or acute health problem that adversely educational performance and 12% were students with autism (Schaeffer, 2023). IDEA, also established in 1975, is a law that ensures education is accessible and appropriate for children with disabilities nationwide, providing special education and related services for those children. The Individuals with Disabilities Education Act (IDEA) provides federal and state funding to local agencies and schools to provide special education and related services to children with disabilities

between the ages of three and 21 and have an identified disability that impedes learning to the point the child needs specialized instruction to close the gap between their academic achievement and their peers (Bennett & Frank, 2021). A team of special educators, psychologists, parents, related service providers, and general education teachers unanimously agrees that the child's disability falls under one of the 13 federally mandated categories and interferes with the child's education and performance (Bennett & Frank, 2021). These 13 categories include specific learning disability, speech or language impairment, other health impairment (including ADHD), autism, intellectual disability, emotional disturbance, developmental delay, multiple disabilities, hearing impairment, orthopedic impairment, visual impairment, traumatic brain injury, and deaf-blindness (Rawe, 2024).

According to UNICEF, every child has the right to quality education, including children with disabilities (2021). However, they also note that 'disability is one of the most serious barriers to education across the globe' (UNICEF, 2021). This struggle is partially attributed to many school districts struggling to hire special education professionals. Approximately 40% of public schools reported a vacancy for a special education teacher and indicated that the position was challenging to fill or that they were unable to do so (Schaeffer, 2023).

The education system is also not set up to promote equity or accommodate diverse learning styles (Pappas, 2020). For people with disabilities, hands-on learning is essential for learning skills, as many disabilities make it difficult to comprehend abstract thinking, problem-solving, judgment, academic knowledge, planning, reasoning, and

learning from life experiences. These impairments impact daily life skills, including understanding rules, navigating daily living tasks, and participating in family, school, and community activities (American Psychiatric Association, 2022). For example, home economics classes taught skills such as cooking, laundry, sewing, housekeeping, care of the sick, child development, budgeting, economics, and sanitation. These classes started at the end of the 19th century to 'prepare students for the effective discharge of duties within the home and give scientific preparation for the efficient administration of household affairs' (Bisht, 2021, p. 2). In the United States, most Home Economics classes were diminished by the late 1990s due to the decline of traditional feminine principles, gender stereotyping, and the feminist movement (Delgado, 2020). Since the disappearance of home economics classes, high school students are less prepared to enter college or live independently after graduation. Data show that individuals lacking basic skills face a more challenging transition to independence and job success. Workforce readiness relies on primary and secondary education to identify and teach workforce readiness skills, but school-based initiatives have led to this objective being unmet (McNamara, 2009).

The American Psychological Association guides teaching students with disabilities in a manner that makes sense to them, including the Concrete Representational Abstract approach (2024). The Concrete Representational Abstract (CRA) approach is an instructional framework that is a sequence of instructions to ensure that students with disabilities thoroughly understand the math concepts and skills they are learning. When using CRA, initially teach the concept or skill using concrete items or

real-life opportunities, such as counting change or cooking, and give the individual ample opportunities to manipulate concrete objects to problem-solve. Representational is a picture that represents the previous objects used. Then, apply the same practice to abstract ideas, such as math with letters, and teach how it relates to concrete examples (University of Kansas, 2024). This approach underscores the importance of classes like Home Economics for individuals with disabilities and tactile learners, enabling them to acquire fundamental skills such as cooking (reading a recipe), managing money (counting money), cleaning, and more (American Psychiatric Association, 2022).

In addition to possessing actual skills, individuals with disabilities must also be able to interact socially with others to be successful in the workplace and community (Jacob et al., 2022). As previously mentioned, people with mild or moderate intellectual disabilities generally have difficulties with abstract concepts, which include socializing (American Psychiatric Association, 2022). While having a high IQ does not guarantee a high quality of life and satisfaction, social intelligence, interpersonal skills, emotional intelligence, and emotional competence have been found to play a significant role in social functioning (Jacob et al., 2022).

Education is integral in developing independence and acceptance for people with disabilities. By law, students may be eligible to have a 504 plan or an Individualized Education Program (IEP), which is a list of accommodations related to the child's disability that allows the child to perform at the same level as their peers in the least restrictive setting (U.S. Department of Education, 2024). Both are federally mandated but fall under two separate laws. As part of the Rehabilitation Act of 1973, Section 504

protects individuals with disabilities by eliminating barriers and enabling them to participate fully in various aspects of life, including education and the workplace. Section 504 is for students who have a disability, have a record of a disability, or are treated as having a disability but do not qualify for special education services under IDEA (U.S. Department of Education, n.d.). Assessments of the child are conducted, and the school team must agree that the child has a substantial impairment and needs accommodations and modifications to perform at the same level as their peers (Bennett & Frank, 2021).

Sex Education for People with Disabilities

According to a 2023 study, compared to neurotypical youth, youth with intellectual disabilities are less informed about sexuality and relationships and have fewer exposures to social situations that can support them in understanding social norms outside a controlled classroom setting (Colarossi et al., 2023). Due to the deficit of educational resources, people with intellectual disabilities lack essential information about sexual health as well as the skills needed for making and navigating relationships, increasing the likelihood of unplanned pregnancies, sexually transmitted infections, and victimization of youth with disabilities (Colarossi et al., 2023). *Sexual development* is an essential part of growing up and is especially important for individuals with disabilities as it helps navigate changing bodies, expectations, and desires. In addition to receiving substandard sexual education, families and caregivers of children with disabilities are reluctant to acknowledge their child's potential as a sexual individual. They may shelter them from social experiences (Houtrow et al., 2021).

Very few people with disabilities are aware they have the right to have relationships, have sex, have a child, or raise a child, as these thoughts have been considered unacceptable within society for generations and are rarely discussed or explored (Benoit et al., 2023). When a person with a disability does have a relationship, sex, or a child, it is frowned upon as it is assumed they cannot understand the consequences of their actions or be able to tend to the needs of another human due to many childlike features and behaviors exhibited by people with disabilities (Perez-Curiel et al., 2023). Unlike mentality, persons with developmental disabilities may still portray childlike tendencies through their thought process and actions. Still, the development of the human body remains similar to that of those without disabilities. The same urges, curiosity, and feelings develop as the person reaches puberty and is exposed to social stimuli that create curiosity (Long-Bellil, 2022). Due to limited social participation and social networks outside of school, the personal development of individual sexuality, interests, and behaviors is stunted. Additionally, the lack of understanding about how disabilities affect sexual expression minimizes the likelihood of addressing it, as does the stigmatization of people with disabilities as asexual beings (Houtrow et al., 2021).

Sexual health, which includes the right to sexual identity, expression, and activity, is a human right, including humans with disabilities. Barnard-Brak et al. (2014) reported that less than half of students with an intellectual disability and only 16% of those with a moderate to profound disability received any sexual health education. A 2020 study exploring the gaps in sexual education for people with disabilities reported gaps and barriers contributing to the lack of sexual education practices were 1) parental

characteristics, 2) general characteristics, 3) embarrassment, 4) a lack of organization policies and standards, and 5) limited professional education (Schmidt et al., 2020).

Current trends in the media, the disability rights movement, and safety concerns emphasize the importance of addressing sexual health for individuals with intellectual and developmental disabilities. A need for a collaborative approach to providing sexual health information, including negotiation skills to promote healthy relationships, is vital to reduce disparities among individuals with developmental and intellectual disabilities and to improve their sexual health (Eglseder et al., 2018).

Employment

Society's attitudes contribute to the common barriers of people with disabilities. Stereotyping, stigmas, prejudice, and discrimination create additional obstacles to acceptance within communities and work environments (Jacob et al., 2022). Most of society views a disability as a shortcoming or lack of ability due to only evaluating the differences seen at the surface level. Basic communication, lack of transportation, policy barriers, and physical barriers contribute to the social barriers faced by people with disabilities (Centers for Disease Control and Prevention, 2024). These barriers create isolation and limit opportunities to be part of society, minimizing exposure to and understanding of disabilities, and preventing inclusion and acceptance (Robinson & Idle, 2023). The U.S. Department of Labor mandates that employers make reasonable job accommodations, including specialized equipment, work environment modifications, or adjustments to work schedules or responsibilities for individuals with disabilities (n.d.). In 1990, the Americans with Disabilities Act (ADA) protected individuals with

disabilities, guaranteeing equal opportunity in public accommodations, employment, transportation, state and local government services, and telecommunications (U.S. Department of Justice Civil Rights Division, n.d.).

Assistive technology can enhance functional independence and make daily living tasks easier by providing tools that help individuals travel, communicate with others, learn, work, and participate in social and recreational activities (Lee, 2023). Assistive technology can be as advanced or simple as needed (Lee, 2023). For example, mobility aids, hearing aids, pencil grips, computer software, larger print, closed captioning, grab bars, ramps, standing desks, frequent breaks, book holders, and more.

Despite mandated accommodations, in 2017, only 35.5% of people with disabilities were employed, compared to 76.5% of people without disabilities. People with disabilities are less likely to complete high school and are three times more likely to have an income of less than $15,000 (Centers for Disease Control and Prevention, 2024). Similarly, in 2021, the unemployment rate among those with a disability was 10.1%, compared to a 5.1% unemployment rate among those without a disability (U.S. Bureau of Labor Statistics, 2022).

The federal government has made additional efforts to increase the economic power of people with disabilities by increasing funding to the Equal Employment Opportunity Commission (EEOC), making improvements to the Vocational Rehabilitation programs, establishing universal paid family and medical leave, raising the minimum wage, updating social safety net programs, expanding health insurance by providing a public option and expanding Medicaid, developing Department of Labor

guidance regarding workplace accommodations, and strengthening employee protections by passing the Protecting the Right to Organize (PRO) Act and enhancing the Department of Labor's ability to enforce workplace classifications laws (Ives-Rublee et al., 2022). Despite these efforts, people with disabilities still identify barriers to employment, including lack of education or training, lack of transportation, and the need for accommodations on the job (Bureau of Labor Statistics, 2020). Of the three barriers most commonly listed, the lack of training and accommodations mandated by the federal government should not be a barrier to employment, as they are addressed in the implementation of the Americans with Disabilities Act of 1990 (Albert & Powell, 2021).

Health and Safety Concerns

People with disabilities need healthcare and health programs for the same reason as anyone else: to stay well, be active, and remain engaged in their community. Having a disability does not mean a person is not healthy; it also means they have the right to stay healthy so they can lead a full and active life. These individuals play a crucial role in their health management by collaborating with healthcare professionals and understanding their health needs (Friedman et al., 2019). The World Health Organization reminds society that people with disabilities must have access to the same range, quality, and standard of free or affordable healthcare as others (2024). Data from the CDC shows that in 2019, compared to people without disabilities, people with disabilities had less access to health care, had more depression and anxiety, engaged more often in risky behaviors such as smoking, and were less physically active (Centers for Disease Control and Prevention, 2024b).

People with disabilities have a higher rate of acquiring a secondary condition such as obesity, cardiovascular comorbidity, pain, fatigue, depression, deconditioning, and type 2 diabetes as a result of poor access to home and community-based health promotion or wellness programs that include physical activity, nutrition, stress reduction, sleep hygiene and others (Rimmer et al., 2022). Achieving health equity for people with disabilities requires several steps, including person-centered referrals to wellness programs, empowering individuals with disabilities to participate in their health management, and ensuring that community-based programs and services are inclusive (Rimmer et al., 2022). According to the 2022 study on access to community-based wellness programs, numerous barriers are exposed when discussing improving access for people with disabilities. Lack of tailored wellness recommendations, inadequate social support, poorly designed spaces, limited or no transportation to exercise and recreation venues, and financial barriers were identified as areas needing improvement to promote active living, healthy eating, and weight management for people with disabilities (Rimmer et al., 2022).

Health systems-related barriers for people with disabilities include limited human resources, lack of training and skills, and negative attitudes of the healthcare workforce (Greaux et al., 2023). After reviewing 182 articles during a global review of barriers and interventions in healthcare services, results showed that healthcare workers often lacked the knowledge, skills, experience, and confidence to care for people with disabilities, including providing reasonable accommodations (Greaux et al., 2023).

Similar to healthcare, wellness programs, and education, people with disabilities have been isolated due to varying factors beyond their control. Due to this isolation, people with disabilities can be at a higher risk for injury or abuse (Centers for Disease Control and Prevention, 2024b). People with intellectual and developmental disabilities are often denied choices and opportunities based on concerns for their safety (Friedman, 2023b). A 2023 study showed that when people with disabilities were given more choice-making opportunities and supported to live the lives of their choosing, there was a decrease in injuries and safety concerns. Many people with disabilities are denied choice-making opportunities, big and small, from where they live and activities throughout the day to the services they receive (Friedman, 2023b).

Disability Justice reports that 83% of women and 30% of men with disabilities will be sexually assaulted in their lives (2022). Social norms of isolation negatively affect people with disabilities. They can increase the likelihood of abuse due to the lack of transportation, lack of access to technology, and outdated mindsets of caregivers. It is common for people with disabilities to experience over-controlled environments that restrict their decisions and choices, harming their decision-making skills and opportunities about their bodies and sexuality (Hood, 2022). Violence against people with disabilities is often overlooked by reproductive health rights and justice circles (Thompson et al., 2021).

Independence

Living independently means that a person resides in their own home and requires limited or no assistance from outside agencies. Whether an adult with disabilities

continues to live with caregivers or moves out into the community depends mainly on their ability to manage their everyday tasks with little or no help (cleaning, cooking, shopping, money management, paying bills, safety, and transportation) (Centers for Disease Control and Prevention, 2020). However, an international systematic review of support for people with disabilities living independently revealed several themes emphasizing the importance of access to personal assistants, family members, service providers, and other professionals (Rioboo-Lois et al., 2024). The study also highlighted the need for governments to prioritize and coordinate efforts to ensure access for all people with disabilities as a move toward social justice (Rioboo-Lois, 2024).

Medicaid HCBS 1915 (c) waivers provide people with intellectual and developmental disabilities with the support services needed to function and thrive in their homes and communities, rather than in an institutional setting (Friedman, 2023). Nearly all states and DC offer HCBS waivers, although each state can operate them as it wants. However, they must still demonstrate cost-effectiveness compared to services within an institution, protect people's health and welfare, provide adequate and reasonable provider standards to meet the needs of the population, and ensure services follow an individualized and person-centered plan of care (Centers for Medicare & Medicaid Services, n.d.).

The Medicaid HCBS waiver enables services to be utilized in the home, promoting maximum independence. Supported living services assist adults with intellectual or developmental disabilities to create and maintain a safe, stable, and independent life in homes they own or rent within their community. Supported living

services enable individuals to make informed choices about their personal goals, relationships, and community involvement. Supported living services include selecting a home, choosing staff and housemates, acquiring household items and furnishings, participating in activities of daily living, preparing for emergencies, participating in the community, and managing financial affairs (Department of Developmental Services, 2023).

While supported living is designed to provide personalized solutions and accommodations tailored to individual needs, support is conditioned to a greater or lesser extent by the assessment of professionals regarding the autonomy of the person with an intellectual disability. For individuals with disabilities to advance their choice of and control over the support they receive, they must be empowered, and professional practices must be adapted through training (Pallisera et al., 2021). Training for staff and tailored education for people with disabilities offer hope and promise in creating a caring environment that supports a healthy, inclusive lifestyle. Development and consultation of one's life and plan of care should include the person's insights, wishes, and ideas while being supported to maximize participation in the plan to meet the goals (Hatzikiriakidis et al., 2023).

Assistive Technology

Assistive technology is any device or tool that helps people with disabilities learn, communicate, or function with maximum independence. It can help improve mobility, communication, social interactions, and overall quality of life. Assistive technology can range from simple tools to complex software. Some examples of assistive technology

include wheelchairs, hearing aids, screen readers or Braille, text-to-speech software, memory aids, and task management apps (Bouck & Long, 2020).

Healthcare is the most thought-of service when it comes to assistive technology. However, this perspective is limited regarding assistive technology, encompassing daily support, educational modifications, workplace-related accommodations, social support, safety, and welfare services (Rasouli et al., 2023). People with disabilities require support in their daily lives to perform tasks, enhance their functioning, and engage in social activities. They utilize assistive technology to function in areas that the non-disabled population would not typically consider, such as independence, coping, and simplifying daily life (Rasouli et al., 2023). Depending on the individual's needs, the range of technology is limitless. Assistive technology might include voice-activated lighting, which is not only an accessibility technology but also a safety technology, available for purchase at a local store or on Amazon. Assistive technology also includes communication devices that support cognitive needs, such as computers or electrical devices that aid individuals with memory, attention, or other mental challenges, tailored to each person's specific requirements (U.S. Department of Health and Human Services, n. d.).

People with disabilities face barriers to accessing assistive technology. According to the World Health Organization, these barriers include low awareness of availability, high costs, limited physical access, inadequate product range, procurement challenges, workforce capacity gaps, insufficient policies, lack of funding, fragmentation of the assistive technology sector, and sociodemographic obstacles (2024). Only about 3% of

people in some low-income countries reported having access to the assistive products they need, compared to 90% in some high-income countries. Among the 80 million people who need a wheelchair for mobility, depending on the country, only 5-35% have access (World Health Organization, 2024). Four main themes emerged when analyzing the barriers: 1) access to assistive technology, 2) personal and social adaptation with assistive technology, 3) physical barriers in public places, lack of home modifications, and inaccessible built environments, and 4) achieving a better life, which includes a sense of achievement, ease of mobility, relief from pain, and gaining independence (Borade et al., 2021). Focusing on the most common theme of access to assistive technology, barriers can be further divided into lack of funding and high costs, lack of awareness, and inadequate assessments (Boot et al., 2018). Despite the difficulties faced by individuals with disabilities, the use of assistive technology has increased social participation, independence, and self-esteem (Borade et al., 2021). To emphasize its importance, increasing dignity and promoting greater autonomy were highlighted as key benefits (Rasouli et al., 2023).

Parenting with a Disability

There are concerns about the parenting skills of parents with IDDs, as children of parents with IDDs are at greater risk of becoming victims of abuse and neglect and are at greater risk of developmental problems (Zijlstra et al., 2023). Reports that parents with IDDs show ‘good enough’ parenting if they receive adequate support in line with their needs (Zijlstra et al., 2023). The concept of ‘good enough parenting’ was developed in the 1950s by pediatrician Donald Winnicott, as no one can be a perfect parent, but one

can be a ‘good enough’ parent (Cavell & Quetsch, 2022; Zijlstra et al., 2023). ‘Good enough parenting’ refers to providing a stable, caring, and loving environment for a child, which enables them to develop adequately (Zijlstra et al., 2023).

Western societies strive to achieve increasingly higher standards and levels of perfectionism in parenting. Scientific literature has shown that parenting perfectionism is closely associated with adverse developmental outcomes in children as well as mental health concerns for the parents (Saint Denny et al., 2025; Lilley et al., 2020). Parenting throughout the first year of a child’s life is full of uncertain experiences, making parents with anxiety, depression, and high intolerance of uncertainty especially vulnerable, including parents with and without disabilities (Saint Denny et al., 2020).

Adaptive parenting involves creative solutions developed by parents with disabilities and their supporters to effectively protect, nurture, and meet a child’s needs. Some adaptations include attaching bells to children's shoes so parents can follow, changing diapers on the floor instead of a changing table, using a wheelchair footrest as a car seat holder, talking thermometers, tactile medicine dispensers, and doing ‘tummy time’ on a bed rather than the floor. These adaptations do not have to be costly, mechanical, or permanent (National Research Center for Parents with Disabilities, n. d.). The concept of adaptive parenting is growing as parenting with a disability becomes more common and accepted. However, there is limited information available (Sage Institute for Adaptive Parenting, 2023). A 2019 study involved interviews with mothers who have physical disabilities and care for infants and toddlers, revealing five main themes: a) modifying baby equipment, b) adapting the home environment, c) accessing

information and support, d) developing communication strategies to ensure safety, and e) receiving help from others (Powell et al., 2019). The article also notes that little empirical research exists on how to support parents with disabilities, and healthcare and social work professionals need to be prepared for this (Powell et al., 2019). Adaptive parenting has evolved to address the needs of children with disabilities, but adaptations for parents with disabilities are still being developed (Matthews et al., 2021).

Child Welfare Involvement

Parents with disabilities are more likely than parents without disability to have child welfare involvement and have higher rates of termination of parental rights (Albert & Powell, 2023; DeZelar & Lightfoot, 2021). Child welfare involvement and higher rates happen for two main reasons: 1.) People with disabilities often need extensive medical and social support and are more likely to interact with doctors, case managers, teachers, social workers, family, and friends, increasing the likelihood of a referral to child welfare (exposure bias) 2.) The child welfare system and other professionals are more likely to report possible cases of abuse or neglect, which is compounded by a lack of interventions and support (Albert & Powell, 2023; DeZelar & Lightfoot, 2021). Additionally, parents with disabilities have higher rates of poverty, lower educational experience, and a greater reliance on governmental benefits (Powell & Albert, 2023).

While it is established that parents with disabilities and their families are overrepresented in the child welfare system, few studies have included the perspectives of parents about improving the child welfare system, but have focused mainly on a specific disability and the perspectives of child welfare professionals, families, and

attorneys (Powell & Robin, 2023). A 2013 study highlighted the incompetence of child welfare workers when it came to knowledge and understanding of IDDs and the efforts, or lack thereof, in training to improve worker competency involving cases involving parents with IDDs (LaLiberte, 2013). While the prevalence of disabilities in the United States continues to grow, implicit biases about disabilities are still pervasive in workplaces, higher education, healthcare settings, and secondary education. These biases are related to discriminatory behaviors, which can affect clinical decisions and the quality of services (Huang et al., 2023).

Due to the systematic bias against parents with disabilities, the importance of learning more about the experiences, characteristics, and needs of professionals is crucial to develop training that counters bias against parents with disabilities. The professional training should include exposure to prejudice and the dangers of over-reporting, higher referral and substantiation rates due to parents with disabilities canceling appointments, and the persistent bias against people with disparities and their ability to raise their children successfully (DeZelar & Lightfoot, 2021). In 2008, the Netherlands claimed the right to equal citizenship and to support parents with disabilities. Initially, there were floods of examples of child abuse and neglect; however, in analysis, stereotyping and discrimination against parents with disabilities were discovered in reports. ‘Good enough parenting’ standards were met after the bias and discrimination were discounted (Reinders, 2008).

Child welfare cases often open while the child and mother are still in the hospital after birth, based on the assumption that a parent with a disability will not be able to

parent safely. The investigations themselves are not accessible or realistic for people with disabilities, as parents are asked to lift baby equipment that is not tailored to people with disabilities, asked hypothetical, abstract questions, and given information to read to assist in or prepare for investigations (Pappas, 2020). Additionally, similar to healthcare professionals, the lack of knowledge about disabilities, skills to work with, and familiarity with traits that are specific to particular disabilities are lacking among child welfare workers, thus creating additional bias complications for the investigations (Greaux et al., 2023; Pappas, 2020). Some symptoms of disabilities alone can cause concern for unfamiliar welfare workers. A parent with autism may not show empathy or emotion, or a person with a low IQ might behave unexpectedly or differently than a neurotypical parent when exposed to unfamiliar situations of parenting (Pappas, 2020). Child welfare workers who are not understanding or familiar with disabilities can give an unfair disadvantage to parents with disabilities (Pappas, 2020).

State Standards of Care

Parents in 42 states and the District of Columbia risk having their parental rights terminated because they have a disability primarily governed by state statutes (Powell, 2023). Despite the disability rights movement and its successes, parenting among people with disabilities continues to be heavily regulated. In the 2023 Law review examining the state's existing policies on parenting with a disability, several issues were identified: (a) outdated terminology, (b) discriminatory criteria, (c) focus on the future and arbitrary periods, and (d)) inconsistent statutory provisions (Powell, 2023).

At the federal level, the Adoption and Safe Families Act of 1997 (ASFA) is the main law governing the termination of parental rights, which includes two key provisions (Lindner, 2023). First, ASFA requires the state to petition the courts for termination when a child has been in foster care for fifteen of the most recent twenty-two months (Lindner, 2023; Powell, 2023). Second, ASFA allows agencies within the family policing system, such as DCFS, to bypass the requirement of reasonable efforts and instead terminate parental rights in limited cases (Lindner, 2023; Powell, 2023). This means that although states aim for family reunification, ASFA enables them to pursue concurrent planning toward adoption and termination of parental rights, making these processes more straightforward and frequent. States must follow ASFA requirements to qualify for federal funding. As a result, all states and the District of Columbia have incorporated the statute's requirements into their laws (Powell, 2023).

The President's Initiative on Adoption and Foster Care (Adoption 2002), similarly to ASFA, recommended that states include 'parental incapacity' in their termination of parental rights statutes. This initiative allowed courts to consider parents' capacity or incapacity to care for their children. These recommendations still promote termination of parental rights based either partially or primarily on a disability. (DeZelar & Lightfoot, 2021). Connecticut, Delaware, Idaho, Indiana, Michigan, Pennsylvania, Vermont, and Wyoming are the states that do not mention parental disabilities in their laws.

In the United States, parents are legally responsible for providing for their children until they reach the age of majority, typically 18 years old. Parents are responsible for providing adequate food, clothing, and housing, physical and mental

health care, public or private education, financial support, supervision, and protection (American Psychological Association, 2024; USAHello, 2022; U.S. Centers for Disease Control and Prevention, 2024). The primary focus of the child welfare system is the safety of children and youth (Child Welfare Information Gateway, n.d.). A parent or caregiver is responsible for seeing that the child is adequately fed, clothed appropriately for weather conditions, provided adequate shelter, protected from physical, mental, and emotional harm, and provided with the necessary medical care and education required by law and considered a minimum parenting standard (Illinois Department of Children and Family Services, 2024).

There are laws protecting children from abuse and neglect. *Physical abuse* is defined as any act that results in serious bodily injury (U.S. Centers for Disease Control and Prevention, 2024). *Emotional abuse* is any act causing emotional harm, such as insulting, making fun of, shaming, and threatening (National Society for the Prevention of Cruelty to Children, 2024). *Sexual abuse* is defined as any forced sexual activity, inappropriate touching, or showing inappropriate photos or videos. Neglect fails to provide necessities, including food, shelter, medical care, education, and supervision (U.S. Centers for Disease Control and Prevention, 2024). Parents with substance abuse problems can be charged with child abuse and neglect in certain situations. Exposing Children to illegal drug activity is also a crime in many states (Armstrong et al., 2024; Prevent Child Abuse Illinois, 2024). Each state requires certain people to report child abuse or neglect to the police or child welfare agencies, even if it is just a suspicion. Mandated reporters include social workers, healthcare providers, mental health

professionals, teachers, school staff, childcare providers, and law enforcement officers. Eighteen states require everyone to report child abuse and neglect (Child Welfare Information Gateway, 2023; USAHello, 2022). Many states have laws that consider leaving a young child unsupervised as neglect, especially when it puts them at risk of harm. However, most states do not have laws identifying a minimum age for leaving a child home alone. Parents or caregivers must consider the child's needs, age, physical and emotional health, and the time left alone before leaving a child alone (Child Welfare Information Gateway, n.d.; USAHello, 2022).

Parents are legally required to have their children attend school, whether it is private, public, or homeschool; they are also responsible for ensuring their children attend regularly (USAHello, 2022). Parents have the right to request changes to their child's school classes and activities based on their child's individual needs, which may include diverse language skills, disabilities, religious backgrounds, and gender identities (USAHello, 2022). Parents also have the right to request assistance with their child's safety in school. Schools must inform parents if their child is being bullied or is bullying other students. The school must respond and improve safety (USAHello, 2022; U.S. Department of Education, n.d.).

Parents are responsible for supervising teenage drivers when they have their learner's permit. Additionally, parents cannot force their children to marry against their will. However, parents can allow their children to marry at 16-17 if the state law requires parental permission for those under 18 (USAHello, 2022).

The child's best interests are served by a parenting arrangement that best maintains the child's emotional growth, health, and stability, as well as their physical care (Colorado Judicial Branch, 2022; Washington State Legislature, 2007). Since every child's needs are individual and unique, state policies assert that it is in the best interest of the child.' Trained child welfare workers and the court system determine the best interests of the child. It is defined as the balance of different factors that may affect the safety, health, physical, mental, emotional, educational, and social well-being, or any other factor aimed at achieving the optimum development of the minor (Child Welfare Information Gateway, 2024). State statutes often reference goals, purposes, and objectives that shape the analysis in determining the child's best interest. The most frequently mentioned principles include a.) the importance of integrity and preference for avoiding removal of the child from their home, b.) the health, safety, and protection of the child, c.) preserving and strengthening the child's ties to their family, d.) the importance of timely permanency decisions, and e.) the assurance the child removed from their home will be placed in the least restrictive placement possible that will meet their needs (Child Welfare Information Gateway, 2024). Best interest factors include emotional ties between the child and family; the capacity of the parents to provide a safe home and adequate food, clothing, and medical care; the mental and physical needs of the child; the psychological and physical health of the parents; and the presence of domestic violence in the home (Child Welfare Information Gateway, 2024).

Six states and Puerto Rico separately list factors that cannot be considered in the best interest analysis. Connecticut law requires that the best interest of the child be

considered independently of the socioeconomic status of the parent or caregiver. Delaware prohibits assuming that one parent, because of gender, is better-qualified. Idaho does not permit discrimination based on a parent's disability. California laws state that the sex, gender identity, gender expression, or sexual orientation of the parent or caregiver cannot be considered in the determination of the best interest. Iowa and Minnesota prohibit the consideration of race, color, or national origin when making placement decisions. Puerto Rico requires that consideration for best interest be free from discrimination motivated by origin, race, color, birth, political or religious beliefs, disabilities, sex, or socioeconomic or cultural status (Child Welfare Information Gateway, 2024).

Additionally, 17 states and Puerto Rico affirm that child protective responses, the provision of services, and custody decisions must be carried out within a judicial framework that recognizes a person's parental rights and other constitutional and legal rights (Child Welfare Information Gateway, 2024). Laws in 32 states, the District of Columbia, and the Virgin Islands recognize the importance of maintaining sibling and other close family bonds (Child Welfare Information Gateway, 2024; Gilsen et al., 2024). Twenty-two states and the District of Columbia must consider the child's wishes when deciding the child's best interest (Abaya, 2022; Child Welfare Information Gateway, 2024). In 11 states, tribal relationships and steps to preserve a child's unique tribal culture and values must be considered, as required by the Federal Indian Child Welfare Act (Child Welfare Information Gateway, 2024; U.S. Department of the Interior, Indian Affairs, n.d.).

Summary and Conclusions

Parenting, generally, does not have a rule book or guaranteed solutions that work with every child; it is a trial-and-error process (Walton, 2023). Being a parent with a disability is not an exception to the obstacles of parenting, but it has additional perceived challenges. The challenges are primarily congruent, but physical limitations and unique brain processing have added to the perception of struggles in being a good parent. Accommodations, adaptations, and technology are available to adjust the typical parenting technique, enabling people with disabilities to participate in raising their children, forming connections in their community, maintaining employment, and communicating (Powell et al.; Rasouli et al., 2023).

Accommodations and assistive technology are essential to inclusion and can range from simple to complex, as needed (U.S. Department of Health and Human Services, n.d.). Assistive technology can help improve mobility, communication, and increase social interactions and independence (Bouck & Long, 2020). However, people with disabilities often face barriers to accessing assistive technology, including low awareness of availability, high costs, limited physical access, inadequate product range, procurement challenges, workforce capacity gaps, inadequate policies, insufficient funding, sector fragmentation, and sociodemographic obstacles (World Health Organization, 2024).

Educational laws and policies, such as IDEA, have been implemented to ensure that children with diverse needs can learn alongside their peers and participate in school activities alongside other children (Schaeffer, 2023). Although these policies exist, children with disabilities are rarely included in sex education. Society has adopted the

idea that people with disabilities are asexual beings, mitigating the need for sex education (Houtrow et al., 2021). Childlike features and lower IQ scores contribute to the idea that adults with disabilities do not have sexual urges and desires; however, the physical body develops and goes through puberty similarly to people without disabilities (Perez-Curiel et al., 2023). Thus, hormone changes bring curiosity and urges (Houtrow et al., 2021). Without sex education, people with disabilities are left to discover themselves and experiment without having basic knowledge of the human body and sexuality (Long-Bellil, 2022). Additionally, without sex education, people with disabilities are more prone to being sexually assaulted and exploited (Colarossi et al., 2023).

Like education, the workplace must provide reasonable accommodations for people with disabilities to have meaningful employment and careers. In 1990, the Americans with Disabilities Act (ADA) protected individuals with disabilities, guaranteeing equal opportunity in public accommodations, employment, transportation, state and local government services, and telecommunications (U.S. Department of Justice Civil Rights Division, n.d.). Despite mandated accommodations, only 35.5% of people with disabilities were employed in 2017, contributing to the increased poverty rate of people with disabilities. Society's attitudes contribute to the common barriers of people with disabilities. Stereotyping, stigmas, prejudice, and discrimination create additional obstacles to acceptance within communities and work environments (Jacob et al., 2022). These barriers create isolation and limit opportunities to be part of society, minimizing exposure to and understanding of disabilities, and preventing inclusion and acceptance (Robinson & Idle, 2023).

People with disabilities are more likely to develop a secondary health condition. The disability does not typically cause additional health issues. Still, it can lead to problems due to a lack of access to adequate healthcare, wellness programs, transportation, financial barriers, poorly designed spaces, and inadequate input into their care (Rimmer et al., 2022). Many individuals are not included in their healthcare decisions and plans, and therefore, are not interested in the actual care and prevention (Friedman et al., 2019). Additionally, healthcare workers have limited training and knowledge of disabilities, which has led to a lack of training and skills, limited resources for accommodations, negative attitudes, and a lack of confidence and skills to work with people with disabilities (Greaux et al., 2023).

Similarly, child welfare workers have a lack of knowledge about disabilities, skills to work with, and familiarity with the traits that are specific to particular disabilities (Greaux et al., 2023). Caseworkers not having the basic knowledge of disabilities is an unfair disadvantage for parents with disabilities (Pappas, 2020). Additionally, child welfare investigations are not accessible to people with disabilities (Pappas, 2020). These disadvantages, coupled with an increase in exposure to mandated reporting professionals, mean that parents with disabilities are overrepresented in the child welfare system (Powell & Robin, 2023).

While still gaining acceptance within society, the concept of good enough parenting was developed in the 1950s (Cavell & Quetsch, 2022). While no one can be a perfect parent, good enough parenting refers to providing a stable, caring, and loving environment for a child that allows them to develop adequately (Cavell & Quetsch, 2022;

Zijlstra et al., 2023). Adaptive parenting uses creative solutions developed by parents with disabilities and their supporters to effectively raise a child (National Research Center for Parents with Disabilities, n.d.). Adaptive parenting can achieve good enough parenting (Powell et al., 2019).

People with disabilities have the right to have children and families of their own; laws protect them to do so (Albert & Powell, 2021). However, society has made barriers for these parents through the lack of education, the lack of accessibility, implicit biases, and the unwillingness to provide support as they do for non-disabled parents (DeZelar & Lightfoot, 2021; Powell et al., 2019; Rasouli et al., 2023; Rothenstein & Johnson, 2010).

The United States has set people with disabilities up for failure since birth. Doctors not being well-versed in disabilities, the lack of mainstream education and access to sex education, expensive assistive technology, lack of job skills, uneducated and unskilled supports, and a non-inclusive society are all contributors to oppressing people with disabilities (Albert & Powell, 2023; Boot et al., 2018; DeZelar & Lightfoot, 2021; Pappas, 2020). While many of these barriers have the potential to be remedied easily, they need to be addressed. For example, IDEA and the Rehabilitation Act of 1973, Section 504 mandate fluidity within the education system (Albert & Powell, 2021; U.S. Department of Education, n.d.). However, if education were inclusive, students without disabilities would be more educated about different disabilities, which would increase acceptance, understanding, and inclusion (U.S. Department of Education, n.d.). With this educational model, doctors, child welfare workers, and other professionals would be more knowledgeable of disabilities and not falsely report a concern for a child with a

parent with a disability (Albert & Powell, 2023; DeZelar & Lightfoot, 2021). Society would be more receptive, accessible, supportive, and inclusive, thus eliminating the majority of the barriers.

Chapter 3: Research Method

Introduction

The purpose of this generic qualitative study was to identify the challenges of parents with developmental and intellectual disabilities as they provide quality care for their children according to the state's standards. In Chapter 3, I restate my research questions and present information on the research design and rationale for this study. I explain my role as a researcher and how researcher biases must be managed. There is an in-depth description of the methodology detailing participant selection, instrumentation, procedures for recruitment, participation, and data collection.

Research Design and Rationale

The purpose of this study was to answer the following research question: What are the challenges faced by parents with developmental or intellectual disabilities while providing quality care to their children according to state standards? The purpose of this study was to explore the daily challenges parents with intellectual and developmental disabilities face while raising their children, as the majority of states continue to utilize policies that allow children to be removed from homes based solely on the parent having a disability. Using intersectionality as a framework, the study highlighted how different social identities, such as disabilities, intersect to create unique experiences of oppression or privilege (Rowan, 2024). The focus was on uncovering processes of differentiation and systems of inequality (Wickenden, 2023).

I chose a qualitative, generic design to understand the experiences through first-person narratives of the challenges parents with developmental or intellectual disabilities

face while providing quality care to their children. As this approach was exploratory, the study aimed to identify challenges that have not yet been recognized (Hassan, 2024). Qualitative research is not guided by a rigorous methodology or established philosophical assumptions. It enhances knowledge and understanding, enabling information to be gathered without limitations imposed by design (Ellis & Hart, 2023). A quantitative method was not suitable for this study because it tests hypotheses and generalizes results from a sample to a larger population, utilizing a well-ordered set of criteria for scope, objectivity, goal, data, and method (Lim, 2024). This study aimed to explore and identify the personal experiences of parents with disabilities. The mixed-methods approach combined quantitative and qualitative methods to evaluate research that seeks convergence, clarification, or elaboration, informs later stages of a research program, and extends a study's depth and complexity. The mixed-methods approach was inappropriate because the research in this study does not yield any quantitative data (Hassan, 2024b). The generic qualitative strength involved exploring each participant's experience through in-depth, semistructured interviews, which allowed participants to discuss all aspects of their experiences without methodological barriers or confinements (Ellis & Hart, 2023).

In a generic qualitative design, study participants spoke freely, without worrying about offending someone or saying the wrong thing, as there were no wrong answers. In-depth, semistructured interviews are the best method to get detailed experiences about being a parent with a disability. In this conversational-like setting, open-ended, probing questions would allow participants to speak about their experiences without unintentionally leading or guiding them, as leading questioning can be suggestive,

especially with a vulnerable population (Disability Justice, 2023). Other, more focused qualitative designs would not have been appropriate for this study. For example, ethnography focuses on investigating the culture of a single case, whereas this study aims to gain insight from multiple sources (Ploder & Hamann, 2020). Systems theory looks at the behavior influenced by various factors that form a system (Wirth & Kleve, 2023). While it is essential to look at the entire environment and support system for children, systems theory does not identify challenges for parents with disabilities. This study aims to identify challenges, not analyze the environment or support system. Systems theory can be utilized after the challenges and obstacles are identified and resources, supports, and changes are made to help parents with disabilities (Wirth & Kleve, 2023).

Role of the Researcher

Qualitative research is designed to understand the deep complexities of human life and its experiences. The role of the researcher in a qualitative study is a primary data collection instrument, encompassing the design of the study, engagement with participants, building rapport, asking appropriate questions, analyzing the information, and sharing the findings with the world (Collins & Stockton, 2022). As a scholar and researcher, identifying a need or injustice affecting a population is the starting point for a study and a driving force for social change. Designing the study carefully ensures that the research question will provide the information needed to create social change.

Once the study was designed, I took the role of an interviewer. In this role, establishing rapport with the participants was crucial to making the interview process comfortable and safe, as they shared details of their experiences related to the study.

Confidentiality was discussed to ensure that the participant understands their identity will not be disclosed at any point during the research or the results. This allowed the thoughts, opinions, feelings, and experiences to be honest and thoughts, opinions, feelings, and experiences to be expressed honestly and openly practice; however, due to transportation issues, travel time, and expenses, as well as accessibility concerns, online interviews were utilized. For this platform, rapport and trust were crucial to the interview process, ensuring comfort and the safety of disclosing relevant personal experiences. As the interviewer, I encouraged depth and detail as I explore the challenges of parents with intellectual and developmental disabilities as they explored the challenges of parents with intellectual and developmental disabilities as they provided care to their children. As the interviewer and observer, I listened to and reviewed the data and implement measures to mitigate researcher bias.

Most of my career has included supporting adults with intellectual and developmental disabilities in their daily lives. Due to this experience, there was potential for bias in specific areas within this study. If not addressed and managed, researcher bias could negatively impact the study's interpretation and results (Yarborough, 2021). My potential biases included people with disabilities being mistreated and underestimated by the same entities that were designed to support them. Another possible bias, from my experience in child welfare, was seeing the effects of inadequate parenting and disengagement of parents and children, and the effects on development. The last bias to consider was that parents inherently want to do what is best for their children and work to make the needed changes to maintain custody.

Biases were managed by clearly defining risk and outcome, using objective or validated methods, selecting participants according to rigorous criteria to avoid confounding results, and standardizing the interviewer's interaction with the participant by maintaining a professional relationship and avoiding participants with whom you have a personal relationship. Multi-step transcription and manual and software-analyzed coding are other measures to prevent error and bias (Soprano et al., 2024). Qualitative researchers engage in reflexivity to account for how their subjectivity influences their research. Reflexivity is tied to the researcher's ability to make and communicate ethical decisions amid the complex information of real-world data, reflecting the messiness of participants' experiences and social practices. Qualitative researchers are oriented toward personal, interpersonal, methodological, and contextual issues within the research, involve concrete practices, and are present throughout the research process (Olmos-Vega et al., 2022).

Additionally, to manage bias, I ensured that none of the participants had been under my professional care in any capacity. The possibility of having additional, critical, or inside information regarding their circumstances could skew the data and my ability to remain objective (Popovic & Huecker, 2023). Furthermore, an important factor in the study was to obtain the perception of the parent with the disability, rather than that of a professional. Considering the time required to complete the interview, all participants received a $20 Visa gift card and a thank-you note to show appreciation.

Methodology

Population Selection Logic

Population

The participants selected for this study were suitable for exploring the challenges faced by parents with developmental or intellectual disabilities while providing quality care to their children, as required by state standards. The participants were parents with an intellectual or developmental disability who had custody of their biological child for more than half of the child's life, including infancy through teenage years. The participants are not limited by gender, race, or any other demographic, ensuring a diverse sample for accurate data and a comprehensive understanding of the challenges faced. (Frost, 2024).

Sampling Strategy

The sampling strategy for this study included both purposeful sampling and snowball sampling, allowing for a deliberate search and selection of participants that would provide rich data during the interviews. The strategy consisted of recruiting participants who were parents with an intellectual or developmental disability to share their experiences and challenges of raising their child. Purposeful sampling is a strategy researchers use to select participants based on their judgment, which provides the most informative perception and experience related to the phenomenon under study. Snowball sampling is used to select participants through referrals of other participants who know similar circumstances (Frost, 2024). These sampling strategies are suitable for identifying

participants with experiences relevant to the study's nature, thereby providing insight into the challenges they face.

Inclusion Criteria of Participants

To be eligible for participation in the study, the following inclusion criteria must be met. The requirements for participation included being a parent with an intellectual or developmental disability. Additionally, the participants must have had or have had custody of their biological child for more than half of the child's life, including infancy through teenage years, as this study has no age restrictions. The participant did not need to have had interactions with the Department of Family and Children's Services (DCFS), as the "challenges" are being compared to the standards of DCF and the state to determine if the struggles are specific to parents with disabilities or parents in general. Ideally, the sample would comprise participants from both rural and urban areas in various regions, ensuring a collective representation of the challenges faced by parents with disabilities. There were no exclusions to participating based on race, gender, or other demographics. Potential participants confirmed their eligibility by responding "I consent" to the above criteria presented in the IRB-approved consent form.

To ensure an understanding of the purpose and requirements of the study, the consent was explained by a person of the potential participant's choosing. This was important to ensure that participants met the criteria and provided their consent to participate in the interview, with an understanding of the expectations, purpose, criteria for involvement, privacy, and their right to decline if desired. The study aims to utilize the information of willing participants who exercise their right to share their experiences,

without pressuring or tricking any participants who do not fully understand. Many adults with disabilities have a legal guardian who can provide consent; however, for the purposes of this study, whether or not a guardian is involved, participants must fully understand, be willing to participate, and share their experiences. The guardian's consent, if applicable, will also need to be obtained; however, participants have the full right to decline participation.

Using purposeful and snowball sampling, potential participants were recruited through a social media platform, specifically Facebook, and cooperating agencies that work with eligible participants. Potential participants responded to the provided flyer with their information about the study via Facebook Messenger, Walden email, or phone. I sent the informed consent via email with instructions to respond with "I consent" to indicate their agreement to the interview terms. Respondents then confirmed the appointment date and time for the interview through email or phone. Interviews will be conducted via Zoom and will be recorded.

For a generic qualitative dissertation using individual semistructured interviews as the data collection procedure, the recommended sample size is 12-23 family units to achieve saturation (Mathisen et al., 2023; Jones et al., 2021; Powell & Thomas, 2021). The 2023 qualitative study by Mathisen et al. used a sample size of 12 participants for their in-depth interviews. In comparison, the 2021 study by Jones et al. employed a sample size of 23 for their exploratory, qualitative study on occupational stress. Additionally, twelve participants were used for the exploratory research regarding

components of interventions to increase seniors' physical activity (Powell & Thomas, 2021).

The number of interviews reached saturation depends on the nature and purpose of the research. Saturation occurred when no new information arose, and answers to the interview questions became redundant (Gentles et al., 2015). To ensure saturation, this study aims to recruit 16 participants, which aligns with the average number reported in the aforementioned studies. My goal was to collect enough substantial, meaningful, and rich data to answer the research question.

Instrumentation

In qualitative studies, the researcher was the primary instrument for data collection and analysis (Collins & Stockton, 2022). I used semistructured interviews to collect data for this study. For a successful interview, the interviewer established rapport with the participant and design questions that are open-ended, structured, precise, concise, ethically sensitive, and relevant to the phenomenon being studied (Mashuri et al., 2022).

I constructed an interview guide as a data collection instrument. The guide included language related to the intersectionality theory and questions about parental challenges. The participants' responses contributed to answering the research question of what challenges parents with developmental or intellectual disabilities face as they provide quality care to their children in accordance with state standards. A copy of the interview guide was provided to each participant before the interview.

Computers and cell phones, with passcodes and Biometric security, was used to communicate with participants. I was the only person with access to and the only one to use the devices. The interviews were conducted via the Zoom software platform and recorded, with participants' names and identities kept confidential. The interviews were transcribed with Zoom software and verified by me for accuracy. The data collected was analyzed using hand coding on an Excel spreadsheet and MAXQDA coding software.

Procedures for Recruitment, Participation, and Data Collection

Recruitment

Participants were recruited using social media, specifically through the Facebook platform. I contacted the administrators of the Facebook pages to request permission to post a recruiting flyer. Additionally, I provided the recruiting flyer to agencies that work with adults with developmental or intellectual disabilities. The contacts within the agency shared the flyer with potential participants and were asked to contact me with any questions or for further information about participation.

The criteria for inclusion in the study will be listed on the flyer and verified verbally with the participant upon contact. To honor privacy and HIPAA regulations, no documentation will be required to confirm participation in any criteria. While this poses the risk of false data, privacy is highly valued and will not be compromised. The researcher does have the right to exclude an interview if there are reasonable suspicions that the criteria are not met.

Participants who met the selection criteria for this study were contacted via my Walden University email or the phone number listed on the flyer. If a participant made

initial contact via a cell phone, I requested their email address so that the consent form could be sent to them with instructions to return it within the allotted time. The same procedures were used to follow up with potential participants who contacted me through snowball sampling, as with those recruited through flyers.

Participants

Potential participants who met the criteria and returned their "I consent" reply were scheduled for a 30-to 60-minute interview via Zoom. The option of a phone interview was provided for those who do not have the technical capabilities of Zoom. The selected participants were reminded to interview in a private location, and the researcher did the same. Participants were also be reminded that a copy of the interview questions was included in the consent form for their preparation. The data was collected solely by the researcher. During the interview, participants were reminded that the discussion is being recorded, that their participation was voluntary, and that they may stop the interview at any time. Participants were allotted time to ask any questions. The recording began once all questions have been answered. All interviews took place via Zoom in the researchers' private office. The participants were asked to respond to the questions from the interview guide. Participants were allowed to ask questions following the interview. They were informed that they would receive a transcribed copy of the interview via email to review for accuracy. They were given instructions on the timeframe by which the accuracy report must be returned. If needed for accessibility, the transcribed interview was read to the participant by a person of their choosing. Additionally, if the researcher found that any of the collected data is unclear, the participant were contacted for a

follow-up interview to clarify the information. The interview concluded with a debriefing, which included a review of the resource information provided and a reminder of the informed consent. I closed the interview by expressing gratitude for their time and participation in the study, and reminding them that their $20 VISA gift card had been sent to them.

Data Collection

Data was collected from participants recruited through purposeful sampling and snowball sampling. As the researcher/interviewer, I was the only data collection agent. Two weeks were set aside for interview appointments. If the initial recruitment results in too few participants, a second round of recruitment will be used, using the same recruitment process as the first. I will also contact those who have completed the interview process by sending an email and a copy of the recruitment flyer and asking them to distribute it to anyone interested.

Finally, all data will be collected using password-protected instruments and stored in a secure environment, accessible only to the researcher. The data analysis process will follow the data collection.

Data Analysis Plan

First, the data collected from the interviews will be transcribed from the audio recordings through Zoom software and verified by the researcher for accuracy. The transcribed data were entered into an Excel spreadsheet to initiate the analysis, which would also be processed through MAXQDA coding software. The dual approach minimizes the potential for human error and missed themes, allowing all researchers to

connect with the data as it is analyzed. In the analysis, words and phrases were categorized into emerging themes. Therefore, thematic analysis (TA) was appropriate for this study (Naeem et al., 223).

I followed the six-step process outlined by Naeem et al. (2023). Step 1 was to familiarize yourself with the collected data. As I reviewed the transcriptions for accuracy, I became more familiar with their contents and started to see developing trends. I immersed myself in the data by reading the transcriptions several times until I fully understood them and identified their themes and patterns.

Step 2 was the selection of keywords (Naeem et al., 2023). I identified recurring patterns, terms, or other elements and designated them as keywords. The keywords captured the participants' experiences and perceptions, directly derived from the data.

Step 3 was coding (Naeem et al., 2023). Some codes generated main themes and sub-themes, while others were discarded due to duplication. I compared my handwritten code with that generated by the MAXDA coding software to ensure accuracy, control potential biases, and thoroughness. I entered the codes into an Excel spreadsheet to facilitate the revision and modification of codes as needed.

Step 4 was theme development (Naeem et al., 2023). MAXQDA coding software was used to reinforce the themes in the data with the hand-coded themes. The software was also utilized to create visual aids during the analysis. I reviewed all themes by re-reading the material, reassessing the developed themes, and rearranging any data as needed. These steps were repeated during the initial phase of coding as the themes were

created. Next, the themes will be examined for any necessary revisions and then developed into a thematic map to visualize the relationships between them.

Step 5 involved conceptualization through the interpretation of keywords, codes, and themes (Naeem et al., 2023). This step entailed understanding and defining the concepts emerging from the data, identifying social patterns, and explaining them in a way that aligns with my research. MAXQDA was utilized to develop thematic maps that visually represent themes and concepts.

Step 6 in thematic analysis involved developing a conceptual model (Naeem et al., 2023). This entailed creating a distinct representation of the data and its relationship with existing theories. This step marked the culmination of the analysis and the conceptualization of all the findings and insights derived from the data.

The research topic, data collection methodology, and the researcher's perspective all contributed to determining whether an inductive, deductive, or hybrid approach was most suitable for thematic analysis and model conceptualization (Naeem et al., 2023). For this study, the hybrid approach was utilized. The inductive approach was primarily data-driven and allows for new, subjective understandings of the phenomena. Since parenting with a disability is a relatively new concept, and there is limited research to inform theories, the inductive approach was relevant (Naeem et al., 2023). Additionally, the deductive approach relied on theory. Once the data was collected, analyzed, and compared to the challenges of parents without disabilities, the results confirmed or disproved that intersectionality was at the base of the difficulties of parents with

disabilities as they raise their children. Therefore, the deductive approach was also relevant, and the hybrid method was used within the study (Naeem et al., 2023).

Issues of Trustworthiness

Credibility

Credibility looks at how the study's findings are parallel with reality. Although subjective, the question relies on individual judgments, which is a concept similar to asking questions about internal validity in quantitative research. The researcher aims to understand how the reported findings relate to one another in terms of the ideas that share congruence (Stahl & King, 2020).

One method of promoting credibility is triangulation, which involves using multiple sources of information or procedures to establish patterns consistently. Although there are various forms of triangulation, environmental triangulation will be used in this study. Environmental triangulation involves using multiple situations or contexts to study the intended focus (Stahl & King, 2020). Due to the gap in research on the challenges of parents with disabilities, as they provide quality care to their children according to states' standards, triangulation is essential for credibility.

Additionally, prolonged engagement with the population, experience, and time in the profession are essential weighing factors that add to the researcher's credibility. Working with people with disabilities in various support capacities for over 15 years provides credibility to this researcher. This professional and personal experience offers insight into overcoming barriers, exercising the rights of people with disabilities, the support needed to succeed, and biases and environmental obstacles that have impacted

the lives of people with disabilities. The researcher currently works within the foster care system and is familiar with the parenting expectations outlined in state standards.

Transferability

Although qualitative research does not aim for replication, transferability suggests that patterns and descriptions from one context may apply to another, reinforcing that a study is limited if it cannot be extended to fit another set of circumstances (Stahl & King, 2020). Qualitative research seeks to expand understanding by transferring findings from one context to another. The literature review identifies multiple barriers faced by people with disabilities, with a common theme of education, exposure, and support aimed at minimizing or eliminating these barriers.

Thick description involves detailed accounts of the research setting, context, participants, and observed phenomena. It is imperative to go beyond fact reporting to include interpretations of the underlying meaning of the facts. By providing thick descriptions, the researcher enables readers to understand the context and processes, allowing them to assess how the findings can be transferred to other contexts (Stahl & King, 2020).

I will also utilize purposeful sampling strategies with variation. The use of purposeful sampling allowed for participants who had experiences with having a disability and raising their children. Allowing variation in the selection of participants, such as gender, region, disability, and age, will enhance the range of experiences captured in the study, as the scope was not limited to these areas. The diversity of

participants can increase the likelihood that the findings are a more comprehensible account of the challenges faced (Frost, 2024).

These strategies, when combined, aim to provide a rich, in-depth understanding of the challenges faced by parents with disabilities as they provide quality care to their children in accordance with state standards. By doing so, the results contribute to the academic literature on the subject and can offer valuable insights that can be applied to similar contexts and populations.

Dependability

Dependability is the third perspective on trustworthiness. Analogous to reliability in quantitative research, dependability values the consistency and repeatability of the research findings (Stahl & King, 2020). Peer debriefing and scrutiny contribute to the trustworthiness of the research, as multiple professionals collaborating and analyzing the study convey a sense of self-credibility. The awareness that peers will inspect the work prompts the researcher to be cautious with recorded facts and interpretations (Stahl & King, 2020).

Data triangulation plays a significant role in ensuring dependability. The researcher comprehensively understands the study's phenomena to corroborate findings with diverse data sources, interviews, and relevant government and academic documents (Bans-Akutey & Tiimub, 2021). This process ensures consistency across all data sources. Dependability is essential for ensuring the study’s findings are robust and reliable. This researcher strives for dependability by ensuring data triangulation and collaboration with peers to support the overall trustworthiness of the study findings.

Confirmability

Confirmability in qualitative research refers to the degree to which the findings are derived from the interview data and are not simply the product of the researcher's biases or preferences. Researchers must ensure that their research process is traceable and auditable. This transparency allows another researcher to follow the analysis path and verify how conclusions were drawn from the raw data collected (McLeod, 2024).

Triangulation is a strategy for enhancing the confirmability of research findings. By combining various data sources, theoretical perspectives, or even different researchers' interpretations, triangulation can help uncover patterns, contradictions, and insights that might be missed (Stahl & King, 2020). Peer debriefings can also provide insight and help identify biases or gaps in the analysis. Having a fresh set of eyes review the research allows inconsistencies, alternative explanations, or potential biases to be found. Additionally, peer discussions can help challenge assumptions, ensuring interpretations are grounded in the data rather than personal perspectives (McLeod, 2024).

In addition to triangulation and peer debriefings, reflexivity was utilized to ensure confirmability. A clear record of the research process, from data collection and analysis to data interpretation, allows fellow researchers and peers to confirm the findings. The transparent documentation of the research process enhances the confirmability of the research and its conclusions. It will enable confirmable representations of the participant findings, allowing other researchers to confirm them. This transparency in documenting

the research process enhances the confirmability of the research and its findings, allowing for confirmable representations of the participants' experiences (McGrath, 2021).

Ethical Procedures

Before beginning any data collection, IRB approval and permission must be obtained. All participants in this study will be treated following the ethical policies and procedures set forth by the Walden University IRB. Each potential participant will be recruited through Facebook or by agency referral, using purposeful and snowball sampling. Permission will be obtained from the IRB before distributing a recruitment flyer posted on Facebook or distributed by supportive agencies, to ensure all ethical guidelines are followed. Facebook administrators and agency administrators will provide written consent for recruitment allowances. The names of the administrators will not appear in the final published document.

All required documents will be submitted to the Walden University IRB, including the informed consent form, recruitment permissions, a demographic questionnaire, a recruitment flyer, participant resources, and IRB forms A and C. All participants will be emailed an IRB-approved informed consent form outlining the purpose of this study, its procedures, sample interview questions, risks and benefits, available resources, payment details, privacy protection, and the researcher's contact information. Participants will be given instructions on how to return the form and the timeframe for submission. All participants must reply with ‘I consent’ to schedule an interview appointment. Participants will be asked to complete demographic questions by emailing the demographic form before the interview. After recording the interview, the

transcription and first-level coding will be emailed to the participant for accuracy approval, ensuring that no information has been altered.

The research will only be conducted with those who have freely volunteered and given their consent. I will respect all potential participants' decisions to join, continue, or stop the interview process. Anyone who enters the study will have the right to change their mind at any time. Participants are allowed to stop the interview process at any time and still receive a letter of appreciation with a $20 Visa gift card.

As all research studies involve some risk of minor discomfort, particularly when sharing sensitive and personal information during an interview, this study will pose minimal risk to the participants' well-being with protections in place. Resource information will be provided along with the informed consent form in case any topic triggers distress for the participant.

All participants' research data will be kept confidential within the limits of the law. No names of participants will be kept with the interview transcriptions or analysis results. Participants will be assigned an alpha-numeric identification instead of names. No participants' personal information will be used outside of this research project.

Data will be kept secure using a password-protected computer and a biometric-protected cell phone. The devices will be set with a screen lock that requires a password and biometric verification for re-entry if the device is idle for five minutes or more. All available updates will be installed for the computer operating system, and the anti-virus software will be current and active. The devices will never be left unattended in a public place or locked in a secure, private office location when not in use. All data collected will

be stored in a safe location accessible only to the researcher for at least five years, as required by Walden University's IRB. After five years, the researcher will destroy all data by cross-shredding all documents and erasing all electronic files.

Summary

Chapter 3 provides an extensive overview of the method to be used in researching the challenges faced by parents with developmental and intellectual disabilities as they provide quality care to their children by state standards. The chapter began with identifying the research design and rationale. Next, the researcher's role was defined. In continuation, a detailed description of the research methodology was provided, outlining the participant selection logic, instrumentation, and procedures for recruitment, participation, and data collection. The proposed data analysis plan was also discussed, utilizing a two-tiered method that combines hand coding with the use of MAXQDA coding software to ensure thoroughness and accuracy.

Trustworthiness issues were highlighted by describing in detail the plan and steps to be taken to address credibility, transferability, dependability, and confirmability. In conclusion, the ethical procedures for treating potential participants and collecting data were conducted in compliance with Walden University's IRB.

Chapter 4: Results

Introduction

The purpose of this generic, qualitative study is to explore the challenges faced by parents with developmental and intellectual disabilities in providing quality care to their children, as mandated by state standards. Using the thematic analysis (TA) outlined by Naeem et al. (2023), I analyzed 13 personal, semistructured interviews of parents with an intellectual or developmental disability recruited for this study, and found 10 themes within the boundaries of the research question.

The research question that grounded this study was:

RQ: What are the challenges of parents with developmental and intellectual disabilities while providing quality care for their children according to states' standards?

This chapter includes my data collection process, data analysis procedures, and provides support related to various trustworthiness factors and the overall study results. In turn, the main thematic outcomes included the following 10 themes affiliated with RQ1:

- Theme 1: Impact of Disability on Parenting Styles and Abilities
- Theme 2: Financial Strain and Employment
- Theme 3: Emotional Well-being
- Theme 4: Caregiving Arrangements and Support Networks
- Theme 5: Access to Resources and Services
- Theme 6: Types and Severity of Disabilities
- Theme 7: Challenges of Parenting with a Disability

- Theme 8: Advocacy and Systemic Issues
- Theme 9: Support and Resource Availability
- Theme 10: Societal Attitudes and Perceptions

Data Collection

Before data collection could begin, Walden IRB developed and approved a recruitment strategy, which granted data collection approval on June 3, 2025 (approval number 06-03-25-1015254). The data collection process for this study was intuitive; I adapted new considerations while maintaining the stepwise approach outlined in Chapter 3. Each participant was interviewed using the same vetting process, asked the same questions, and allowed to discuss their experiences regarding parenting with a disability at their comfort level. I completed recruitment through posting the IRB-approved recruitment flyer in private and semi-private Facebook groups about parents with disabilities. Approximately 20 potential participants responded to the flyer; however, after determining eligibility, only 14 were interviewed, and only 13 of these interviews are being used in the data analysis.

Data Recording

Before any interviews were scheduled or conducted, recruitment took place using the IRB-approved recruitment flyer. The flyer was posted in private or semi-private parenting groups for parents with disabilities on Facebook. Approximately 20 potential participants responded to the flyer; however, after determining eligibility, only 14 were interviewed, and only 13 of these interviews are being used in the data analysis. Upon determining eligibility, the IRB-approved consent form was sent to the respondent, and

they were asked to provide their consent to participate by responding to the email with the words “I consent.” Interviews were scheduled and conducted throughout June 2025. The qualitative study was conducted through interviews on the Zoom platform, utilizing voice transcription. This allowed the participants to be interviewed from a space that made them feel safe and comfortable discussing their experiences of parenting. It was clear that some participants were more open and forthcoming than others, the interview experience seemed to be positive for both parties. Participants thanked me for my research scope, interest, and inclusion of parents with disabilities.

I reiterated the standards of confidentiality at the beginning of the interviews and re-asked the qualifying questions to verify the accuracy of the answers and ensure they were accurately recorded in the transcripts of the interviews. Additionally, I discussed my role as a mandated reporter and explained that any disclosure of abuse or neglect of children or elders would be reported, as required by law. The participants were forthcoming with their answers and eligibility, as many stated they wanted to be a voice within the study to help initiate changes in the perceptions of people with disabilities.

Participants in this study attested to meeting several criteria. Participants were required to be at least 18 years of age. Participants had to be a parent with a developmental or intellectual disability to at least one child, and a primary caregiver of that child. Participants could not have a legal guardian or be actively involved in a custody battle for legal and protective purposes. Participants were asked to disclose their disability to ensure the validity of their participation and for informational purposes related to the study’s objectives. Participants were not provided with any other screening

questionnaires to confirm the diagnosis. Their consent to participate in the interview was proof of a disability and eligibility. This information was incorporated within the transcriptions for coding. All participants provided their diagnosis and disability freely when asked by the researcher. There did not appear to be any hesitation or resistance to disclose this information, as many stated they were not embarrassed by their disability.

The Zoom interviews lasted for 30 – 75 minutes. This time allotment allowed time for participants to express their experience thoroughly and account for any communication needs or anxiety related to the interview. Using the Zoom platform allowed the participants to be interviewed in a space that made them feel safe and comfortable discussing their experiences of parenting.

Some questions needed to be reworded at the participant's request to clarify the questions. This adaptation was due to language barriers, difficulties with comprehension, or differences in the terminology used within the region. The overall goal was to clarify the question, rather than guide the participant to a specific response. The questions were kept as unbiased and straightforward as possible to avoid leading the participant in their answers.

In general, the recruiting and interview experiences were positive, and participants seemed to be open and honest with their answers. There were no circumstances where emotions were high or uncontrolled, and no one’s mental well-being or safety was at risk. Every participant I interviewed stated that they wanted their story to be heard and included within the study.

There was one instance of a participant who was interviewed, but their interview is not included in the study due to ethical boundary concerns of the researcher. The participant was mailed a gift card for completing the study; however, the data are not included, as the intentions behind the study's inclusion were unclear. Therefore, for the sake of validity, ethics, and complete transparency, the data collected are not included in the results.

Variations from the Initial Data Collection Process

Due to accessibility issues among several participants, including the unavailability of Zoom, communication barriers, and concerns about anxiety and meeting new people, three interviews were conducted through a series of emails between the participant and the researcher. The researcher adhered to the same questions as the Zoom interviews for consistency. This adaptation for the three interviews allowed participants to contribute to the study and feel comfortable in the adapted setting by eliminating additional stressors, such as anxiety, lack of accessibility to Zoom, and communication barriers. Like the Zoom interviews, additional questions were asked for clarification and understanding due to language barriers, difficulties in reading comprehension, or a difference in terminology used within the regions. The overall goal was to clarify the questions or responses, rather than guide the participant to a specific response. The questions remained as unbiased and straightforward as possible to avoid leading the participant in their answers.

The emailed, conversational interviews were conducted at the participant's leisure and availability. The participants' interviews were completed in their entirety within a few hours of conversation via email. One interview spanned several days. For the

interview that spanned over a couple of days, I assured the participant that I would answer their questions as soon as possible. The participant understood the instructions and felt comfortable completing the interview under these circumstances. The participant disclosed that their disability caused them to take significant time to type their answers. Zoom was not available, but they wanted to participate to share their information about the study's importance and scope.

The consent process remained the same as the Zoom platform interview, as the IRB-approved consent form was sent to the respondent, and the respondent was asked to provide their consent to participate by responding to the email with the words "I consent". Participants in this study attested to meeting several criteria. Participants were required to be at least 18 years of age. Participants had to be a parent with a developmental or intellectual disability to at least one child, and a primary caregiver of that child. Participants could not have a legal guardian or be actively involved in a custody battle for legal and protective purposes. Participants were asked to disclose their disability to ensure the validity of their participation and for informational purposes related to the study's objectives. Participants were not provided with any other screening questionnaires to confirm the diagnosis. Their consent to participate in the interview was proof of a disability and eligibility. This information was incorporated within the transcriptions for coding. All participants provided their diagnosis and disability freely when asked by the researcher. On their own volition, two of the three emailed interview participants also emailed pictures of themselves and their children to verify their disability. The researcher did not request the pictures, but thanked them for the additional

insight into their lives and deleted the pictures immediately to protect against HIPAA violations and maintain the confidentiality of the participants and their families.

The researcher reiterated the standards of confidentiality at the beginning of the emailed interviews and re-asked the qualifying questions to verify the accuracy of the answers and ensure they were accurately recorded in the interview transcripts. Additionally, I discussed my role as a mandated reporter and explained that any disclosure of abuse or neglect of children or elders would be reported, as required by law. The participants were forthcoming with their answers and eligibility, as many stated they wanted to be a voice within the study to help initiate changes in the perceptions of people with disabilities.

Data Analysis

I followed the six-step process of thematic analysis (TA) outlined by Naeem et al. (2023). Step 1 is to familiarize yourself with the collected data. As I reviewed the transcriptions for accuracy, I became more familiar with their contents and started to see trends. I read the transcriptions several times until I fully understood the information, had clarity, and was able to identify themes and patterns.

Step 2 is the selection of keywords (Naeem et al., 2023). I identified recurring patterns, terms, or other elements and designated them as keywords. The keywords effectively captured the participants' experiences and perceptions, directly derived from the data.

Step 3 is coding (Naeem et al., 2023). Some codes were generated from main themes and sub-themes, and others were discarded due to duplication. I compared my

handwritten code with that generated by the MAXDA coding software to ensure accuracy, control potential biases, and thoroughness. I entered the codes into an Excel spreadsheet to facilitate revisions and code changes as needed.

Step 4 is theme development (Naeem et al., 2023). MAXQDA coding software was used to reiterate the themes in the data with the hand-coded themes. The software was used to develop visual aids during the analysis. I reviewed all the themes by re-reading the material, reassessing the themes developed, and rearranging any data as necessary. These steps were repeated at the first level of coding as designed. Next, the themes were reviewed for any essential reconsideration or change, and then developed into a thematic map to help visualize the relationships between the themes.

Step 5 involves conceptualization through the interpretation of keywords, codes, and themes (Naeem et al., 2023). This step entails understanding and defining the concepts emerging from the data, identifying social patterns, and explaining them in a way that aligns with my research. MAXQDA was utilized to develop thematic maps that visually represent the themes and concepts.

Step 6 in thematic analysis is developing a conceptual model (Naeem et al., 2023). This included creating a unique representation of the data and its relationship with existing theories. This step signifies the culmination of the analysis and the conceptualization of all the findings and insights derived from the data.

Step 1: Familiarize Oneself With The Data

To become familiar with the data, I carefully listened to the participants as they spoke of their experiences with parenting a child with a developmental or intellectual

disability. Once the interviews were completed and transcribed, I replayed the recorded interviews while reading the transcriptions to ensure accuracy. I changed names and other potentially identifying information to alpha-numeric characters to maintain confidentiality. After editing the transcriptions, I reread the information for additional clarity and understanding. I began to highlight recurring phrases, keywords, and themes within the transcription. I completed this process several times to ensure thoroughness. I kept the themes in a spreadsheet to track and organize.

Additionally, I uploaded the transcriptions to the MAXQDA software, labeling each transcription with individual codes to identify the information source for each interview. I began familiarizing myself with the transcriptions and data after each interview to help determine the level of saturation. I also used MAXQDA to reiterate the saturation. After coding 11 transcriptions, I began to notice saturation, marked by the reappearance of common themes and keywords. However, I interviewed an additional three participants, bringing the total to 13 interviews included in the coding and analysis process, as referenced in Figure 1.

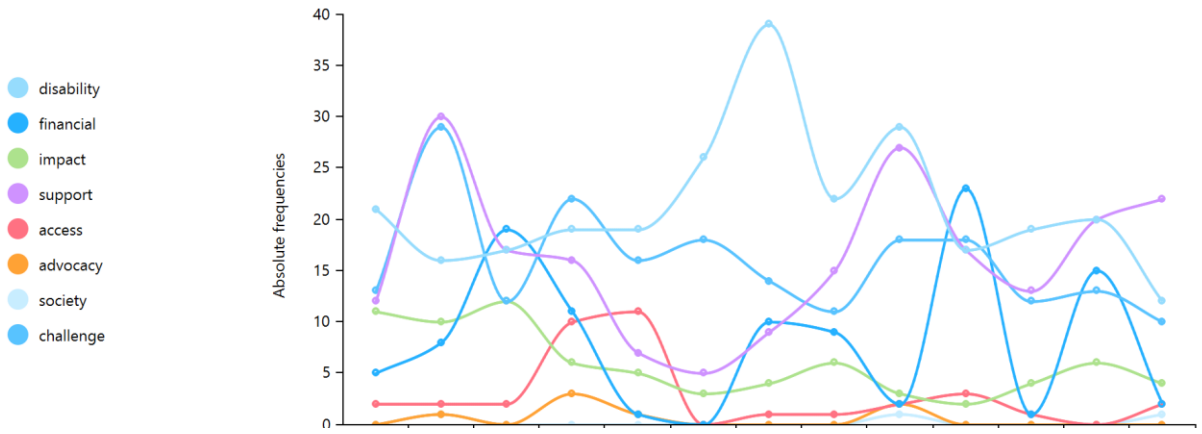
Step 2: Selection of Keywords

Comparing the codes produced by the MAXQDA software and the codes and keywords I tracked in an Excel spreadsheet, many trends were apparent, and I could easily recognize many of the keywords. The keywords captured the experiences of each participant through the data obtained in the interviews. Participants shared many of the same experiences, which confirmed saturation at 13 interviews. Figure 1 represents the

frequency of several keywords throughout the 13 interviews. Disability, financial impact, support, and access are some of the more frequently used keywords.

Figure 1

Word Trends from Transcriptions



Step 3: Coding

There were over 300 codes within one transcription. However, the majority of transcriptions generated around 100 codes. Some of the responses provided recurring variations of "challenges," "abilities," "support system," and "society's perception" when asked to describe a typical week as a parent with a disability. An additional recurring phrase found within the transcriptions was "persistence," "being pushy," or "annoying" when asked about support needs. The repetition of these phrases and similar variations allowed me to determine saturation.

After determining that saturation had been reached through preliminary coding, I was able to begin grouping the codes into categories. This was completed for all 13 interviews. After finishing this task, the categories were determined as listed in Figure 2.

Figure 2

Categories by MAXQDA Coding

Employment
Resources
Emotional Impact
Financial Strain
Physical Limitations
Daily Life and Routine
Societal Attitudes
Access to Adaptive Equipment
Accessible Environments
Mental Health
Change and Advocacy
Support System
Available Services
Adaptations
Transportation
Systemic Issues

Step 4: Theme Development

To get a better understanding of the codes under each category, I performed another round of coding and then placed the codes for each participant under the individual categorical headings (Figure 1). By recoding, I was able to group the codes further, creating broader categories, such as "financial strain", "child care", "societal attitudes", and "physical limitations". These categories were reorganized into themes, as depicted in Figure 3.

Figure 3

Themes Based on MAXQDA Codes

Impact of Disability on Parenting Styles and Abilities
Financial Strain and Employment
Emotional Well-being
Caregiving Arrangements and Support Networks
Access to Resources and Services
Types and Severity of Disabilities
Challenges of Parenting with a Disability
Advocacy and Systemic Issues
Support and Resources Availability
Societal Attitudes and Perceptions

I determined that the themes could be condensed further, but I felt the individuality of each theme needed to be clearly represented. Therefore, I decided to keep

the 10 themes developed in Figure 3 to maintain clarity about the roots of the challenges expressed. Since an exploratory study was conducted to identify these challenges, it was essential to preserve the participants' voices regarding the challenges, which were defined clearly for researchers to use the data in future research concerning this population.

Step 5: Conceptualization

With the 10 themes developed, I was able to conceptualize the keywords and themes. This step involved understanding and defining the concepts emerging from the data, identifying social patterns, and explaining how these aligned with my research. There were many instances of increased challenges and inconveniences that people without disabilities often do not experience, if at all. Intersectionality became increasingly recognizable as I analyzed the data.

Step 6: Thematic Analysis

Step six in thematic analysis is developing a conceptual model (Naeem et al., 2023). This included creating a unique representation of the data and its relationship with existing theories such as intersectionality. This step signifies the culmination of the analysis and the conceptualization of all the findings and insights derived from the data in conjunction with the uniqueness of each challenge as it relates to the specific disability and further burdens the population.

Evidence of Trustworthiness

In my qualitative research, I focused on ensuring trustworthiness by maintaining a consistent approach throughout the interviews and data collection process. I created an

outline of the pertinent information I was to discuss with the participant before beginning the interview. I ensured I discussed the potential risks of the study with participants. The participants were informed that I would end the interviews if I were concerned the participant was becoming distressed. I had a list of online mental health resources available if needed due to distress. I affirmed I was a mandated reporter and it was my legal and ethical obligation to report any abuse or neglect involving a child or vulnerable adult during the interview. I discussed confidentiality and the steps I would take to protect their identity. I was prompt, professional, and honest throughout the interview process to ensure transparency of the purpose of the study. While maintaining professionalism, I was aware of my body language to prevent intimidation and appeared relaxed to maintain a relaxing, stress-free atmosphere throughout the interview. Additionally, I ensured the transcriptions were verbatim, allowing the accurate representation of the participants' voices and experiences.

I explored my assumptions, biases, and the potential influence of my personality and education on the data collection, analysis, and interpretation processes to ensure transparency and ethical consideration in my approach and performance. Through this process, I maintained the authenticity of the data and provided a foundation for an in-depth analysis. I engaged in reflexivity, maintaining awareness of my assumptions, biases, and potential influence on the data collection and analysis. The reflective process enabled me to identify my potential biases and beliefs, thereby gaining self-awareness and ensuring that the participant's voice and experience were not altered. By engaging in reflexivity, I enhanced the transparency and objectivity of my research, allowing for a

more accurate analysis. By addressing the key aspects of trustworthiness, I produced research that is both credible and reliable, providing valuable insights into the challenges faced by parents with developmental and intellectual disabilities.

Credibility

As mentioned in Chapter 3, credibility is subjective and relies on individual judgements. The researcher aims to identify the relationship in the reported findings and understand how it operates (Stahl & King, 2020). Triangulation was used to establish patterns within the interviews. Using several sources of information and achieving saturation provides credibility for the researcher and the research itself. Due to the gap in research on the challenges of parenting with a developmental or intellectual disability, triangulation was essential for credibility. Additionally, coding was completed throughout the interview process to ensure saturation. For thoroughness, I sought codes that supported and did not support my argument to gain a better understanding and ensure that I was not imposing my assumptions and biases on the data analysis.

Transferability

Although qualitative research does not aim for replication, transferability ensures that a study's findings are limited if they cannot be extended to fit another set of circumstances (Stahl & King, 2020). Qualitative research seeks to expand understanding of a topic by exploring how it fits into the realities faced by people in similar or identical situations. By creating transferability in a study, the researcher is allowing other researchers in the field to replicate the study for the same or similar topics.

I also utilized purposeful sampling, allowing for participants who have had experiences parenting with a developmental or intellectual disability. I allowed variation in the selection of participants by not maintaining criteria regarding gender, region, disability, or age. These variations enhance the range of captured experiences. The increased diversity leads to a greater number of experiences being reported, providing a more comprehensive account of the challenges faced by parents with developmental or intellectual disabilities (Frost, 2024).

To enhance transferability, an IRB-approved interview process was employed to ensure consistency in content. By allowing interviews to be conducted with accommodations for differing needs and disabilities, participants felt safe and understood. At the same time, a control was maintained through consistency with the outline of important information that needed to be conveyed before the interview, as well as asking the same questions to all participants.

Dependability

In qualitative research, dependability values the consistency and repeatability of the research findings (Stahl & King, 2020). Data triangulation played a significant role in ensuring dependability. Diverse data sources are utilized to corroborate the research findings and ensure consistency (Bans-Akutey & Tiimub, 2021). Dependability is essential for ensuring the study's findings are robust and reliable. Peer scrutiny and collaboration also contribute to the reliability and trustworthiness of the research, as multiple professionals collaborate and analyze the study.

I interviewed multiple participants from different backgrounds and experiences. The eligibility of all participants was verified, and the same questions were asked of each to ensure reliable data based on their experiences. The involvement of peers and my committee throughout the process was crucial for verifying the study's dependability. Having alternative perspectives helped ensure ethics were maintained, biases were avoided, and the collected data were inclusive and trustworthy.

Confirmability

Confirmability is the degree to which the findings of the study are derived from the interview data obtained and are not produced by the researcher's biases or preferences. Therefore, the research process must be traceable and auditable to ensure transparency, allowing other researchers to follow the analysis path and understand how the conclusions were drawn from the collected data (McLeod, 2024).

Triangulation is a strategy used for increasing confirmability. Using various data sources, perspectives, and different interpretations, triangulation can uncover patterns, contradictions, and insights (Stahl & King, 2020). Additionally, peer debriefings can offer a fresh perspective that reveals inconsistencies, alternative explanations, or biases. Reflexivity can also enhance confirmability. The transparent documentation of the research process enables verification of conclusions based on the data, rather than the researchers' assumptions or biases.

Results

The 13 participants interviewed for this study reported an intellectual or developmental disability, including Asperger's syndrome, Larsen's syndrome, mild IDD

Cerebral Palsy, Autism, Dyslexia, Symbrachydactyly, Blindness, Tourette's syndrome, and traumatic brain injury. These diagnoses were also accompanied by other mental or physical health issues, such as spinal issues causing chronic pain, neural damage, spinal cord swelling, paresthesia, radiculopathy, muscle weakness, occasional muscle paralysis, reduced range of motion, fibromyalgia, brain tumor, post-stroke paralysis, major depression, anxiety, physical disabilities from polio, extreme short stature, hearing impairment, kyphosis and scoliosis, poor blood flow, monocular vision, weakened legs, shorter left leg, bipolar disorder, neuropathy, early-onset dementia, addictive personality, obsessive compulsive disorder, ADHD and brain tumor. It is important to note that several of the participants felt that their comorbidity diagnosis exacerbated their intellectual or developmental disability, and felt that if they just had the IDD, their functioning would be greater.

The experiences shared by the participants revealed challenges they faced with financial strain, inability to work, mobility issues, increased exhaustion, limited range of motion or muscle weakness, systematic barriers, lack of or poor accommodations, difficulties with dressing, housework, food preparation, impact on social activities for themselves and their children, communication barriers with school and healthcare providers, overthinking and feeling judged, isolation, headaches, emotional drain, fatigue, limited fine motor dexterity, longer healing times, reactivity delay, impatience, short temper, and difficulty assisting with child's homework. Many participants stated that some of these challenges were explicitly related to parenting, as these challenges did not exist before becoming a parent.

Theme 1: Impact of Disability on Parenting Styles and Abilities

For this theme, participants expressed the impact of their IDD on parenting styles and abilities. P1, P9, P11, and P13 acknowledge the challenges of heavy lifting, playing with, and emotionally supporting their child while managing pain. P1 and P11 discussed the necessity of planning activities in advance due to unpredictable pain levels and the strains this can have on emotionally supporting their child. P1 and P8 highlight their experiences, making them more resilient and stronger than parents without a disability. P7, P11, and P12 also struggle with increased weakness and pain of their disability, as well as increased fatigue and impatience due to the frustration of the physical limitations.

P2 reported insufficient quality time with their children due to physical challenges, increased medical appointments, and increased hours working to counteract the financial strain of low-paying jobs due to their 'limitations', increased medical bills, high-cost prescriptions, and increased gaps in employment due to complications with health. P3 expressed similar impacts on financial stability due to the physical limitations of their disability, the rural location of their home, and transportation barriers. Additionally, P2, P3, and P8 have children with disability, impacting financial stability, increasing absences from work due to the child's health, and a lack of resources and support in their rural locations.

Several participants noted the lack of accommodations for their disability, such as lower cribs due to using a wheelchair, adaptable cars or other modes of transportation, inaccessible housing, modified baby equipment, and the scarcity of support in their area or from family. P4 and P9 states that modified baby equipment was a necessity for their

interaction and care of their infant. Without family members skilled in building, parenting would have been more difficult, as there is minimal modified equipment available, or it is unavailable due to extremely high costs. P3 noted that mobility is an issue due to the lack of accessible sidewalks and untrimmed landscaping, which makes the sidewalks inaccessible. P3 added that the lack of public transportation creates additional barriers since they cannot drive due to their disability. P3 reports using a modified bicycle to transport their children to school daily, with a one-way distance of 13 miles. This additionally impacts P3's ability to work due to time constraints and accessibility.

P5 reports increased difficulty with mobility in the winter due to transportation issues. Their mobility is also restricted by the coats and increased layers that protect them from the cold, causing isolation for themselves and their child. P5 also reports unfair or demeaning treatment by other parents and professionals, including their child's school staff. P6 and P7 also report discrimination and increased communication difficulties with their child's school, healthcare professionals, and children. P6 and P1 expressed their frustration with 'not being taken seriously', being talked to as if they were incompetent, or being judged by their physical appearance due to their disability. P8 does not feel as though they are treated differently or unfairly as a parent with disability. However, P9 and P1 report increased pressure to be a 'perfect parent' as they feel more people are watching and waiting for them to fail.

P10 does not report having any difficulties parenting or with societal stress, but only struggles with preparing for and reacting to emergencies due to their disability. P10 states that this was not impossible, but it caused them to think creatively in addressing

various situations. P12 and P13 expressed similar concerns about the need for creative thinking and adaptations for caring for their child if assistance from their spouse or family was not available.

Theme 2: Financial Strain and Employment

This theme was present in 11 of the 13 participants, as they expressed financial strain and limitations, or an inability to work. P10 and P13 did not express these financial or employment challenges, and both reported having full-time jobs. P1, P2, P3, P4, P5, P6, P7, P11, and P12 disclosed that the inconsistency of their physical capabilities created barriers in keeping employment or performing the tasks required by the employer. P2 also stated that the health issues of their spouse and support system also contributed to unstable jobs. P3 owned their own business, but when their child with a disability was ill and in the hospital for months, the company was forced to close, and they have not found sustainable employment due to their physical limitations. P5 and P9 have a part-time job that allows them to earn money from home, but are only able to work if their paid support staff is available to care for their child. P6 reports that their spouse works full-time, which covers the bills but creates strain for unexpected expenses. P7 stated they were unable to finish their education due to the lack of adaptations, support, and resources to assist with their disability limitations. They report that they have had low-paying jobs their entire life due to a lack of formal education. P6, P8, and P12 are reportedly unable to work due to their child's needs and must rely on government assistance and charity to support their household. P6 states that the high cost of childcare does not justify maintaining employment and living on government benefits. P11 reports having a full-

time job, but their lack of money management skills, three children, and rising living costs create a challenge to maintaining financial stability.

Theme 3: Emotional Well-Being

Many participants have been diagnosed with depression or anxiety. P1, P2, P3, P5, P8, P9, P11, and P12 attribute their depression diagnosis to the frequent feeling of letting their child or family down due to their physical limitations. P2, P6, P7, and P11 report that the persistent stress of financial strain causes anxiety and poor self-image. P13 reports a poor self-image and increased stress levels. P6, P9, and P13 also include social judgment, which adds to their anxiety. P7 stated that they feel unmotivated because their job is not fulfilling, and they know they are capable of more; however, due to their inability to complete their education, they have to remain in a mediocre position. P5 is often isolated due to their disability and can feel more depressed when alone for longer time spans. P8, P11, and P12 also feel isolated, but due to the constant needs of their child and financial limitations.

In contrast, P4 feels that their disability allows them to spend more quality time with their child since they are unable to perform specific daily tasks or maintain employment. P10 feels they know their children better since their disability requires them to ask more questions about situations and experiences due to their physical sight disability. They believe this has encouraged their children to ask questions more frequently and foster a more open communication, leading to a stronger relationship. P2, P9, and P13 report that their families keep their spirits up and ensure they are included in activities and can participate.

Theme 4: Caregiving Arrangements and Support Networks

All participants require support from family, spouses, paid staff, or friends to maintain their independence. Most complete the tasks they are physically able to do while receiving support for other activities, either with assistance or entirely supported. P1's family helps by caring for the child during health issues. P2 has other children at home who can take on chores and tasks to reduce the burden. P2 handles making appointments or transportation arrangements for all family members, while their spouse manages other physically demanding duties. P3 recently lost their spouse and sibling to illness and has taken in three more children of the sibling, making daily tasks overwhelming. Some of the children can help; however, they are reported to be struggling mentally from losing their parents, and sometimes refuse to assist. P8 also lost a spouse within the last year and is the only caregiver for their child. P4 has two paid caregivers assisting throughout the week, paid through government assistance. P4, P10, and P13's spouses also help daily when they are not working full-time. P9's support resembles that of a part-time paid caregiver and their spouse, who assists with daily activities. P5 has five support workers helping with physical care, administrative tasks, and household chores. P6, a single parent, receives no outside support for childcare and manages school, work, and extracurricular activities for their children alone. P7 is a single parent who receives support from their mother, does not work, and relies on a disability grant for income. P12 is also a single parent with two sons; the children's father left when they were young and does not support them. P12 has had to take out loans to pay rent, cover living costs, and now fund the children's education. Some grants and government assistance are available

and used. P9 receives childcare help from their parents, allowing them to spend time alone with their spouse to strengthen their relationship and get adequate rest. P11 receives help from the other parent in transporting the children to activities, despite being divorced. P11 pays their former spouse monthly child support for their three children. P13 reports that they do not use any paid carers or formal support services. P3, P7, and P11 believe they would benefit from additional physical and financial support if it were available.

Theme 5: Access to Services and Resources

P1 reports challenges related to transportation, stating that obtaining a driver's license is a priority to reduce the reliance on others for travel. The lack of accessible sidewalks is noted as a significant barrier by P1, as they are unable to use a stroller or wheelchair for mobility. P1 reports difficulty finding helpful products for parents with disabilities, relying on forums to discover what other parents have used. P1 does not mention a challenge accessing healthcare, childcare, adaptive equipment, or specialized medical care.

P2 reports significant challenges accessing resources and services to support their family adequately. Outside of long-term hospitalization, they report no support with their son with autism. When working with Child Protective Services, P2 was informed that the only way to get the son's support for his autism was to relinquish custody to the state. P2 and their family experienced feelings of loneliness and frustration due to the lack of support from the system. P2 further highlights insufficient resources and support at schools, making it a necessity for them to advocate for their child and themselves. The

behavior challenges from P2's son resulted in frequent calls from the school and inquiries from child welfare, adding additional stress to an overwhelming situation. P2 stated they feel the system focuses on numbers rather than individuals and their needs. They also mention financial limitations and the need to navigate the system strategically to maintain benefits. The lack of resources and support is presented as a significant challenge in parenting, magnified by their disabilities.

P3 reports limited access to resources and services. Their low income, stemming from the loss of their business after their son's prolonged hospitalization, significantly impacts their ability to afford necessary medications. The lack of financial resources is further compounded by physical challenges, which hinder their ability to work and earn an income. P3 mentions explicitly that the lack of support is a challenge for a parent with disabilities.

P4 discusses significant challenges in accessing resources and services. Securing appropriate care was an important hurdle, particularly during the pandemic, when finding reliable caregivers proved to be challenging. The process of recruiting suitable caregivers is complex, as it emphasizes caregivers who are adequately knowledgeable or trained to assist individuals with specific limitations. Access to adaptive equipment was listed as a concern by P4, who stated that the design and source of many adaptations for their home and care were a concern, including an accessible bed, a baby seat for their wheelchair, and a raised playpen. Navigating social services and child welfare was also challenging, due to inconsistencies in the processes.

P5 reported needing a more accessible house with an accessible bathroom. P5 reported impacts on their ability to fully participate in their children's activities, such as football. The participant also mentioned that the access and attitudes of other parents and professionals were a barrier.

Challenges with communication with the school and healthcare providers are reportedly challenging for P6. They feel professionals lack empathy and understanding, and feel they have been under additional scrutiny due to their disability. P6 has not had any formal interactions with child welfare or social services, but they have been questioned several times.

P7 reports relying on a disability grant for income and receives help from their mother with chores and physical limitations from a head injury affecting their left side and blood flow, as well as limited vision. P7 expresses a need for help understanding how to address their child's questions about their disability, and desires employment that does not require prolonged standing or excessive energy expenditure. P7 does not mention challenges accessing specific healthcare, childcare, adaptive equipment, or social services beyond the assistance provided by their mother.

The participant P8 reports needing support and expresses concerns about affording childcare and finding suitable schooling for their child. P8 indicates that their disability prevents them from working, impacting their ability to provide financially for their children. P8 states they do not have anyone who helps throughout the week. P8's concerns highlight a lack of access to affordable childcare and financial resources.

P9, a new parent with a disability, discusses challenges accessing resources and services. The use of a wheelchair is due to limited strength and coordination, requiring personal care support. Finding appropriate baby care equipment that accommodates their seated position is a significant challenge, both financially and in terms of time and mental effort. P9 describes the difficulty of finding equipment that meets their needs, such as bouncy chairs and cribs. P9 notes that obtaining the necessary support hours and services involved a nine-month court appeal process. P9 also highlights the lack of readily available information and resources for parents with disabilities, particularly regarding medical statistics and planning. Participant P9 mentions the need for a central repository of information and shared experiences to aid in planning and provide peace of mind, and also points out the significant physical recovery challenges after childbirth for someone with a disability, including regaining the ability to sit and maintain balance.

P10 describes challenges related to accessing support systems while parenting with a disability. The participant, a blind parent, highlights the lack of paid support systems that could have eased the burden on their family during their children's upbringing. P10 notes that the existing system assumes the non-disabled spouse should handle all caregiving and work responsibilities, advocating for a more person-oriented approach to the current system standards for parents with a disability. Currently, P10 employs an assistant to help with transportation needs, suggesting a reliance on personal solutions due to insufficient systemic support.

P11 expresses a significant need for increased financial resources, stating that financial strain is a major challenge, despite having a full-time job. They also highlight

the need for assistance with childcare, specifically help with homework and after-school activities, explaining that their work-related fatigue prevents them from adequately supporting their children in these areas. The lack of local family or friend support further exacerbates this need. P11 desires help with homework to reduce conflict and improve family time, and mentions the stress caused by limited resources and the need to entertain their children to prevent conflict. They explicitly state that additional support would make parenting easier.

As a single parent with a physical disability, they face challenges accessing resources and services. P12 describes difficulties managing daily tasks, such as bathing children and preparing them for school, which require extra time and sometimes necessitate hiring help. Financial constraints are a significant barrier; the lack of child support from the father of her children has led to reliance on loans to cover rent and other expenses. P12's most pressing need is financial assistance to build a house on a plot of land they own. P12 also seeks support for her younger son's college tuition.

P13, a parent with Tourette's, OCD, and ADHD, reports receiving support from their spouse, who helps with housework and childcare. P13 expresses a desire for additional support, explicitly mentioning the benefit of talking to an outside source of mental health support to manage daily stress and being overwhelmed.

Theme 6: Severity and Types of Disability

To maintain privacy and confidentiality, the severity and types of disabilities will be reported collectively, without association with any individual participant. A participant reported having fibromyalgia, a brain tumor, post-stroke paralysis, an addictive

personality, major depression, anxiety, and Asperger's Syndrome. The participant's disabilities have also led to numerous interactions with child welfare services, creating a stressful and ongoing cycle of scrutiny and support requests. The participant feels that their disabilities have magnified the challenges of parenting, requiring them to constantly navigate limited resources, financial constraints, and systemic barriers. Additionally, their spouse underwent shoulder surgery recently and is unable to work or assist with activities of daily living currently.

A participant reports having spinal issues resulting in three spinal surgeries, including partial amputation of the spine and titanium implants. The participant experiences restrictive movement, chronic pain, neural damage with reduced leg sensitivity, occasional spinal cord swellings, radiculopathy, paresthesia, muscle weakness, paresis, occasional motor paralysis, muscle spasms, reduced range of motion, and chronic pain syndrome. The participant describes their disability as physical and notes that its impact is not always visually apparent.

The participant reports having Larsen Syndrome, characterized by multiple joint dislocations, extreme short stature, kyphosis and scoliosis, and hearing impairment. This is described as a physical and sensory disability. The severity of the condition significantly impacts daily life, requiring assistance with tasks such as dressing, housework, and food preparation. The participant uses an adapted car and wheelchair, highlighting the significant physical limitations imposed by the disability. The disability also affects the interviewee's ability to lift their child, necessitating the employment of caregivers to assist with this task.

One participant identifies their disability as a result of polio. This disability impacts their ability to work and earn income, as they require crutches to walk. The financial strain resulting from this limitation is a significant challenge to parenting. The respondent also cares for a son with autism, highlighting the presence of another disability within the family. The participant has an unstable income, which creates financial difficulties. Their health concerns compound their inability to afford medicine, which is a further consequence of their disability.

The participant self-identifies as a parent with cerebral palsy, a developmental disability. The participant describes the disability as impacting their ability to fully participate in social activities with their children, particularly citing access as a barrier. They also mention the need for a more accessible house and bathroom as factors impacting their parenting experience. The participant notes that sometimes they have to prioritize their children's needs over their own disability. They describe having to "forget about their disability and concentrate on the kids" and making a "conscious decision to be a parent, putting their needs first". The impact of their disability on parenting is described as sometimes different from that of parents without disabilities, primarily due to access barriers and attitudes.

This participant identifies their disability as cerebral palsy, classifying it as a developmental disability. They use a wheelchair full-time with limited strength for lifting, limited fine motor dexterity, and coordination. Cerebral palsy impacts their ability to perform specific childcare tasks, such as lifting and burping their baby, who is in the 89th percentile for weight. This necessitates the assistance of a personal care support

worker and family members. The participant initially attempted to manage childcare independently for four weeks, resulting in neglecting their own needs, such as medication and meals. They acknowledge that while additional support would make parenting easier, they also value the independence they gained during that initial period. The challenges the participant faces as a parent with a disability include finding appropriate baby care equipment that accommodates their seated position and physical limitations. They also note that the recovery period after childbirth was significantly more challenging than for non-disabled parents, requiring additional rehabilitation to regain lost mobility and control.

A participant reports having a head injury resulting in left-side paralysis, poor blood flow, and monocular vision. They also describe experiencing memory problems and difficulties with cold temperatures, which cause their left hand to lock up and their feet to become immobile. The participant states that their disability impacts their ability to work and further their education due to headaches from mental exertion. The participant experiences emotional drain from parenting a teenager alongside their disability. They describe challenges related to physically carrying their child for extended periods due to fatigue. The participant explicitly identifies as having an intellectual disability.

One participant reports having Symbrachydactyly, missing or shortened fingers in both hands, a congenital disability. This is described as their disability and impacts their ability to work and provide care for their child, requiring "special attention". The

respondent notes that this disability affects their parenting challenges because they cannot work and must provide all care for their child.

The participant self-identifies as having autism and dyslexia. The participant describes these disabilities as impacting their communication with the school and healthcare providers, leading to challenges such as overthinking and feeling judged. They also think that their disabilities cause them to question their decisions more than parents without disabilities, and that they face more scrutiny.

This participant reports being blind due to a genetic malformation, described as impacting their ability to "catch things sometimes", leading to humorous situations and requiring vigilance to prevent accidents. The participant notes that while their disability presented some challenges, particularly in situations requiring quick reactions, it did not significantly hinder their ability to parent effectively. The participant's spouse played a significant role in transportation and childcare, highlighting the impact of the disability on family dynamics. The participant also emphasizes that the challenges of parenting with a disability are not fundamentally different from those faced by parents without disabilities, although the perspective may differ.

One participant reports having a physical disability: weakened legs, a shorter left leg, and uses crutches and a caliper to walk; otherwise, they crawl. This disability is attributed to polio. The severity impacts their daily life, requiring extra time for morning routines such as bathing and preparing for school and work. The disability also presented challenges during childbirth, resulting in a Cesarean section and prolonged recovery,

including eighty months of bed rest to heal a wound from the operation. The respondent also mentions difficulties carrying their babies and caring for themselves after birth.

This participant reports having Tourette's, OCD, and ADHD. The participant describes these conditions as impacting their parenting, specifically leading to impatience and a short temper. They also mention the challenge of seeing similar struggles in their children. The participant does not explicitly describe the severity of their conditions, but the impact on their parenting suggests a significant effect on their daily life.

The participant reports having bipolar disorder, mild IDD, neuropathy, depression, anxiety, and early-onset dementia, along with an addictive personality. The participant describes these conditions as impacting their energy levels and ability to manage parenting tasks, particularly homework assistance. The severity of these conditions is implied through the descriptions of fatigue and difficulty coping with the daily demands of parenting three children. The participant notes that their disabilities do not affect their love and provision for their children, but they do impact their energy levels and ability to parent effectively. The interviewee also mentions health issues that affect their diet.

Theme 7: Challenges of Parenting with a Disability

P1 experiences limitations that directly impact daily life, including difficulties with lifting, playing with, and teaching their child. The participant notes the emotional toll of managing their pain while simultaneously addressing their child's emotional needs. They describe the struggle of balancing their physical limitations with the demands of parenting, feeling they cannot always give their child 100% due to pain or physical

restrictions. The lack of accessible infrastructure, specifically poorly maintained sidewalks, adds to the difficulties of daily routines, particularly when using a stroller. P1 also mentions the lack of readily available products designed to assist parents with disabilities, requiring them to seek out solutions through online forums. Despite these challenges, P1 feels their disability has also had positive impacts, fostering resilience and strength. They perceive their challenges as drastically different from those of parents without disabilities, focusing on concerns about their ability to consistently care for their child rather than personal needs like sleep or self-care. The participant feels unfairly treated due to the invisible nature of their disability, leading to a lack of understanding and support.

The participant P2 reported that their challenges are magnified by their physical limitations, impacting their ability to perform household tasks and childcare. Their spouse assists with housework due to their physical limitations. The participant's health conditions have also led to periods of unemployment, resulting in significant financial strain on the family. P2's oldest son has severe autism, requiring considerable care and attention, which has impacted their ability to dedicate sufficient time to their other children. The lack of adequate support systems, particularly in rural areas, has exacerbated these challenges, leading to feelings of loneliness and frustration. P2 has experienced numerous interactions with child welfare services due to their son's behavioral challenges, creating additional stress and the feeling of being unfairly judged. Transportation is also a significant challenge due to P2's health conditions, which affect their ability to drive reliably. The participant feels that their disabilities have significantly

impacted their parenting, making it more challenging to meet the needs of all their children and leading to feelings of guilt and exhaustion. They highlight the lack of resources and support systems as a significant obstacle, emphasizing the need for greater understanding and assistance for parents with disabilities.

P3 experiences significant challenges in parenting due to their disability, including physical limitations, such as difficulty walking without crutches, which hinders their ability to work and earn a sufficient income. Financial constraints are a significant concern, exacerbated by a period where their son's illness resulted in the loss of their business and income, leaving them struggling to afford essential things like medicine. The lack of financial resources is directly linked to limited employment opportunities stemming from their disability. P3 also notes a lack of available support services.

P4 significant challenges in parenting due to their disability, including the physical limitations of not being able to easily lift their child, requiring them to rely on carers for assistance with daily tasks such as dressing, housework, and food preparation. The process of recruiting and retaining suitable carers is highlighted as particularly difficult, with carers often lacking an understanding of the specific needs of the role. The COVID-19 pandemic complicated this issue. The need for specialized equipment, such as an accessible cot, a baby seat for the wheelchair, and a raised playpen, presented significant financial and logistical hurdles. The participant also notes the systemic challenges of finding accessible housing, sufficient financial resources, and accessible transportation. P4 emphasizes the importance of advocating for oneself to secure necessary support and equipment, even before the child is born. The lack of

understanding and support from social services regarding the need for child safety measures adapted to their disability is also mentioned. Finally, P4 highlights the lack of consideration for disabled parents in various systems, including public locations and school accessibility.

P5 experiences challenges in parenting due to their disability, including limited access to facilities and social activities that their children enjoy. The parent sometimes feels that their disability affects their ability to parent well, particularly during the winter months, requiring them to prioritize their children's needs over their own. Access barriers and sometimes negative attitudes are also cited as challenges for P5. The participant mentions needing a more accessible house to improve their situation. They sometimes feel mistreated as a parent with a disability, but they actively work to counteract this. P5 highlights the extra challenges presented by their disability, such as the inability to respond immediately to situations. The participant receives support from five support workers who assist with physical care, administrative tasks, and domestic chores. Despite these challenges, the parent views parenthood as a daily challenge, but one that is faced nonetheless.

P6 reports challenges in parenting stemming from their disability, including difficulties with communication with the school and healthcare providers, overthinking, and feeling judged by others. The participant thinks that their challenges are different from those of parents without disabilities, citing constant questioning of their decisions and the perception of judgment from others. They also report experiencing increased scrutiny, although they have not had to work with child welfare or social services

formally. Despite these challenges, P6 emphasizes that having a disability does not equate to an inability to parent. P6 does not have anyone helping them with childcare or other parenting tasks and would like more understanding.

P7 experiences challenges that include physical limitations, such as difficulty carrying their child for extended periods, and cold-related issues affecting their hands and feet, which require frequent massaging. Financial constraints are also a significant concern, as P7 relies solely on a disability grant and struggles to provide for their child. The emotional toll of managing a disability alongside parenting responsibilities is substantial, particularly in dealing with their teenager's questions about their disability. P7 feels that their challenges are different from those of parents without disabilities and seeks support in navigating their child's questions about their disability and finding suitable employment. P7 also expresses feelings of failure due to their financial limitations and dependence on their mother.

P8 experiences challenges, including the inability to work due to the child's need for constant attention, resulting in insufficient funds to support three children. P8 expresses concern about finding suitable childcare and schooling for her children, as she does not trust others to provide adequate care for them. Despite these difficulties, P8 does not feel their challenges are inherently different from those faced by parents without disabilities, but would like additional support.

P9’s physical limitations, including being a full-time wheelchair user with limited strength and fine motor dexterity, significantly impact daily routines. They rely on a personal care support person for assistance with various tasks, including baby care,

because they are unable to lift and maneuver their child. P9 also receives significant support from their parents; however, despite this support, P9 initially attempted to manage everything independently for the first four weeks, resulting in missed medications and meals. A significant challenge is finding suitable baby care equipment that accommodates their seated position; equipment that is both functional and accessible, as they had to rely on the family's woodworking skills to create an adapted crib. P9 also reflects on the emotional toll of parenting with a disability, noting that they had to adjust their approach to parenting, focusing on administrative tasks like ensuring insurance, clean bottles, and sufficient supplies, rather than solely on physical aspects. P9 experienced instances of unfair treatment, including unsolicited lectures about their parenting choices from strangers and a lack of understanding from some medical professionals. This participant emphasizes the importance of adaptability, focusing on personal strengths, and giving oneself grace. P9 advocates for increased resources and accessible information for parents with disabilities, highlighting the lack of readily available statistics and guidance on topics such as C-sections for parents with disabilities.

P10's spouse handled transportation for the family, and P10 was the primary breadwinner. The participant notes that having more paid support would have eased the burden on their spouse. A key challenge was the need for constant vigilance to prevent accidents, a concern that continues even as a grandparent. While acknowledging that parenting with a disability requires adaptation, P10 highlights instances where their blindness presented challenges, such as missing details about their daughter's outfit. The respondent also mentions that others sometimes unfairly judge their spouse due to their

disability. P10 emphasizes that parenting styles differ, and parents with disabilities should be given the same respect as those without.

P11 describes significant challenges in parenting three children. The primary difficulties revolve around the demands of work and childcare, exacerbated by their disabilities. Their long workday leaves little energy for evening routines, including homework assistance, which can result in conflict with their children. Financial strain is a significant concern, affecting meal planning and choices, as well as limiting leisure activities. The lack of support from family or friends further compounds these difficulties, as they feel judged and unwilling to seek help. P11acknowledges that their disabilities impact their parenting, leading to exhaustion and reduced ability to provide guidance, but also emphasizes their love and provision for their children. They feel additional pressure due to societal expectations and judgment of parents with disabilities. The need for financial and childcare support is highlighted as crucial to alleviate the burden and improve their parenting experience. P11 concludes by emphasizing the need for understanding, support, and a willingness to offer help from others.

P12 describes significant challenges in parenting. The daily routine is demanding, requiring extra time for self-care and preparing for school and work. Financial constraints are an essential stressor, particularly since the children's other parent has left and provides no support. Her greatest need is financial assistance to build a house on a plot of land they own. The cost of raising children is a constant challenge, exacerbated by the need to pay for their older son's college education. The physical demands of childbirth, including a Cesarean section and prolonged recovery (eight months), further compounded

the difficulties. Despite these challenges, P12 expresses a positive attitude towards parenting and a strong desire to keep their children.

P13 experiences challenges in parenting due to his disabilities that stem from his short temper and lack of patience, leading to snapping at their three children. P13 finds it particularly difficult when they see signs of their struggles in their children. P13 notes that having a sound support system is crucial for managing the difficulties of parenting while also working on self-improvement. While P13 does not feel their challenges are fundamentally different from those of parents without disabilities, they do believe that having a support system to help with childcare and household tasks is essential, and would benefit from talking to an outside source about managing daily stress and overwhelm.

Theme 8: Advocacy and Systemic Issues

P1 advocates for improved accessibility, explicitly mentioning the need for better sidewalks to accommodate strollers and wheelchairs. This highlights a systemic barrier impacting disabled parents' mobility and daily routines. The participant also points out the lack of adequate support for disabled parents unless they self-organize, indicating a need for increased systemic support and resources. The participant expresses frustration with the lack of awareness and understanding of the challenges faced by disabled parents, suggesting a need for increased awareness campaigns and inclusive practices.

P2 describes significant challenges in navigating the support system for disabled parents. The lack of adequate support was particularly acute when their oldest child, who has severe autism, was involved. They highlight the absence of long-term support unless

they relinquish custody to Child Protective Services (CPS), leading to feelings of loneliness and frustration, and impacting their other children. P2 describes the difficulties of driving due to their health issues, adding to the challenges of managing their family. The participant expresses feeling unfairly treated by the system, citing numerous calls and home visits from child welfare due to their oldest son's challenging behaviors, which they think were not met with understanding or appropriate support. They emphasize the lack of resources and the constant struggle to advocate for their children's needs and their rights within the system. P2's experiences highlight the need for increased resources, improved understanding, and more inclusive practices within the support systems for disabled parents.

P3 reports significant challenges accessing support and resources due to their disability. The respondent's previous business, which provided income, was negatively impacted by their son's prolonged hospitalization, leading to ongoing financial and health struggles due to an inability to afford necessary medications. The lack of financial resources is directly linked to their physical limitations from polio, making it difficult to work and maintain an income. P3 notes a lack of available services, highlighting a systemic failure to provide adequate support for disabled parents. The participant explicitly states that their disability limits their opportunities to earn money, further emphasizing the systemic barriers they face.

P4 reports challenges faced by disabled parents due to systemic issues and the constant need for advocacy. The participant emphasizes the difficulty of finding suitable care, noting that the recruitment process is challenging because potential carers often

misunderstand the nature of the work. The pandemic exacerbated this problem, resulting in a shortage of available caregivers. The participant actively advocates for their needs and carefully selects carers who are good role models for their child. They also emphasize the importance of advocating for accessible equipment and accommodations even before the child's birth. The participant's experience with social services reveals systemic barriers, such as the lack of understanding regarding the needs of disabled parents when it comes to child safety measures like door locks. The participant points out that many disabled people lack the resources or ability to advocate for themselves, leading to unequal access to housing, financial support, and accessible transportation. Further systemic issues include inaccessible public spaces and transportation, impacting the child's social life and the parents' ability to connect with other parents. The participant concludes that while individual skills and the child's temperament play a role in parenting, systemic support is essential for parents with disabilities to thrive.

P5 mentions challenges in accessing facilities and social activities their children enjoy, specifically citing football as an example. The participant also reports feeling mistreated sometimes, particularly in situations where their concerns are not taken seriously by their parents. They emphasize the need for more accessible housing as a crucial support for parents with disabilities. The participants' experiences suggest a need for advocacy and systemic changes to enhance accessibility and ensure equitable access to resources for parents with disabilities.

P6 reports experiencing challenges in communication with schools and healthcare providers, feeling judged by others, and facing increased scrutiny as a parent with a

disability. The participant believes that having a disability does affect parenting, but offers a more nuanced understanding. They explicitly state that having a disability does not equate to being unable to parent, implicitly advocating for a shift in societal perceptions and support systems. P6's experiences highlight the need for greater understanding and support for parents with disabilities, suggesting a need for systemic changes to address these challenges.

P7 expresses a need for systemic changes to better support parents with a disability. They highlight the challenges of explaining their disability to their child and the difficulties in finding work that accommodates their physical limitations. The participant also mentions financial struggles and the emotional toll of parenting with a disability. They advocate for greater understanding and recognition that disabled parents can still provide good care for their children, while also acknowledging the unique challenges they face. The participant implicitly advocates for policies and programs that provide more accessible employment options and resources for parents with disabilities.

P8 expressed a need for more support in parenting. The participant's disability impacts their ability to work, necessitating special attention for their child and creating financial strain. P8 mentions concerns about finding suitable childcare and affording care for their three children, highlighting a lack of accessible and affordable resources. While not explicitly advocating for policy changes, the respondent's experiences implicitly point to systemic barriers to adequate support for disabled parents.

The interview with P9 reveals significant advocacy needs for disabled parents. P9 describes the challenges they faced in accessing appropriate baby care equipment,

highlighting the lack of readily available, adaptable products on the market. P9 recounts needing to appeal for adequate personal care support, a process that took nine months and a significant amount of money. P9 also shares experiences of unfair treatment, including unsolicited lectures about her parenting capabilities from strangers and a lack of understanding from some medical professionals. P9 advocates for increased resources and a centralized repository of information for disabled parents, emphasizing the lack of readily available data and statistics on topics such as C-sections for disabled parents. P9 also highlights the need for societal shifts in expectations, moving beyond celebrating basic achievements, such as grocery shopping, and towards recognizing the broader capabilities of disabled parents. P9 reports the need for greater awareness and advocacy to address these systemic issues.

P10 advocates for a more person-oriented system of support for parents with disabilities. They highlight the societal expectation that a non-disabled spouse should shoulder all caregiving responsibilities, in addition to working full-time, and suggest that more paid supports would have significantly reduced the burden on their spouse. The participant also notes that people sometimes unfairly judge the competence of disabled parents and their spouses. They experienced this firsthand, with a sighted person accompanying them being questioned about their ability to care for their children. P10 suggests that people should remember that parents with disabilities may handle situations differently, but this does not mean their methods are wrong, and that they deserve the same respect as non-disabled parents.

P11 advocates for increased financial resources to alleviate the strain of parenting. P11 highlights the exhaustion and lack of energy that his disabilities cause, impacting his ability to engage with his children's homework and daily needs effectively. They feel the added pressure of societal judgment and the expectation that they will fail as a parent due to their disabilities. P11 expresses a desire for more community support, suggesting that even small acts of assistance, such as help with school pick-up or drop-off, would significantly reduce their burden. P11 emphasizes the need for understanding and open communication, rather than assumptions and judgment, to better support parents with disabilities. P11 believes that while their disabilities present challenges, they also offer opportunities to teach their children about diversity and inclusion. The participant ultimately desires a more supportive and inclusive environment for disabled parents, acknowledging the universal difficulties of parenting while highlighting the additional challenges faced due to disability.

P12 advocates for support in building a home on their plot of land. P12 highlights the financial strain of single parenthood, particularly concerning school fees for their children, and the lack of support from the other parent of her children. The challenges faced by this parent underscore the need for systemic changes to provide greater support for disabled parents facing financial hardship and limited access to resources.

P13 expressed a desire for additional support, explicitly mentioning the benefit of talking to an outside source to manage daily stress. This suggests a need for readily available resources and support systems for parents with disabilities. The participant also highlighted the importance of a sound support system to help when they are unable to

cope, further emphasizing the need for improved systemic support. While P13 did not report experiencing unfair treatment or needing to work with child welfare services, their comments about needing support indicate a potential gap in available resources for parents with disabilities.

Theme 9: Support and Resource Availability

P1 reports receiving occasional help with transportation and childcare from nearby family members (1-2 times a month). This assistance is infrequent, and P1 prioritizes independence and self-sufficiency. Additional support is desired, including improved accessibility in the form of better sidewalks to accommodate strollers and wheelchairs. P1 also suggests that increased advertising of products designed to aid disabled parents would be beneficial, noting that they discovered the most helpful items through online forums. No formal support from government assistance or social services has been utilized, and P1 feels there is inadequate support for parents with non-visible disabilities unless self-organized.

P2 reports a significant lack of support systems while parenting five children, one of whom has severe autism. They describe needing substantial support when their autistic son was younger, but finding that such support was nonexistent. The lack of support was particularly challenging during periods when the participants' health conditions prevented them from caring for their children, leading to reliance on older children to care for younger siblings. P2 mentions the challenges of navigating the system, including frequent calls and home visits from child welfare due to their son's behaviors, and the feeling of being constantly judged and monitored. They highlight the

lack of resources at schools and outside of school, as well as the need to fight for their children's rights and basic respect from the system. P2's spouse provides support, but their recent shoulder surgery has further strained their resources. The family's financial situation is precarious, with the participant having recently started online work despite health limitations, which has led to a lack of income. P2 expresses the need for more resources and help, emphasizing the magnified challenges of parenting with disabilities.

P3 reports a lack of support systems. Their spouse is the only source of help they receive. They mention that no services were available, and the loss of their business due to their son's illness resulted in significant financial and health struggles, exacerbated by an inability to afford necessary medications. The participant's physical limitations from polio make working difficult, further impacting their financial situation. They explicitly state a need for more support.

This participant actively chooses carers, prioritizing those who are good role models for their child and enjoy their company. Recruiting suitable carers is identified as a significant challenge. The participant emphasizes the need for caregivers to understand their role, highlighting the importance of fostering a normal parent-child relationship and avoiding over-involvement. Access to equipment and adaptations is also a significant concern, requiring proactive planning and advocacy even before the child's birth. The participant had to source and adapt equipment, including a bed, a wheelchair seat for the baby, and a raised playpen—charities assisted with some of this equipment. P4 received support from Occupational Therapy, including a baby bath board and a baby monitor for people who are deaf or hard of hearing. Interactions with social services involved

discussions about child safety measures, such as door locks, which highlighted a lack of understanding of the specific needs of disabled parents. P4 highlights the systemic challenges faced by parents with disabilities in accessing accessible housing, sufficient financial resources, and appropriate transportation and care. The participant also notes the lack of consideration for parental disability in school accessibility.

P5 receives support from five support workers who assist with physical care, administrative tasks, and domestic chores. The individual expresses a need for a more accessible house, specifically the bathroom. No mention is made of government assistance, social services, financial aid, childcare, or respite care.

This participant reports having no one who helps them throughout the week. They would like more understanding and support. P6 feels that their disability affects their ability to parent, citing challenges in communication with the school and healthcare providers as a significant difficulty. They also mention overthinking and feeling judged as challenges. P6 feels that they face more scrutiny as a parent with a disability. No formal or informal support systems are explicitly mentioned beyond the lack of help and desire for more understanding.

P7 receives a disability grant and has informal support from their mother, who assists with chores and provides massages for the participant's hand and foot issues. The participant desires additional support in navigating their child's questions about their disability and in finding employment that accommodates their physical limitations. They feel that their disability impacts their parenting abilities physically and financially, hindering their educational and career advancement. The participant's financial situation

is a significant concern, as they are over 30 and still live with their mother. No formal support systems, such as child welfare or social services, are mentioned as being utilized.

P8 reports having no one to help them throughout the week and explicitly states a desire for more support. The participant's challenges include providing for their one-year-old child, securing a good school, and finding reliable childcare, all of which are hindered by financial constraints and a distrust of others. The lack of financial resources is further highlighted by the mention of having other children and the passing of the other parent. No formal support systems (government assistance, social services) or informal support (family, friends, carers) are mentioned as being currently utilized.

P9 relies on a combination of formal and informal support systems. Their spouse works part-time, and they alternate childcare duties. P9 also employs a personal care assistant who helps with tasks they find difficult due to her disability, such as lifting and assisting with baby care. P9's parents provide significant support, including overnight childcare on weekends, to allow P9 and their spouse a whole night's sleep. P9 initially tried to manage without much support for the first four weeks, but this resulted in neglecting their health and well-being. P9 notes that obtaining the current level of personal care assistance required a nine-month appeal process with the courts, which was expensive but necessary. P9 expresses a desire for more support, acknowledging the need for balance and recognizing that while additional assistance would be beneficial, they also value their ability to care for their child. P9 highlights the difficulty in finding appropriate baby care equipment that accommodates wheelchair use, and the need for more resources and information specifically tailored to parents with disabilities. The lack

of readily available information and societal understanding of the unique challenges faced by parents with disabilities is a recurring theme in her responses.

P10 describes their support system during their children's upbringing as a shared responsibility between themselves and their spouse. Their spouse handled transportation for the family, limiting their ability to work outside the home. The participant notes that having more paid supports available would have significantly reduced the burden on their spouse. They currently employ an assistant to help with transportation needs. P10 feels that the system assumes a non-disabled spouse should handle all aspects of caregiving and employment, advocating for a more person-centered approach. They have not utilized Child Welfare or social services.

P11 reports a significant lack of formal support systems and expresses a desire for more financial assistance. P11 feels overwhelmed by the demands of parenting three children while working long hours and managing their health conditions. P11 mentions that their 19-year-old child sometimes helps, but this is inconsistent due to the older child's commitments. The children's other parent provides some support, but it is limited in scope. P11 explicitly states that they lack local friends or family who could assist, and that they avoid seeking help due to fear of judgment and potential negative consequences in their custody situation. P11 emphasizes the importance of support with homework, childcare, and general household tasks to alleviate stress and enhance family dynamics. P11 emphasizes that even small acts of support, such as help with transportation, would be incredibly beneficial. P11’s primary need is for financial resources to ease the burden

of raising three children, but also acknowledges the need for emotional and practical support from others.

P12 describes significant challenges in parenting. P12 highlights the financial strain of raising two sons, particularly the cost of school fees, which requires them to take out loans. P12 mentions needing help with childcare, especially when working, and expresses a desire for support in building a home on a plot of land they own. The participant's most challenging time was childbirth due to the disability, requiring a cesarean section and prolonged recovery. While P12 states that they mostly manage alone, they indicate a need for financial and possibly childcare support. P12 also seeks support for their younger son's college education.

P13's primary support system is their spouse, who assists with housework and childcare. P13 feels that having a sound support system is crucial for managing the challenges of parenting with a disability, as it allows others to help when they are overwhelmed. P13 expressed a desire for additional support, specifically suggesting that talking to an outside source about managing daily stress and overwhelm would be beneficial. P13 has not utilized any formal support systems such as Child Welfare or social services.

Theme 10: Societal Attitudes and Perceptions

P1 reports experiencing unfair treatment due to their disability not always being visible, leading to assumptions that they are non-disabled. They feel there is inadequate support for parents with disabilities unless they self-organize. P1 notes that people do not

understand their challenges, but that does not mean they are a worse parent; parenting styles vary, and their approach is simply different.

P2 reports feeling judged and misunderstood by society due to their disabilities and parenting challenges. P2 describes experiencing unfair treatment and low expectations from others, particularly regarding their son with severe autism. P2 notes that the system often focuses on numbers and processes rather than the individual needs of families, leading to frequent calls and home visits from child welfare, despite their best efforts. The participant feels that people's lack of understanding and tendency to judge make an already difficult situation even more complicated, and that others are less likely to help because they expect them to fail. P2 highlights the added challenges of having to prove her limitations to access necessary resources and support continually.

P3 reports feeling the impact of societal attitudes and a lack of support as a parent with a disability. The participant states that having a disability has limited their income opportunities, leading to financial struggles and impacting their ability to care for their children. The lack of available services is also mentioned, suggesting a societal failure to support parents with disabilities adequately. The participant's financial difficulties, stemming from their disability, directly affect their ability to provide for their children, highlighting a societal gap in support systems.

P4 reports challenges related to societal attitudes and perceptions of parents with disabilities. The participant describes difficulties in recruiting suitable carers because people often misunderstand the nature of one-to-one care work. The experience of navigating the care system during the COVID-19 pandemic, when the primary caregiver

left and finding replacements was complex, is highlighted as particularly challenging. P4 emphasizes the importance of finding carers who are good role models for their child and enjoy their company. A significant concern is the lack of understanding and support from social services regarding the need for adapted safety measures in the home, such as lockable doors, which were viewed as unusual and not approved. P4 notes that while some challenges are practical (such as a lack of strength to lift a child), others are systemic, stemming from difficulties in accessing affordable housing, sufficient financial resources, and appropriate care and transportation. The lack of awareness and consideration for disabled parents' needs in various aspects of life is also mentioned. The participant feels that if practical support is in place, disabled parents should be judged on a case-by-case basis, like any other parent.

P5 reports sometimes feeling mistreated as a parent with a disability, depending on the situation, and not being taken seriously. This person notes that access and attitudes are barriers. They also mention that the extra challenges presented by their disability, such as not being able to do things spontaneously, are something they want others to understand.

P6 reports feeling judged by others, experiencing more scrutiny as a parent with a disability, and believing that having a disability leads to more communication challenges with schools and healthcare providers. They feel their challenges are different from those of parents without disabilities, citing constant questioning of their decisions and the perception of judgment from others. Despite these experiences, P6 wants others to know that having a disability does not equate to being unable to parent.

P7 reports sometimes feeling mistreated as a parent with a disability. The participant notes that their child does not understand their disability, and explaining it makes the situation worse. P7 desires support in addressing their child's questions about their disability, expressing a need for strategies to communicate effectively with their child in this context. They also want others to know that parents with disabilities love their children and can care for them as well as parents without disabilities, acknowledging that some things are more difficult.

This participant does not report experiencing unfair treatment as a parent with a disability. However, they express concern about the challenges of finding suitable childcare and employment due to their disability and financial constraints, implying a perceived lack of societal support. P8 states that they do everything for their child and worry about finding a good school and trusting others with their child's care. The participant believes that having a disability affects their ability to parent because they need to give their child special attention and cannot work. P8 also mentions having other children and insufficient funds. Their advice to others is to "Love your disabled child like other children and treat them the same", suggesting a belief that societal attitudes towards children with disabilities need improvement.

Participant P9 shared experiences of societal attitudes and perceptions toward parents with disabilities. P9 recounted instances of judgment and unfair treatment, including being lectured by strangers about the irresponsibility of having a child due to their disability. P9 also described lower expectations from others, noting that she did not want to be congratulated for everyday tasks like grocery shopping, as this was not her

goal. P9 felt that the lack of understanding and low expectations partly stemmed from society catching up to the increasing number of parents with disabilities, and partly from persistently low expectations. P9 also mentioned that, in the medical setting, she encountered fear rather than knowledge and understanding from healthcare professionals regarding her pregnancy and delivery.

P10 reports experiencing unfair treatment and judgment from others due to their blindness and parenting. A sighted person accompanying P10 was confronted because people found it unbelievable that a blind person could be a competent parent. Similarly, when their children received preferential treatment from P10, people unfairly judged their spouse. P10 notes that others often assume that if a spouse is non-disabled, they should handle all aspects of childcare and work, placing an unfair burden on the non-disabled spouse. The participant emphasizes that parents with disabilities may parent differently, but this does not make their methods wrong, and they deserve the same respect as non-disabled parents.

P11 feels that people tend to watch single parents with disabilities closely, waiting for them to make mistakes. This creates extra pressure and a sense that others are looking for reasons to criticize their parenting abilities. The participant believes that a desire for drama fuels this judgment and that people are less inclined to offer help because they prefer to observe potential failures. P11 also notes that while their disability is not always visible, they can see how parents with more apparent disabilities might face different treatment.

P12 describes challenges related to societal perceptions and expectations. While they state they are "very positive and happy to be a parent" and do not see much difference with other parents, they implicitly highlight the added financial burden of their disability. The fact that the children's other parent left and provided no support created significant financial strain, particularly regarding education. This economic pressure is directly linked to their disability and the extra time and resources required for daily tasks like bathing and preparing their children for school. The participants' need to seek financial assistance to build a home and support their son's college education further underscores the economic hardship they face, indirectly suggesting societal barriers to equal opportunity.

P13 does not report experiencing unfair treatment as a parent with a disability. However, they express a desire for additional support to manage stress and overwhelm, suggesting a need for better understanding and resources from society. They also highlight the importance of a strong support system to help when they are unable to cope, implying a recognition of societal limitations in providing adequate support for parents with disabilities. P13 does not feel their challenges are different from those of parents without disabilities.

Table 1

Summary of Themes, Categories, and Examples

Themes	Categories	Examples
Impact of Disability on Parenting Styles and Abilities	*Physical Limitations, Daily Life and Routine, Access to Adaptive Equipment, Accessible Environments, Mental Health, Support System*	*I have to rely on carers to do everything for me and my baby.* *I share parenting responsibilities with my husband and my staff pick up the rest.*
Financial Strain and Employment	*Employment, financial strain, physical limitations, Access to adaptive equipment, Accessible Environments, Support system*	*I have two part-time jobs in addition to being a full-time university student.* *We had an arrangement that my spouse would work outside the house.* *I live solely on disability. I am not working.*

Themes	Categories	Examples
Emotional Well-being	*Emotional Impact, financial strain, mental health, Support system*	*Sometimes I feel inadequate due to my physical limitations, like lifting, playing, and providing emotional support.* *Sometimes I have to forget about my own disability and focus on the kids.*
Caregiving Arrangements and Support Networks	*Resources, Daily Life and Routine, Societal Attitudes, Support System*	*I receive some assistance (with the kids) from their mother, but I primarily care for them on my own.* *My spouse handles most of the housework due to my physical limitations, while I manage bills and case management for the family.* *I have five support workers who assist with physical care, administrative tasks, and domestic chores.* *I do not have assistance from anyone.*
Access to Resources and Services	*Resources, financial strain, Access to adaptive equipment, Accessible*	*Finding accessible transportation and obtaining my driver's license is a priority.* *I struggle to communicate effectively with my child's school and teachers.*

Themes	Categories	Examples
	environments, Change and Advocacy	*I was told I have to relinquish custody of my son with autism so he could get the services and support he needs.* *The system assumes the non-disabled spouse should handle all the caregiving and work responsibilities.*
Types and Severity of Disabilities	*Physical limitations, Access to adaptive equipment, mental health, Support System*	*Because of three spinal surgeries, I have restrictive movement, chronic pain, neural damage with reduced leg sensitivity, paresthesia, muscle spasms, and reduced range of motion.* *I am a parent with cerebral palsy.* *I have Tourette's, OCD and ADHD.*
Challenges of Parenting with a Disability	*Physical limitations, daily life and routine, societal attitudes, accessible environments, Change and*	*My physical limitations directly impact my daily life.* *I cannot life my child and I have to rely on my paid carers for dressing, housework and food prep.* *I have a hard time making them understand and then I feel judged and start to overthink.*

Themes	Categories	Examples
	Advocacy, Support system	
Advocacy and Systemic Issues	*Access to adaptive Equipment, accessible environments, Change and Advocacy*	*It is frustrating to go to a professional for advice or help and they do not understand what I am talking about.* *Because my son was in the hospital for so long, I lost my business and I had to beg just to feed my children. There was no help.* *I can't afford the technology I need to be fully independent.*
Support and Resource Availability	*Physical limitations, Access to adaptive Equipment, accessible environments, Change and advocacy, Support system*	*I lost my business because I had to tend to my son's illness.* *Sometimes my 19 year old daughter helps with the younger ones.* *My wife handled the transportation for the family so it really limited her ability to work outside the home.*

Themes	Categories	Examples
Societal Attitudes and Perceptions	*Societal Attitudes, accessible environments, Mental Health, change and Advocacy, support systems*	*Because people don't always see my disability, I am not treated fairly because they assume I am able-bodied.* *I feel like someone is always watching me, waiting for me to make a mistake.*

Summary

All parents face challenges as they parent their children. People with disabilities are additionally scrutinized and watched to see if they fail. The lack of support and resources is compounded by the limited income. Physical limitations and limited adapted equipment availability provide another barrier for parents with disability. Individualization and person-centered practices are nonexistent for those with disabilities starting a family. This qualitative study explored the challenges and captured narratives that provided an opportunity understand the societal shortcomings surrounding the support of parents with disabilities. Despite the challenges, resilience and adaptability occurred throughout each theme.

Thematic analysis identified 10 key themes: the impact of Disability on Parenting Styles and Abilities, Financial Strain and Employment, Emotional Well-being, Caregiving Arrangements and Support Needs, Access to Resources and Services, Types

and Severity of Disability, Challenges of Parenting with a Disability, Advocacy and Systemic Issues, Availability of Support and Resources, and Societal Attitudes and Perceptions. These themes explored the relationship between personal limitations, systemic issues, resources, support systems, and parenting with a disability.

In Chapter 5, I will expand upon these findings by interpreting them in light of existing literature and theoretical frameworks. I will draw conclusions grounded in participants' experiences of the challenges they face as parents with disability. Furthermore, recommendations for future research and policy development will be provided, with an emphasis on improving access to resources, support networks, and equipment, as well as addressing societal perceptions and other challenges. In conclusion, the findings of this study offer valuable insight into the multifaceted challenges faced while parenting with a disability. These findings highlight the complexity of the issue and the urgent need for holistic, evidence-based strategies to support parents with disabilities. In the following chapter, I will further conceptualize these findings within the broader discourse on parenting with a disability and present actionable recommendations for policy and service delivery improvements.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

In this qualitative generic design study, I explored the challenges of parents with intellectual and developmental disabilities as they parent their child according to the state's standards. Study findings included the following 10 themes:

- Theme 1: Impact of Disability on Parenting Styles and Abilities
- Theme 2: Financial Strain and Employment
- Theme 3: Emotional Well-being
- Theme 4: Caregiving Arrangements and Support Networks
- Theme 5: Access to Resources and Services
- Theme 6: Types and Severity of Disabilities
- Theme 7: Challenges of Parenting with a Disability
- Theme 8: Advocacy and Systemic Issues
- Theme 9: Support and Resource Availability
- Theme 10: Societal Attitudes and Perceptions

In this chapter, I will explain how the themes align with or diverge from the theoretical framework and the literature in Chapter 2. This chapter also includes discussions of limitations, recommendations for further research, and implications.

Interpretation of the Findings

Theme 1: Impact of Disability on Parenting Styles and Abilities

Theme 1-based data for this study cannot align with the current literature, as no literature discusses the impact of disability on parenting styles and abilities. The data do

support the literature, with data from the interviews showing that parents with intellectual and developmental disabilities do have to adjust their parenting to each child they raise individually (Dorval et al., 2020). Not only does each child need to be parented by a style that is effective for the child, but each parent with a disability must adapt their parenting styles and abilities according to their physical limitations.

The known proverb, "it takes a village," is in alignment with the Theme 1-based data, as many of the parents with IDD interviewed rely on family, professionals, and other community members to parent the children (Ruepert et al., 2022). Many parents navigate medical challenges for themselves and their children, become an 'expert' on the needs of their child(ren), collaborate with medical and social care management for support and assistance, if available; and navigate the challenges of daily living due to accessibility limitations, financial strain, and systemic depravation, while shaping their child's possibilities for their future (Aim et al., 2024).

Education about parenting with an IDD is limited, as this is viewed as a new concept. Additionally, resources and adaptive equipment are available. Several parents relied on family or friends to custom-build equipment to accommodate physical limitations after researching the availability of existing equipment or affordable options. While the government mandates that a workplace make reasonable accommodations, including specialized equipment, or adjustments to work schedules or responsibilities for people with disabilities, it does not provide the same mandates to support the needs of adapted parenting required by the state government entities and parenting standards (U.S. Department of Labor, n.d.). Consistently, the government guaranteed equal opportunity

to public accommodations, employment, transportation, state and local government services, and telecommunication through the Americans with Disabilities Act; however, it forgot to include household equipment used daily as a parent in their promise.

Congruently, the efforts to equalize employment opportunities for people with disabilities remain insufficient, as parents with disabilities are still financially strapped with limited income due to the limits of social security and the lack of employment opportunities, including transportation issues, education, and accommodations for the job (Albert & Powell, 2021). Additionally, parents with IDDs reported the lack of knowledge and support from healthcare professionals (Greaux et al., 2023). Parents stated their questions would be ignored and left unanswered as the professionals could not comprehend the accommodation needed for pregnancy, birth, and parenting. Several parents reported communication barriers, physician push-back about fertility inquiries, and refusal of participation by other professionals to support the desire to become parents with disabilities. Parents interviewed did not state any concerns about insufficient education regarding sex and parenting; however, many did state they were left to research the answers to their unanswered questions. Parents reported there is little to no information available regarding concerns about pregnancy, birth, and parenting with a disability, which is consistent with the reports of Sage Institute for Adaptive Parenting (2023). Parents reported their research often led them to articles and advice that recommended a personalized conversation with their doctors, which only encouraged the cycle of the unknown.

The parents who reported involvement with social services stated the same concerns about professionals 'not knowing' how to address a situation involving a parent with a disability and felt frustrated at the inquiry of care but no suggestions of how to address the concern (Greaux et al., 2023). Parents who had not been involved with social services reported feeling "watched" and "judged", which caused additional stress and anxiety but also motivation to be better parents to their children. The primary focus of the child welfare system is to ensure the safety of the child and ensure the parent is providing adequate food, shelter, appropriate clothing, and protection from physical, mental, or emotional harm, and providing necessary medical care and education required by law (Illinois Department of Children and Family Services, 2024). However, their systems and standards do not include answers or accommodations to provide these standards of care.

While the government or society can scrutinize many aspects of parenting, it was clear through the interview process that the parents with disabilities interviewed are devoted to their children and are doing what it takes to give their children what is needed, materially, physically, educationally, and emotionally. Many adaptations could be considered unconventional by governmental standards. However, no other alternatives are available, and the parents took it upon themselves to create their adaptations to care for the children adequately.

Theme 2: Financial Strain and Employment

Theme-2 data aligns with the literature in Chapter 2. Many participants reported difficulty finding or maintaining a job with a decent wage to cover their expenses.

Several had multiple part-time jobs or relied on government assistance or charity. Some mentioned that their physical limitations make it hard to find work, as they cannot stand for long periods or exert much energy without adequate rest. Although the U.S. Department of Labor requires workplaces to provide reasonable accommodations, only one of the 13 participants is employed full-time (n. d.). This data matches statistics showing that only 35.5% of people with disabilities are employed, and they are three times more likely to have an income below $15,000 annually (Centers for Disease Control and Prevention, 2024). Three participants own businesses to meet their needs; one of them lost their business due to their child's illness.

The government has sought to boost the economic power of people with disabilities by increasing funding to the Equal Employment Opportunity Commission (EEOC). This included expanding Medicaid and developing workplace accommodations (Ives-Rublee et al., 2022). However, most participants indicated they can only earn a certain income, or they risk losing their social security and health insurance benefits. This creates additional problems, so they adhere to the guidelines for disability benefits and earn only a minimal income from employment. The employment and benefit requirements alone act as barriers created by the government, contradicting the purpose of the Americans with Disabilities Act of 1990 (Albert & Powell, 2021). The restrictions on health coverage and standard workforce benefits make it difficult for people with illnesses or frequent doctor's visits to maintain employment. Not only do participants have a disability, but they also have additional comorbidities that increase medical needs or the need for time off (Rimmer et al., 2022).

Additionally, participants reported that increased medical bills due to their disability and comorbidity diagnoses were also a barrier, as they increased the amount of money being paid out of their income, even with health insurance coverage. Their assistive technology, which is necessary for daily use, is difficult to obtain due to increased costs and high payments. While assistive technology can be as simple or as advanced as needed, employers also do not wish to incur additional expenses (Lee, 2023). Participants reported they often felt employers did not know how to work with or accommodate their disability; therefore, they were not employed by that company. Lack of training and accommodation are both barriers to people with disabilities seeking employment, as reported by the Bureau of Labor Statistics (2022). Societal attitudes and stereotyping also contribute to the common barriers of people with disabilities (Jacob et al., 2000).

Theme 3: Emotional Well-Being

Theme-3-based data is in alignment with the literature in Chapter 2 regarding emotional well-being. Literature states that parents of children with a disability suffer emotionally and report depressive symptoms primarily due to isolation. Isolation stems from parents' perception of the disability, social support, the severity of the disability, and self-reported physical health (Hsu et al., 2023). While the study is viewing the parents who are caring for their children with disabilities, it is realistic to think that this also affects parents with disabilities.

The participants reported feeling inadequate due to their limitations impacting their ability to fully engage with their child, such as playing, lifting, and providing

emotional support when they are in pain themselves. Parents also reported feeling overwhelmed by the constant demands of caring for their children while also attending to their own needs. The feelings of inadequacy and exhaustion further intensify the feelings of loneliness and isolation, like those of parents of children with disabilities.

While in the study of Chinese American parents with children having a disability, it was reported that there are significant supports to the parents and the child to address the mental health needs of stress. The results of this 2023 study reported more positive outcomes when parents received support from family, friends, coworkers, or community involvement, compared to those who did not (Hsu et al., 2023). There was a plethora of assistance for deficits available to the children and parents if they could not provide a service (Lancaster et al., 2023). In contrast, participants of this study reported limitations of societal assistance and struggled to find support to adequately parent their children. There were shortages in accessible modifications for parents with physical differences, limited job access resulting in additional financial stress, and minimal support from medical professionals. Parents reported having to "forget" about their pain and needs and focus on their child's needs. This often resulted in missed medications, increased worry about their capabilities, limited access to funds to provide for their children, and the physical demands of pregnancy and childbirth, in addition to their disability.

Although there is reported emotional distress in parenting with a disability, the participants were able to find the positive aspects in their challenges. They stated that their challenges allow them to better relate to their children, increase vigilance in preventing accidents, and have a strong drive to keep providing for their children. While

participants did acknowledge that additional support would make parenting easier, their disability does not limit their ability to parent and provide loving care. The most frustration was reported when there was an easy fix to an accessible problem, but the communities refused to acknowledge and fix it. The sidewalk around several participants' housing, linking them to the community schools, parks, and resources, was accessible, creating an unnecessary barrier.

Additionally, participants reported struggling with assisting their children with homework, especially in middle and high school. A 2018 study reported that 27,500 parents around the world found that the average amount of time parents spend on homework with their child is 6.7 hours a week. Additionally, 25% of parents spend more than 7 hours per week on their child's homework. Over 46% of parents find their children's homework too difficult and find it confusing themselves (Varkey Foundation, 2024).

Theme 4: Caregiving Arrangements and Support Networks

Theme 4-based data is in alignment with research in Chapter 2. Research showed that having access to personal assistance, family members, service providers, and other professionals is crucial in maintaining independence in the daily lives of adults with disabilities (Rioboo-Lois et al., 2024). It was also noted in the research that the involvement in the choices and control over the report they received was a vital part of the success of the support (Pallisera et al., 2021).

Many participants reported strong family involvement and recognized the importance of support for their independence. Others reported no support from family or

additional stress caused by a family member's illness, limitations, or financial burden. Participants emphasized the importance of finding the right caregiver and support system, as well as knowing boundaries. Additionally, they reported significant challenges in finding caregivers in general; however, issues with finding quality care and aligning values were especially notable. One parent mentioned preferring college students as caregivers because they tend to have higher energy, better attitudes, and more positive interactions.

The dependence on the spouse was also noted frequently and showed significance in independence and success. Spouses were needed to help with transportation limitations, physical limitations, and assistance with activities of daily living. A couple of participants reported the spouse being responsible for the personal care of the parent with a disability as well. Multiple participants reported being 'in charge' of the administrative tasks, like paying bills and making appointments.

Multiple parents report communication barriers with their child's schools and other professionals. When asked about their belief in the barriers, they reported that they are seen as a disability before they are heard as a person or parent. Their physical disability is often an invitation from professionals and other parents to assume they are not educated or will not understand what needs to be conveyed. Participants with disabilities often allow the other parents to communicate with the school and other professionals to avoid unnecessary frustrations.

Single parents with disabilities spoke of additional struggles of financial strain, childcare frustrations and limitations, and a larger amount of debt and incomplete tasks

throughout the household. The single participants acknowledged their physical, financial, and time limitations. They also insisted they managed the household and responsibilities in the same way non-disabled parents handle multiple responsibilities; they prioritize the needs.

Theme 5: Access to Resources and Services

Theme 5- based data is in alignment with the literature of Chapter 2; however, it is important to note the extreme limitations when referring to parents with disabilities. Most participants discussed accessibility. There were noted concerns regarding accessible sidewalks, transportation difficulties, limited or expensive adaptations to baby-care equipment, home modifications, support for their children with disabilities, and financial support.

While only two participants reported having interactions with child welfare, the interactions were extreme. One participant had a child with autism and was seeking assistance from social services to access support and resources. The professionals were stumped when it came to determining which resources the parent and child would qualify for. Due to the parent asking for assistance, child welfare was notified of the situation (a parent with a disability caring for a child with a disability), and increased visits were conducted to express concerns with the child's care. When the professionals were questioned about how to address the need, they were only able to advise her to relinquish custody to ensure the child had access to the support he needed. The increase in social services involvement was intensified by the school's reports of maladaptive behaviors from the child. It is important to note that the child was not being supported with a legal

obligation IEP or Section 504 (U.S. Department of Education, n.d.). The child was expected to follow the standard classroom rules and expectations with sensory issues, autism, learning disabilities, and limited understanding, but this was determined to be the fault of the parent.

Several other parents reported having additional stress due to watching their parents and being ready to report any fault of the parent. They reported this was an invitation to them to be a better parent and prove general society wrong in their assumptions about people with disabilities. Some also reported that this also contributed to their loneliness as they felt they could not confide in other parents, or they stayed out of judgment to reduce judgment and the possibility of child welfare being notified unnecessarily. This supports the literature stating that people with disabilities are often exposed to mandated-reporter professionals due to their increased need for medical and social support (Albert & Powell, 2023; DeZelar & Lightfoot, 2021).

Transportation issues were reported widely by participants due to the lack of accessible public transportation, modified vehicles, and limited income. In addition to the previously discussed inaccessible sidewalks, public transportation is a barrier because it is nonexistent in rural areas, or the public vehicles themselves are not accessible to individuals with certain physical limitations. These reports reiterate the importance of adaptive equipment to maintain independence (U.S. Department of Health and Human Services, n.d.). These reports were consistent with the literature stating the barriers to adaptive equipment.) Access to assistive technology, 2.) Personal and social adaptation with assistive technology, 3.) Physical barriers in public places, lack of home

modifications and inaccessible built environments, and 4.) achieving a better life described as send of achievement with ease of mobility, relief of depression and isolation by gaining independence (Boarade et al., 2021).

Accessibility was limited not only by access but also by extreme costs or low income. People with disabilities are among the most unemployed in the United States, thus limiting the financial resources available to provide assistive technology (U. S. Bureau of Labor Statistics, 2022). Moreover, despite the mandated accommodations in the workplace, only 35.5% of people with disabilities are employed and have an income of less than $15,000 annually (Centers for Disease Control and Prevention, 2024). Contributing factors to employment include lack of education or training, Lack of transportation, and the need for accommodations on the job; inadvertently, creating a cycle of oppression (Bureau of Labor Statistics, 2020).

Theme 6: Types and Severity of Disabilities

Theme 6-based data is in alignment with the literature of Chapter 2, as this study illuminates that various disabilities cannot be categorized according to a diagnosis, but only by ability. As previously defined in Chapter 2, intellectual disabilities are conditions with specific limitations in intellectual functioning and adaptive behavior that originate before age 22 (Bartoshesky & Wright, 2021). Developmental disabilities begin at birth or during childhood, are chronic, and affect an individual's daily living and functioning, which causes mental and physical impairments (North Carolina Department of Health and Human Services, n. d.). Ultimately, intellectual and developmental disabilities (IDD)

affect the trajectory of the individual's physical, psychological, and emotional development (U. S. Department of Health and Human Services, 2021).

Some definitions of IDDs consider many disorders, such as autism spectrum disorder, seizure disorder, attention deficit disorder, anxiety, cerebral palsy, vision disorders, hearing loss, and depression as accompanying comorbidities (Bartoshesky & Wright, 2021). Some definitions consider certain disorders as a disability, and other definitions define the same disorder as a comorbidity, creating unnecessary confusion. This is another reason IDDs should not be judged by label or diagnosis, but by the ability to adapt and perform.

Multiple diagnoses were named in the study, such as: Partial spinal amputation, restrictive movement, chronic pain, neural damage with reduced leg sensitivity, spinal cord swelling, radiculopathy, paresthesia, muscle weakness, paresis, occasional motor paralysis, muscle spasms, reduced range of motion, chronic pain syndrome, fibromyalgia, brain tumor, post-stroke paralysis, addictive personality, major depression, anxiety, Asperger's Syndrome, mobility issues due to polio, Larsen's Syndrome, extreme short stature, kyphosis and scoliosis, hearing impairment, cerebral palsy, autism, dyslexia, head injury causing left-side paralysis, poor blood flow, monocular vision, sensitivity to cold, memory problems, Symbrachydactyly of both hands, limited fine motor dexterity and coordination, weakened legs, uneven legs, blindness due to genetic malformation, bipolar disorder, neuropathy, early on-set dementia, Tourette's Syndrome, Obsessive Compulsive Disorder, and Attention Deficit Hyperactivity Disorder. While many of these diagnoses are not considered an Intellectual or Developmental disability on their own, they can be

debilitating on their own and, of course, with another comorbidity. Some disorders or disabilities are more severe than others, but the person's ability is not the same in most cases.

For example, while some people have anxiety that can be managed by coping skills, medication, or therapy, others with anxiety are too afraid to leave their homes to work. While they have the same diagnosis, one is more severe. Perhaps there is a comorbidity of obsessive-compulsive disorder or depression that makes the case more severe and debilitating. However, that comorbidity alone is not considered a disability, but can still cause a person to be debilitated; both people have "anxiety". Looking at the diagnosis and label alone, one cannot define a person or their ability; therefore, it also discredits the social services policies stating children should be removed from their parents due to the parent having a disability, with no other factors as reasons for removal (Powell, 2023).

In the United States, parents are legally responsible for providing adequate food, clothing, and housing, as well as physical and mental health care, public or private education, financial support, supervision, and protection (American Psychological Association, 2024; USAHello, 2022; U.S. Centers for Disease Control and Prevention, 2024). This does not mean that parents are only responsible without making accommodations. Life itself is an accommodation. Assistive technology was created to help a person in their daily lives, not to judge them for needing assistance (Bouck & Long, 2020). No parent is precisely the same as another; therefore, they have 'adapted' their parenting style from the original, as we all do as parents. Just because an adaptation

or accommodation is more visible for some does not mean they are less of a parent. Do you have glasses or contacts? You are considered a bad parent according to U.S. Child welfare policies. Technology, including assistive technology, was designed to promote independence, not create additional barriers for people with disabilities (Rasouli et al., 2023).

Theme 7: Challenges of Parenting with a Disability

Theme 7-based data is aligned with the Literature in Chapter 2, showing that the challenges of parenting with a disability are not significantly different from the challenges of parenting without a disability. However, having a diagnosis does create more challenges to overcome.

The financial burden and struggle were most noted with the participants in this study. They report having little or limited income and being strained financially. According to Pew Research Center, 27% of Americans have trouble paying for medical care for themselves or family, 21% have problems paying their rent or mortgage, 20% have issues paying for their daily transportation, 20% strain to pay childcare costs and 19% of Americans have had to get food from a food bank or pantry (2025). The limited or strained income reported by the participants with disabilities is in alignment with that of most U. S. citizens, as many are struggling. Having a disability does not necessarily make you have a low income or struggle financially, but it does make expanding your income more difficult. While the number of college degrees obtained is up by 15.1% since 2013, people with disabilities only make up 21.2% of the U.S. population with a graduate degree or higher (Postsecondary National Policy Institute, 2019). In the 2020-

2021 academic school year, just 4.4% of charter school students with disabilities and 2.8% of those in traditional schools took advanced placement classes, versus 21% and 15% of general education students, respectively. Research shows that 85% of students in special education can achieve grade level. Still, many students lack access to necessary support in K-12 education, which is hindering their access to higher education (Hawkins, 2024). A lack of higher education results in limited access to better jobs and higher income.

Assistive technology or accommodations are often cited as barriers to achieving maximum independence for parents with disabilities, as well as the broader population of people with disabilities (Rasouli et al., 2023). Access to products, personal and social adaptations with assistive technology, physical barriers in public places, lack of home modifications, inaccessible built environments, and the pursuit of a better life—characterized by a sense of achievement, ease of mobility, relief from pain, and gaining independence—are all identified as obstacles (Borade et al., 2021).

One participant in this study reported that her home was inaccessible, and she had to leave her wheelchair at her front door and crawl throughout her house. Another participant stated they do not have sidewalks by their home, so they rarely leave their home. Other participants stated the technology, or adaptations, were too expensive or non-existent, and had to seek assistance from family members who, luckily, were carpenters to make customized furniture, so they were able to care for their child.

Physical limitations should not be a barrier for people with disabilities in any aspect of their lives. Anyone can become disabled from an accident, illness, or injury at

any time. Some handicaps are reversible or curable, for example, a broken leg. While not typically a long-term hurdle, it does cause mobility issues that can qualify for accessible parking or other accommodations. They can be required to use crutches or a wheelchair for mobility, which are both accommodations. Granted, a broken leg is a temporary impairment. However, the point is that society and healthcare provide accommodation for short-term injuries more than they do for people who are born with a physical defect. These shortcomings are confining our neighbors and friends to their homes and limiting their abilities due to the lack of assistive technology and accessible communities.

Along with the lack of accessible communities, the public is not exposed to the differences each person embodies. Therefore, their attitudes and outlook on people with disabilities are often negative. This also creates a challenge for people and parents with disabilities. Participants revealed feeling ignored, dismissed, or judged by peers in numerous settings. People are often afraid of the unknown, and a lack of knowledge about disabilities contributes to a negative outlook on the population (Pressman, 2021). The isolation of the population contributes to the perpetuation of a lack of understanding, which society itself has created and perpetuates.

Theme 8: Advocacy and Systemic Issues

Theme 8-data is in alignment with the literature in Chapter 2, as the concerns and needed changes are the same across research and participant reports. As previously mentioned, accessibility is a primary barrier. Accessible homes, sidewalks, businesses, jobs, and community events were reported as barriers due to accessibility. When there is an accommodation or assistive technology available, it is either prohibitively expensive

or cannot be customized for a specific person and their needs. However, steps can be made to create accessibility by just fixing and maintaining sidewalks, making events inclusive, and making communities accessible. One participant had to go through the nine-month legal process to appeal the state's decision not to provide personal care support for daily tasks and needs, like bathing, cleaning, and transferring.

The U.S. Department of Labor requires workplaces to provide reasonable accommodations, such as specialized equipment, adjustments to work environments, or changes to schedules or responsibilities for people with disabilities (n.d.). However, there are no similar mandates to ensure accessible housing for the same population. Most people with disabilities have limited income, which makes buying a home difficult; therefore, most rent from landlords. Under the Americans with Disabilities Act, landlords must make "reasonable accommodations for tenants with disabilities." A "reasonable accommodation" is defined as "a change in rules, policies, practices, or services." For example, allowing animals when pets would not usually be permitted. Reasonable modifications to the property's structure include grab handles in bathrooms, ramps to the front door, widening entranceways and hallways, modifying stairways, and adjusting counter or cabinet heights (White, 2021). Usually, the landlord is responsible for providing "reasonable accommodations" for tenants with disabilities. In many cases, unless the property is designated as "federally assisted housing," the tenant must make "reasonable modifications" to the property and may need to restore it to its original condition at the end of the lease. The landlord is not required to incur undue financial

hardship to comply with the ADA (White, 2021). Again, a cost that is not obtainable in many budgets, especially on a fixed income.

Systemic changes are also necessary to better support parents with disabilities, according to the participants. One participant implicitly advocates for policies and programs that offer more accessible employment options and resources for these parents. However, many healthcare professionals are unaware of what those supports should look like or include. This highlights the importance of understanding experiences, characteristics, and needs to help professionals create training that counters the systemic bias against parents with disabilities (DeZelar & Lightfoot, 2021). Similar to healthcare professionals, social service workers, educators, and wellness programs also lack sufficient knowledge about disabilities, skills for working with them, and familiarity with traits specific to particular disabilities (Pappas, 2020).

Currently, many responsibilities are placed on parents without disabilities, in addition to working full-time jobs. This can cause extra stress for parents, leading to negative coping strategies such as drinking, violence, and divorce. Many participants say that without their extended families, they probably would not succeed as parents due to the lack of adequate support. There is a push for greater awareness and understanding of the challenges faced by parents with disabilities, who would benefit from awareness campaigns and inclusive practices.

Medical care and coverage for people with disabilities are often limited to Medicaid due to income (Centers for Disease Control and Prevention, 2024). Since the government provides this program, there are stricter limits on coverage and costs

allowed. For example, assistive technology can often be covered by insurance; however, Medicaid does not cover a large amount of assistive technology that does not provide life-sustaining support. This means, if they can 'live' without it, they are not getting it (GovFacts, 2025). Quality of life is often not considered when including "life-sustaining" supports.

Suppose medical professionals, educators, and the government cannot identify the needs of parents with disabilities and are often influenced by systemic bias in their decisions. How can the general public be expected to be inclusive? As the literature suggests, people with disabilities often face isolation, unfair judgment, limited access to services and supports, and are at a higher risk for sexual assault (Disability Justice, 2022). Many are dismissed when they raise concerns about their treatment, needs, or unfairness. Additionally, judgment from peers was mentioned by many participants.

Theme 9: Support and Resource Availability

Theme 9-based data matches the findings in Chapter 2. Medicaid HCBS 1915(c) waivers give individuals with intellectual and developmental disabilities the support services they need to live and succeed in their homes and communities instead of institutional settings because they are more cost-effective (Friedman, 2023). Supported living services include choosing a home, selecting staff and housemates, buying household items and furniture, taking part in daily activities, preparing for emergencies, engaging with the community, and managing finances (Department of Developmental Services, 2023). Participants often employed caregivers and paid support to stay independent and safe, living in their own homes rather than institutions. Some support

services were paid for using household income, while others were covered by government or charity programs, depending on the household's income. Participants said they had a say in choosing their staff. However, they also noted it was hard to find someone with similar values, an understanding of their challenges and disabilities, and who would not overstep their role.

Access to support and independence is often blocked by accessibility issues. Getting adaptations and equipment requires being proactive and resourceful. Many participants relied on help from family, and some still live with their parents for support even as adults and parents themselves. Several participants mentioned they had no family nearby, which increased their burden and stress. The lack of support and adaptations is not only caused by high costs making them unavailable, but also by professionals not fully understanding participants' concerns or needs.

Supports, resources, and financial assistance are more accessible in larger, more populated areas. Rural and poorer regions face the most significant challenges with access, resource availability, and finances. Although many services tend to be consistent across areas, rural participants often encounter more judgment than those in bigger, more urban regions. Small towns are known for their hospitality and community spirit; however, this is not always an experience for parents with disabilities (RuralFinds, 2023). Despite these challenges, the disability rate rises from 11.8 percent in the most urban counties to 15.6 percent in smaller micropolitan areas and 17.7 percent in most rural counties (PBS News, 2017). Research also shows that poverty tends to be more common in rural areas (RuralFinds, 2023).

Theme 10: Societal Attitudes and Perceptions

Theme 10 data aligns with the literature in Chapter 2, as it highlights judgmental, insecure, and misrepresentative views about people with disabilities. Nearly all participants reported feeling unfairly judged by peers, society, and professionals, revealing gaps in support systems and understanding. It is not only complex to find and afford caregivers but also challenging to find ones who genuinely understand the disability and the individual's values. Often, caregivers take over tasks instead of supporting the person due to time constraints, lack of understanding, and frustration. Supports are meant to be tailored to personal preferences and needs; however, many people with disabilities are not involved in making decisions about their lives (Rioboo-Lois, 2024).

Participants also reported feeling misunderstood by peers and professionals. Many believe this misunderstanding is unintentional due to a lack of knowledge about the person, situation, or disability. Participants shared more frustration with professionals who were unwilling to learn or listen to their needs, as they had sought help from these professionals and felt even more lost. Professionals, such as healthcare workers or social service providers, often lacked the knowledge, skills, experience, and confidence to properly care for people with disabilities, including providing reasonable accommodations (Greaux et al., 2023). Specifically, participants with communication barriers expressed their frustrations with being frequently viewed as incompetent or ignorant simply because they used devices to communicate or because it took extra time to verbalize their concerns or needs.

Similarly, employers who are uninformed or unfamiliar with disabilities face more barriers when hiring. Participants often discussed accommodations, but the employer would almost immediately lose interest. While the U.S. Department of Labor requires that a job or workplace provide reasonable accommodations or adjustments to work schedules or responsibilities for people with disabilities, many employers assume they will incur a significant financial burden if they need to accommodate a disability. Most of society views a disability as a shortcoming or deficiency based on surface-level differences (Centers for Disease Control and Prevention, 2024). Often, the accommodation is as simple as needing larger print or voice-to-text software (Bouck & Long, 2020).

Participants mainly reported that they did not believe there was a difference in the challenges of parenting with or without a disability. However, they noted that the challenges might be addressed differently. They acknowledged their need for support, like other parents, and felt overwhelmed, exhausted, anxious, and inadequate as parents (Saint Denney et al., 2025). Best interest factors for children include emotional bonds between the child and family; the parents' ability to provide a safe home and sufficient food, clothing, and medical care; the child's mental and physical needs; the parents' psychological and physical health; and the presence of domestic violence in the home (Child Welfare Information Gateway, 2024). The policies outline the requirements for being a parent and maintaining custody, but they do not specify how to achieve this. Naturally, multiple approaches have been developed to address issues. However, are the methods developed by parents with disabilities listed somewhere and considered

unacceptable? In the 2023 Law Review examining the state's existing policies on parenting with a disability, several themes were identified: 1) outdated terminology, 2) discriminatory criteria, 3) focus on the future and arbitrary periods, and 4) inconsistent statutory provisions (Powell, 2023). Nevertheless, parents with disabilities are being penalized for factors beyond their control.

Limitations of the Study

The limitations of this study arose from its exploratory, broad approach and limited scope, as it focused on a specific research problem or question rather than aiming to understand a broader phenomenon (Hassan, 2024). Additionally, study limitations can also weaken the study design, results, and conclusions (Yadav, 2022).

Potential limitations in this research study included:

1. Participants were not honest with their responses.
2. Participant inclusion criteria, such as underage mothers with disabilities, parents actively in a custody battle, parents with a disability who have a legal guardian, parents with disabilities who do not have access to Facebook, parents who do not consider themselves the primary caregiver to their child, or their child has already been removed from the home
3. Participants were not honest about their disabilities or diagnoses

Although it cannot be confirmed that the participants' responses are entirely truthful, it is important to view their words as valid for including this population as parents. This study aimed to understand the experiences and challenges of parenting

faced by individuals with disabilities. It is expected that each participant faced different levels of challenges and experiences when parenting with a disability, given the broad range of abilities linked to disabilities.

Challenges to this study included 1.) implicit researcher biases from working with people with disabilities for over 15 years, 2.) participants' limited access to social networks and the internet, and 3.) communication barriers related to the participants' disabilities or their comfort level in disclosing information about their experiences parenting with a disability. Before conducting each interview, I needed to take time to reflect on my implicit biases and revisit the purpose of this study. The findings are based on first-person experience data from each participant and existing literature. Three participants did not have access to Zoom, which was addressed by asking the same questions via email.

One method of embedding credibility in this study was environmental triangulation, using several sources of information to establish repeated patterns (Stahl & King, 2020). This was especially important due to the gap in the literature surrounding the research questions. Familiarity with people with disabilities also added to the researcher’s credibility, as the comfort level speaking with the population minimized barriers and built a rapport, making the participants comfortable and safe to disclose their experiences.

Recommendations

Little research has been conducted on parents with disabilities, as this group is emerging as the norm. Existing literature offers insights into the barriers faced by people

with disabilities in education, employment, and access to support services. While this study examined the challenges of parenting with a disability while providing quality childcare according to state standards, it is recommended that further research explore each identified barrier and investigate how these challenges develop. For instance, regarding education for people with disabilities, there is research showing that 21.2% of the U.S. population holds a graduate degree or higher, as reported by the Postsecondary National Policy Institute (2019). However, could this percentage increase if proper support were available during developmental years, or if professionals received adequate training and information about disabilities? The population would benefit from assessing whether current policies and practices promote or hinder inclusion.

Further research into the lives of parents with disabilities would help to understand better the challenges they face and identify what support is lacking to help them succeed. Gaining comprehensive insight into daily life would enable changes in current practices and the development of new approaches to promote inclusion and equality for this group and society. Including perspectives from children of parents with disabilities would also provide a more complete view of family challenges.

Parents and individuals with disabilities would greatly benefit from a roundtable discussion about challenges and the shortcomings of professional support. This conversation could provide new insights to enhance medical-patient relationships and disability services. Without identifying the problem, solutions cannot be developed. Collaborating would encourage positive changes in how professionals approach and assist people with disabilities.

Disabilities are often overlooked as a form of inequality in sociological research and policy discussions. Scholars usually focus on the gap between disabled and non-disabled people, hiding how disability intersects with other systems of oppression and social inequality (Bixby, 2024). This study examined the challenges faced by parents with and without disabilities, finding that many challenges are similar. However, parents with disabilities tend to approach solutions differently. Because of these similarities, the study highlights a disadvantage for people with disabilities in having equal opportunities to form families based on their disability identity (American Association of Intellectual and Developmental Disabilities, 2024). It is recommended that society, professionals, and individuals work together to fight this oppression and fully implement the Americans with Disabilities Act of 1990 to promote inclusion and equality for people with disabilities, as it aimed to do over 30 years ago (Albert & Powell, 2021).

Implications

This study was important in the human services field because there was limited data on the challenges faced by parents with disabilities when providing quality care for their children according to the state's standards. This lack of data has contributed to higher rates of abuse and neglect reports and more children in foster care (U.S. Department of Health and Human Services, n.d.). Existing literature highlights gaps in education, healthcare, employment, and other supports, but it has not been applied to understanding the causes of concerns about parenting with a disability. Several studies point out the shortcomings and their impacts on the population, yet there has been little effort to change the standards or provide additional services.

Addressing the social determinants of health is a vital best practice and an essential part of conducting empirical research in the Human Services field. According to the Office of Disease Prevention and Health Promotion, the social determinants include economic stability, access to and quality of education, access to and quality of healthcare, neighborhood and built environment, and social and community context (n.d.).

Positive social change could result from this study's findings, as it identifies challenges and demonstrates that parenting challenges are similar regardless of disability status. Inclusion, socialization, and skill development can thrive as people acquire new skills, learn more about different disabilities, expand their education, and embrace diversity. Additionally, society can start to understand diversity better and recognize the benefits of alternative parenting approaches while including other parents who may or may not have disabilities (Missouri Department of Mental Health, n.d.).

Conclusion

In this research study, I explored the challenges faced by parents with disabilities in providing quality care to their children, as required by state standards, were examined. Participants were given the chance to share their needs, difficulties, and discuss what support was necessary to help them succeed as parents with an intellectual or developmental disability. They shared various experiences, but a common set of challenges was identified, even though these challenges had different origins. While the experiences shared by participants provided valuable insights, it is important to continue researching this group to better understand their parenting challenges related to disability.

References

Abaya, M. (2022). *Fact Sheet: The "Best Interests of the Child" Standard*. First, Focus on Children. https://firstfocus/resource/fact-sheet-the-best-interests-of-the-child-standard/

Adams, L. (2023). Forgotten by donors: a call to action by persons with disabilities to resource disability justice within sexual and reproductive health rights funding. *Sexual and Reproductive Health Matters, 31*(3), 1-7.

Adeoye-Olantunde, O. & Olenik, N. (2021). Research and scholarly methods: Semi-structured interviews. *Journal of the American College of Clinical Pharmacy, 4*(10), 1257-1367. https://doi.org/10.1002/jac5.1441

Adhikari, G. (2020). *Strategies for selecting a research topic*. https://www.researchgate.net/publication/343683240_strategies_for_selecting_a_research_topic

Adu, P. & Miles, D.A. (2023). *Understanding Assumptions and How to Write Them in a Study*. Research Gate. https://doi.org/10.4324/9781003268154-11

Aim, M., Rousseau, M., Hamouda, I., Anzola, A., de Villemeur, I., Milh, M., Maincent, K., Lind, K., Auquier, P., Baumstarck, K., & Dany, L. (2024). Parents' experiences of parenting a child with profound intellectual and multiple disabilities in France: A qualitative study. *Health Expectations: An International Journal of Public Participation in Health Care and Health Policy, 27*(1), 1-11.

Albert, S. & Powell, R. (2023). Supporting disabled parents and their families: Perspectives and recommendations from parents, attorneys, and child welfare

professionals. *Journal of Public Child Welfare, 15*(5), 529. https://doi.org/10.1080/15548732.2020.1751771

American Association on Intellectual and Developmental Disabilities. (2024). *Defining Criteria for Intellectual Disability*. https://www.aaidd.org/intellectual-disability/definition.

American Association on Intellectual and Developmental Disabilities. (2024). *Intersectionality*. https://www.aaidd.org/intellectual-disability/intersectionality.

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorder* (5th Ed.). https//doi.org/10/1176/appi.books.9780890425787

American Psychological Association. (2024). *Parenting*. https://www.apa.org/topics/parenting/

American Psychological Association. (2024). *Thinking and Learning: Top 20 Principles for Students with Disabilities*. https://www.apa.org/ed/schools/teaching-learning/

Aragao, C., Parker, K., Greenwood, S., Baronavski, C., & Mandapat, J. (2023). *The Modern American Family: Key Trends in Marriage and Family Life*. https://www.pewresearch.org/social-trends/023/09/14/the-modern-american-family/

Armstrong, L., Manwarren Generes, W., Regan, J., Thomas, S., Kelley, R., Fuller, K., & Ackermann, K. (2024). *The Link between Child Abuse and Substance Abuse*. American Addiction Centers. https://americanaddictioncentersorg/blog/the-link-between-child-abuse-and-substance-abuse

Ausberger, A., Zeitlin, W., Rao, T., Weisberg, D. & Toraif, N. (2021). Examining a Child Welfare Parenting Intervention for Parents with Intellectual Disabilities. *Research on Social Work Practice, 21* (1), 65–74. https://doi.org/10.1177/1049731520958489

Bans-Akutey, A., & Tiimub, B. M. (2021). Triangulation in research. *Academia Letters*, Article 3392. https://doi.org/10.20935/al3392

Barnard-Brak, L., Schmidt, M., Chesut, S., Wei, T., & Richman, D. (2014). Predictors of access to sex education for children with intellectual disabilities in public schools. *Intellectual and Developmental Disabilities, 52*(2), 85–97. https://doi.org/10.1352/1934-9556-52.2.85

Bartoshesky, L. & Wright, C. (2021). Intellectual Developmental Disabilities: Definitions, Diagnosis, and Delivery of Care. *Delaware Journal of Public Health, 7*(2), 6–8. https://doi.org/10.32481/djph.2021.03.004

Bennett, A. & Frank, L. (2021). *Special Education Process: IEP vs. 504 Plan*. Davidson Institute. https://www.davidsongifted.org/gifted-blog/special-education-process-iep-vs-504-plan/

Benoit, C., Mellor, A., & Premji, Z. (2023). Access to sexual rights for people living with disabilities: Assumptions, evidence, and policy outcomes. *Archives of Sexual Behavior 52*, 3201- 3255. https://doi.org/10.1007/s10508-022-02372-x

Bisht, P. (2021). Home Science: The history, discipline, career opportunities, and national development. *Journal of Emerging Technologies and Innovative Research, 8*(12), 1-7. www.jeitir.org

Bixby, L. (2024). Intersectional inequalities: How socioeconomic well-being varies at the intersection of disability, gender, race-ethnicity, and age. *Research in Social Stratification and Mobility, Vol. 91,1-14.* https://doi.org/10.1016/j.rssm.2024.100938

Boarade, N., Ingle, A., & Nagarkar, A. (2021). Lived experiences of people with mobility-related disability using assistive devices. *Disability and Rehabilitation: Assistive Technology, Vol. 16*(7), pg. 730–734. https://doi.org/10.1037/t25467-000

Boot, F., Owuor, J., Dinsmore, J. & MacLachlan, M. (2018). Access to assistive technology for people with intellectual disabilities: A systematic review to identify barriers and facilitators. *Journal of Intellectual Disability Research, Vol. 62*(10), pg. 900–921. http://.doi.org/10.1111/jir.12532

Bouck, E. & Ong, H. (2020). Assistive Technology for Students with Disabilities: An Updated Snapshot. *Journal of Special Education Technology, Vol. 36*(4), 249-257. https://doi.org/10.1177/0162643420914624

Brandeis. (n.d.). *National Research Center for Parents with Disabilities: Prevalence of Parents with Disabilities in the United States*. https://heller.braneis.edu/parents-with-disabilities/data-hub/aditional-resources/prevalence.html

Brkic-Jovanovic, N., Runjo, V., Tamas, D., Slavkovic, S., & Milankov, V. (2021). Persons with Intellectual Disability: Sexual Behaviour, Knowledge, and Assertiveness. *Slovenian Journal of Public Health, Vol. 60*(2), pg. 82-89. https://doi.org/10.2478/sjph-2021-0013

Bureau of Labor Statistics. (2020). Barriers to Employment for People with a Disability. *U. S. Department of Labor, the Economics Daily*. https://www.bls.gov/opub/ted/2020/barriers-to-employment-for-people-with-a-disability.htm

Busetto, L., Wick, W., & Gumbinger, C. (2020). How to use and assess qualitative research methods. *Neurological Research and Practice, Vol 2,* 14. https://www.doi.org/10.1186/s42466-020-00059-z

Buys, T., Casteleijn, D., Heyns, T., & Untiedt, H. (2022). A reflexive lens on preparing and conducting semistructured interviews with academic colleagues. *Qualitative Health Research, Vol. 32*(13), 2030-2039. https://doi.org/10.1177/10497323221130832

Cavell, T. & Quetsch, L. (2022). *Good enough parenting: A six-point plan for a stronger relationship with your child*. American Psychological Association. https://www.apa.org/pubs/books/good-enough-parenting

Centers for Disease Control and Prevention. (2020). *Disability and Health Promotion: Disability and Health Information for People with Disabilities*. https://www.cdc.gov.ncbdd/disabilityandhealth/people.html

Centers for Disease Control and Prevention. (2024*). Disability and Health Promotion: Common Barriers to Participation Experienced by People with Disabilities*. https://www.cdc.gov/ncbddd/disabilityandhealth/disability-barriers.html.

Centers for Disease Control and Prevention. (2024). *Disability Impacts All of Us*. Disability and Health Promotion.

https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html

Centers for Disease Control and Prevention. (2024b). *Human Development and Disability: Health Equity for People with Disabilities.* https://www.cdc.gov/ncbddd/humandevelopment/health-equity.html

Center for Education Policy. (2020). *History and Evolution of Public Education in the US.* The George Washington University Graduate School of Education & Human Development. www.cep-dc.org

Center for Intersectionality and Social Policy Studies. (n. d.). *Center for Intersectionality and Social Policy Studies*. Columbia Law School. https://intersectionality.law.columbia.edu

Centers for Medicare & Medicaid Services. (n.d.). *Home & Community-Based Services 1915©.* https://www.medicaid.gov/medicaid/home-comunity-based-services/

Central Intelligence Agency. (2024). The World Factbook. https://www.cia.gov/the-world-factbook/countries/united-states/

Child Welfare Information Gateway. (2024). *Determining the best interests of the child*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. https://www.childwelfare.gov/resources/determining-best-interests-child/

Child Welfare Information Gateway. (2023). *Mandatory reporting of child abuse and neglect*. https://childwelfare.gov/resources/mandatory-reporting-child-abuse-and-neglect/

Child Welfare Information Gateway. (n.d.). *Safety and Risk.* https://www.childwelfare.gov/topics/safety-and-risk/?top=77

Colarossi, L., Riquelme, M., Collier, K., Perez, S., & Dean, R. (2023). Youth and parent perspectives on sexual health education for people with intellectual disabilities. *Sexuality and Disability, Vol. 41,* 619–641. https://doi.org/10/1007/s11195-023-09805-y

Collins, C. & Stockton, C. (2022). The theater of Qualitative Research: The role of the researcher/actor. *International Journal of Qualitative Methods, Vol. 21*. https://doi.org/10.1177/16094069221103109

Colorado Judicial Branch. (2022). *Family Law Programs: Parental Responsibility Evaluators*. https://www.coloradojudicial.gov/court-services/family-law-programs/parental-responsibility-evaluators

Delgado, P. (2020). *Is Home Economics Still Relevant in the 21st Century?* Institute for the Future of Education. https://observatory.tec.mx/edu-news/home-economics-21st-century/

Department of Developmental Services. (2023). *Independent Living Skills/Support Living Services*. https://www.dda.ca.gov/consumers/independent-living-skills-supported-living-services/

DeZelar, S. & Lightfoot, E. (2021). *Who reports parents with intellectual disabilities to the child welfare system?* National Research Center for Parents with Disabilities, The Heller School of Social Policy and Management. https://heller.brandeais.edu/parents-with-disabilities/

Disability Justice. (2022). *Sexual Abuse*. https://disabilityjustice.org/sexual-abuse/

Disability Justice. (2023). *Abuse and Exploitation of People with Developmental Disabilities.* https://disabilityjustice.org/justice-denied/abuse-and-exploitation/

Dorval, A., Lamothe, J., Helie, S., & Poirier, M. (2020). Different profiles, different needs: An exploration and analysis of characteristics of children in kinship care and their parents. *Children and Youth Services Review, Vol.* 108, 104531. https://doi.org/10.1016/j.childyouth.2019.104531

Eglseder, K., Webb, S., & Rennie, M. (2018). Sexual Functioning in Occupational Therapy Education: A Survey of Programs. *The Open Journal of Occupational Therapy*, *Vol. 6*(3), 1-18. https://doi.org/10.15453/2168-6408.1446

Ellis, J. & Hart, D. (2023). Strengthening the choice for a generic qualitative research design. *The Qualitative Report, 28 (*6), 1759-1768. https://doi.org/10.46743/2160-3715/2023.5474.

Emam, M., Al-Hendawi, M., & Gaafar Ali, D. (2023). Parenting stress and life satisfaction in families of children with disabilities: The mediating effect of social support in three Arab-speaking countries. *Journal of Family Studies, Vol. 29*(1), pg. 134-152.

Friedman, C. (2023). Medicaid Home-and Community–Based Services Waivers for People with Intellectual and Developmental Disabilities. *Intellectual & Developmental Disabilities, Vol. 61*(4), pg. 259-279. https://doi.org/10.1352/1934-955661.4.269

Friedman, C. (2023b). The relationship between choice and injuries of people with

intellectual and developmental disabilities. *Intellectual & Developmental Disabilities*, Vol. 61(3), 185-196. https://doi.org/10.1352/1934-9556-61.3.185

Friedman, C., Rizzolo, M., & Spassiani, N. (2019). Self-management of health by people with intellectual and developmental disabilities. *Journal of Applied Research in Intellectual Disabilities, Vol. 32*(3), 600–609. http://doi.org/10.1111/jar.12554

Frost, J. (2024). *Purposive Sampling: Definition & Examples*. https://statisticsbyjim.com/basics/purposive-sampling/

Gentles, S., Charles, C., Ploeg, J., & McKibbon, K. (2015). Sampling in Qualitative Research: Insights from an Overview of the Methods Literature. *The Qualitative Report, Vol. 20*(11), 1172-1789. https://doi.org/10.46743/2160-3715/2015.2373

Geuze, L., Goossensen, A., & Schrevel, S. (2023). "Continuously struggling for balance": The lived experiences of Dutch parents caring for children with profound intellectual and multiple disabilities. *Journal of Intellectual & Developmental Disability, Vol. 48*(2), 161-171.

Gilsen, M., Slee, G., & Desmond, M. (2024). Calling on kin: Poverty, the family safety net, and child welfare policy. *Journal of Marriage and Family, 87*, 53-73. https://doi.org/10.1111/jomf.13014

GovFacts. (2025). *Medicaid for people with disabilities: Eligibility and services explained*. https://govfacts.org/federal/hhs/medicaid-for-people-with-disabilites-eligibility-and-services-explained/

Greaux, M., Moro, M., Kamenov, K., Russell, A., Barrett, D., & Cieza, A. (2023). Health equity for persons with disabilities: A global scoping review on barriers and

interventions in healthcare services. *International Journal for Equity in Health, Vol. 22* (1), 236. https://doi.org/10.1186/cs12939-023-02035-w

Gregorova, K., Eran, E., Lorenz, D., & Reiter, A. (2024). A Cognitive-computational account of mood swings in adolescence. *Trends in Cognitive Science, Vol. 28*(4), 290–303.

Growing Inclusivity for Vibrant Engagement (GIVE). (2024). *Intersectionality of Disability and Other Identities & Implicit Bias.* https://teachwithgive.org/reseource/intersectionality-of-disability-and-other-identities-implicit-bias/

Harkin, S. (2012). Mainstreaming, the Regular Education Initiative, and Inclusion as Lived Experience: A Practitioner's View. *Inquiry in Education, Vol. 3*(1), 1974-2004. https://digitalcommons.nl.edu/ie/vol3/iss1/4

Hassan, M. (2024). Exploratory Research: Types, methods, and examples. https://researchmethod.net/exploratory-research

Hassan, M. (2024b). Mixed Methods Research: Types & Analysis. https://researchmethod.net/mixed-methods-research/

Hassan, M. (2024). Qualitative Research Methods, Analysis Types, and Guide. https://researchmethod.net/qualitative-research/

Hatzikiriakidis, K., Ayton, D., O'Connor, A., Carmody, S., Patitsas, L., Skouteris, H., & Green, R. (2023). The delivery of healthy lifestyles interventions for people with disability living in supported accommodation: A scoping review of intervention

efficacy and consumer involvement. *Disability and Health Journal, Vol. 16*(2), 101444. https://doi.org/10.1016/j.dhjo.2023.101444.

Hawkins, B. (2024). *Report: Almost all disabled students lack access to college readiness programs*. https://www.the74million.org

Healis Autism Centre. (2020). *When you meet one person with Autism, you've met one person with Autism*. https://www.healisautism.com/post/when-you-meet-one-person-with-autism.

Holmes, L.G. (2021). *Comprehensive Sex Education for Youth with Disabilities: A Call to Action*. SIECUS: Sex Ed for Social Change. www.siecus.org.

Hood, C. (2022). *Sexual Violence against People with Disabilities*. Maryland Coalition against Sexual Assault. https://mcasa.org/newsletters/articles/sexual-violence-against-people-with-disabilities/

Houtrow, A., Elias, E., Davis, B., Kuo, D., Agrawal, R., Davidson, L., Ellerbeck. K., Foster, J., Fremion, E., Leppert, M., Saunders, B., Stille, C., Vargus-Adams, J., Yin, L., Norwood, K., Coleman, C., Mann, M., Simpser, E., Poon, J., Yeargin-Allsopp, M., & Kuznetsov, A. (2021). Promoting healthy sexuality for children and adolescents with disabilities. *Pediatrics, Vol. 148*(1), e2021052043. https://doi.org/10.1542/peds.2021-052043

Hsu, T., Deng, F., & Cheng, S. (2023). An examination of parents' perceptions of developmental disability, social support, and health outcomes among Chinese American parents of children with developmental disabilities. *International*

Journal of Developmental Disabilities, Vol. 69(5), 663-674. https://doi.org/10.1080/20473869.2021.1994819

Huang, Y., Kim, J., & Kuo, H. (2023). Measuring implicit biases about disability: A scoping review. *Sage Journals*. https://doi.org/10.1177/00343552231199246

Huybrechts, J. (2023). Connected: Parenting Tips to Help Strengthen Your Relationship with Your Child. *Gay Parent Magazine*, Issue 152, 32–36.

Illinois Department of Children and Family Services. (2024). *Title 89: Social Services*, Chapter III: Department of Children and Family Services, Part 315 Permanency planning.

Illinois Library. (2024). *Qualitative Data Analysis: Coding*. Illinois University Library. https://guides.library.illinis.edu/qualitative/coding

Ives-Rublee, M., Khattar, R., & Roberts, L. (2022). *Removing Obstacles for People with Disabilities Would Strengthen the U.S. Labor Market*. https://americanprogress.org/article/removing-obstacles-for-disabled-workers-would-strengthen-the-us-labor-market/

Jacob, U., Edozie, I., & Pillay, J. (2022). Strategies for enhancing social skills of individuals with intellectual disability: A systematic review. *Frontiers in Rehabilitation Sciences, Vol. 3,* 1-14. https://doi.org/10.3389/fresc.2022.968314

Jalanidhi, D. & Azizah, N. (2022). Reproductive and sexual health education in students with intellectual disabilities: A systematic review. *Jurnal Ilmu Pendidikan, Vol. 28*(1), 14–20.

Johnson, J., Adkins, D., & Chauvin, S. (2020). A review of the quality indicators of rigor in qualitative research. *American Journal of Pharmaceutical Education, Vol. 84*(1), 1-9. https://doi.org/10.5688/ajpe7120

Jones, M., Heckenberg, R., Wright, B. & Hodgkin, S. (2021). Understanding the nature of the impact of occupational stress on Australian rural aged care workers. *Health and Social Care in the Community, Vol. 29*(3), 643–653.

Kaverman, E. (2023). Meeting basic needs is a challenge for parenting students. *Center for the Study of Social Policy*. https://www.cssp.org

LaLiberte, T. (2013). *Are we prepared? Child Welfare Works with Parents With Intellectual and/or Developmental Disabilities*. (Special Issues: Child Welfare and Disabilities). N. p. https://dx.doi.org/10.1080/15548732.2013.861382

Lancaster, K., Bhopti, A., Kern, M., Taylor, R., Janson, A., & Harding, K. (2023). Effectiveness of peer support programmes for improving well-being and quality of life in parents/carers of children with disability or chronic illness: A systematic review. *Child: Care, Health and Development, Vol. 49*(3), 485-496. http://dx.doi.org/10.1111/cch.13063

Lee, A. (2023). *What is assistive technology?* Understood. https://www.understood.org/en/articles/assistive-technology

Leena, B. & Arie, R. (2022). Social workers' recommendations regarding child custody of parents with intellectual developmental disabilities or mental illness. *International Journal of Social Welfare, Vol. 31*(4), 463–475. https://doi.org/10.1111/ijsw.12536

Lester, J., Cho, Y., & Lochmiller, C. (2020). Learning to do qualitative data analysis: A starting point. *Human Resource Development Review, Vol. 19* (1), 94-106. https://doi.org/10.1177/1534484320903890

Lilley, C., Sirois, F. & Rowse, G. (2020). A meta-analysis of parental multidimensional perfectionism and child psychological outcomes. *Personality and Individual Differences, Vol. 162,* 110015. https://doi.org/10.1016/j.paid.2020.110015

Lim, W. (2024). What is Qualitative Research? An Overview and Guidelines. *Australasian Marketing Journal 33(3),* 325-348. https://doi.org/10.1177/14413582241264622

Lindner, A. (2023). *Understanding the Adoption and Safe Families Act (ASFA)*. National Council for Adoption. https://adoptioncouncil.org/publications/understanding-the-adoption-and-safe-families-act-asfa/

Long-Bellil, L. (2022). *Disability Inclusion in Sexual and Reproductive Health in the United States*. Global Public Health. https://doi.org/10/1093/acrefore/9780190632366.013286

Mashuri, S., Rasak, M., Alhahabsyi, F., & Syam, H. (2022). Semistructured interview: A methodological reflection on the development of a qualitative research instrument in educational studies. *Journal of Research & Method in Education, Vol. 12*(1), 22-29.

Matthews, E., Puplampu, V., & Gelech, J. (2021). Tactics and strategies of family adaptation among parents caring for children and youth with developmental

disabilities. *Sage Journals: Global Qualitative Nursing Research, Vol. 8*. https://doi.org/10.1177/23333936211028184

Mathison, C., Bjork, I., Heyn, L., Jacobson, T. & Hansen, E. (2023). Practice education facilitators' perceptions and experiences of their role in the clinical learning environment for nursing students: a qualitative study. *BMC Nursing, Vol. 22*(1), 1-9. https://doi.org/10.1186/s12912-023-01328-3

Maurer, R. (2021). *The Pros and Cons of Virtual and In-Person Interviews*. Society for Human Resources Management (SHRM). https://www.shrm.org.org/topics-tools/news/talent-acquisition/pros-cons-virtual-person-interviews.

McGrath, R. (2021). Journaling and memoing: Reflexive qualitative research tools. In *Handbook of qualitative research methodologies in workplace contexts*. *Edward Elgar Publishing*, 245–262. https://doi.org/10.4337/9781789904345.00022

McLeod, S. (2024). *Confirmability in Qualitative Research*. Simply Psychology. https://www.simplypsychology.org/confimability-in-qualitative-research.html

McNamara, B. (2009). The Skill Gap: Will the future workplace become an abyss. *Techniques: Connecting Education & Careers, Vol. 84*(5), 24-27.

Missouri Department of Mental Health. (n.d.). Behavioral Health-Substance Use and Mental Illness. https://dmh.mo.gov/behavioral-health

Morgan, E. (2022). Addressing the intersectionality of race and disability to improve Autism care. *Pediatrics, Vol. 149*(*4*). https://doi.org/10.1542/peds.20202-049437M

Naeem, M., Ozuem, W., & Ranfagni, S. (2023). A step-by-step process of thematic analysis to develop a conceptual model in qualitative research. *University of Alberta International Journal of Qualitative Methods, 22*. https://doi.org/10.1177/16094069231205789

National Institute of Mental Health. (2024). *Autism Spectrum Disorder*. https://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-asd

National Research Center for Parents with Disabilities. (n.d.). *Adaptive Parenting Strategies and Equipment.* The Heller School for Social Policy and Management. https://heller.brandeis.edu/parents-with-disabilities/support/parenting-tips-strategies/

National Society for the Prevention of Cruelty to Children. (2024). *What is Emotional Abuse?* https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/emotional-abuse/#what

Norlin, J. & Randell, E. (2023). Social workers' perceptions of assessing the parental capacity of parents with intellectual disabilities in child protection investigations. *Journal of Intellectual Disabilities, Vol. 27*(4), 976-993.

North Carolina Department of Health and Human Services. (n.d.). *Intellectual and Developmental Disabilities (I/DD)*. https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and -substance-use-services/

Office of Disease Prevention and Health Promotion. (n.d.). Social Determinants of Health. https://health.gov/healthypeople/priorty-areas/social-determinants-health

Olmos-Vega, F., Stalmeijer, R., Varpio, L., & Kahlke, R. (2022). A practical guide to reflexivity in qualitative research: AMEE Guide No.149. *Medical Teacher, Vol. 45*(3), 1077-1101. https://doi.org/10.1080/0142159X.2022.2057287

Pacheco, L., Aunos, M., Feldman, M., & McConnell, D. (2022). Improving services for parents with intellectual disability and their families: Views of Canadian social service workers, *Health & Social Care in the Community, Vol. 30*(6), e5570-e5578. https://doi.org/10.1111/hsc.13982

Pallisera, M., Vila, M., Fullana, J., & Valls, M. (2021). 'Being in Control': Choice and Control of Support Received in Supported Living. A study based on the narratives of people with intellectual disability and support staff. *Journal of Intellectual & Developmental Disability, Vol. 46*(2), 164-174. https://doi.org/10.3109/13668250.2020.1802812

Pappas, S. (2020). Despite the ADA, equity is still out of reach. American Psychological Association. *Monitor on Psychology, Vol. 51*(8), 38. https://www.apa.org/monitor/2020/11/feature-ada

Park, C. & Mendoza, A. (2022). A scoping review of older empty nesters' mental health and its contributors. *Mental Health Review Journal, Vol. 27*(2), 199-211.

Patton, M. (2015). *Qualitative research & evaluation methods: Integrating theory and practice* (4th Ed.) Thousand Oaks, CA: SAGE.

PBS News. (2017). *6 Charts that illustrate the divide between rural and urban America*. https://www.pbs.org/newhour/nation/six-charts-illustrate-divide-rural-urban-america

Perez-Curial, P., Vicente, E., Moran, M.L., & Gomez, L. (2023). The rights to sexuality, reproductive health, and found a family for people with intellectual disability: A Systematic Review. *International Journal of Research Public Health, Vol. 20*(2), 1587. https://doi.org/10.3390/ijerph20021587.

Pew Research Center. (2025). *Growing share of U.S. adults say their personal finances will be worse a year from now.* https://www.pewresearch.org

Ploder, A. & Hamann, J. (2020). Practices of Ethnographic research: Introduction to the special issue. *Journal of Contemporary Ethnography, Vol. 50*, 3-10. https://doi.org/10.1177/0891241620979100

Popovic, A. & Huecker, M. (2023). *Study Bias*. National Library of Medicine. https://www.ncbi.nim.nih.gov/books/NBK574513/

Postsecondary National Policy Institute. (2019). *Students with disabilities in higher education*. https://www.pnpi.org

Powell, R. & Albert, S. (2021). Barriers and facilitators to compliance with the Americans with Disabilities Act by the child welfare system: Insights from interviews with disabled parents, child welfare workers, and attorneys. *Stanford Law & Policy Review, Vol* 32 (1), 119–177.

Powell, R., Mitra, M., Smeltzer, S., Long-Bellil, L., Smith, L., Rosenthal, E., & Iezzoni, L. (2019). Adaptive parenting strategies used by mothers with physical disabilities caring for infants and toddlers. *Health & Social Care in the Community, Vol. 27*(4), 889–898. https://doi.org/10.1111/hsc.12706

Powell, A. & Thomas, S. (2021). How the LiveWell Dorset lifestyle behavior change service influences older adults' physical activity behavior: A generic qualitative study. *Public Health in Practice, Vol. 2*, 100164. https://doaj.org/article/fca497a1dd2b450fa6ccd6f48940c518.

Pressman, T. (2021). *How Fear Distorts What We Know.* Psychology Today. https://www.psychologytoday.com/us/blog/deconstructing-anxiety/202102/

Prevent Child Abuse Illinois. (2024). *The Issues: Child Neglect*. https://www.preventchildabuseillinois.org/child-neglect

Psychology Today. (2024). *A Parent's Role*. https://www.psychologytoday.com/us/basic/parenting

Quinn, H. & Long, R. (2024). Consent-as-method: Capacity to consent of cognitively disabled people and research ethics review. *Canadian Journal of Disability Studies, Vol. 13*(1), 87-119.

Rafi, T. (2021). *Technology can level the playing field for people with disabilities in the workforce*. World Economic Forum. https://weforum.org/agenda/2021/07/digital-technology-workforce-disabled-people/

Rawe, J. (2024). *The 13 disability categories under IDEA.* Understood. https://www.understood.org/en/articles/coditions-covered-under-idea

Razzetti, G. (2023). *The Power of Clarifying Questions and How to Improve Team Conversations.* Fearless Culture. https://www.fearlessculture.design/blog-posts/the-power-of-clarifying-questions-and-how-to-improve-team-conversations/

Reinders, H. (2008). Persons with disabilities as parents: What is the problem? *Journal of Applied Research in Intellectual Disabilities, Vol. 21*(4), 308-314. https://doi.org/10.1111/.j.1468-3148.2008.00445.x

Reupert, A., Straussner, S., Weimand, B., & Maybery, D. (2022). It takes a village to raise a child: Understanding and expanding the concept of the "Village". *Frontiers in Public Health, Vol.* 10, 1-7. https://doi.org/10.3389/fpubh.2022.756066

Riemersma, I., Van Santvoot, F., Van Doesum, K., Hosman, C., Van der Zanden, R., & Otten, R. (2022). "You are Okay": Effects of a Support and educational program for children with mild intellectual disability and their parents with mental health concerns. *Journal of Intellectual Disabilities, Vol. 26*(1), 70-89. https://doi.org/10.1177/1744629520953765

Rimmer, J., Perry, M., Calder, A., & Ingham, T. (2022). Addressing Disability Inequities: Let's Stop Admiring the Problem and Do Something About It. *International Journal of Environmental Research and Public Health, Vol. 19*(19), 11886. https://doi.org/10.3390/ijerph191911886

Rioboo-Lois, B., Frieiro, P., Gonzalez-Rodriguez, R., & Verde-Diego, C. (2024). Personal assistance, independent living, and people with disabilities: An international systematic review (2013-2023). *Disability and Health Journal, Vol. 17*(4), 1-16. https://doi.org/10.1016/j.dhjo.2024.101630

Robinson, S. & Idle, J. (2023). Loneliness and How to Counter It: People with Intellectual Disability Share Their Experiences and Ideas. *Journal of Intellectual*

& Developmental Disability, Vol. 48(1), 58-70. https://doi.org/10.3109/13668250.2022.2112510

Rothstein, L., & Johnson, S. (2010). *Special education law* (p. 10). Los Angeles: Sage.

Rowan, M. (2024). Intersectionality of gender, race, class, sexuality, disability, and other social identities in shaping the experiences and opportunities of marginalized groups in Ukraine. *International Journal of Gender Studies*, *9*(2), 1–12. https://doi.org/10.47604/ijgs.2358

Roy, A. (2022). The challenge of parenting children from different worlds. *Journal of Child Psychotherapy, Vol. 48*(3), 351-361. https://doi.org/10.1080/0075417X.2022.2136230

RuralFinds. (2023). *Understanding the distinct worlds: Rural vs. Urban areas.* https://www.ruralfinds.net/articles/understandinf-the-distinct-worlds-rural-vs-urban-areas/

Rutledge, P. & Hogg, J. (2020). In-depth Interviews. *International Encyclopedia of Media Psychology*. https://www.researchgate.net/publications/345737833 https://doi.org/10.1002/9781119011071.iemp0019

SAGE Institute for Adaptive Parenting. (2023). *What is adaptive parenting?* https://www.adaptiveparenting.org

Saint Denny, K., Doba, K., Storme, L., & Nandrino, J. (2025). When "good enough' is no longer enough: Parenting perfectionism, intolerance of uncertainty, and emotion regulation in postnatal depression. *Personality and Individual Differences, Vol. 233*, 1-7. https://doi.org/10.1016/j.paid.2024.112910

Sarcevic-Ivic-Hofman, K. (2022). Awareness of parents of children with disabilities about early support services. *Research in Education and Rehabilitation, Vol. 5*(2), 72-79. https://doaj.org/article/da855f337fca4d75b6ba5799a1a68192

Sarcevic-Ivic-Hofman, K. & Wagner Jakab, A. (2023). Formal support: Expectations of parents with children with disabilities. *Specijalna Edukacija i Rebhabilitacija, Vol. 22*(2), 117–133. https://doaj.org/article/a64a63598f574e1f84f96565425d3387

Schaeffer, K. (2023). *What Federal Education Data Show about Students with Disabilities in the U.S*. Pew Research Center. https://www,pewresearch.org/short-reads/2023/07/24/what-federal-education0data-shows-about-students-with-disabilities

Schmidt, E., Robek, N., Dougherty, M., Horstman, A., & Darragh, A. (2020). 'I have a disability and I want to make love and be loved': Gaps, barriers, and recommendations for sex ed for people with intellectual and developmental disabilities. *American Journal of Occupational Therapy, Vol 74*(S1), 7411515351. https://doi.org/10.5014/ajot.2020.74S1-PO1206

Shannon Wooldridge. (2023). *Writing Respectfully: Person-First and Identity-First Language.* National Institutes of Health, U.S. Department of Health & Human Services. https://www.nih.gov/about-nih/what-we-do/

Soprano, M., Roietero, K., La Barbera, D., Ceolin, D., Spina, D., Demartini, G., & Mizzaro, S. (2024). Cognitive biases in fact-checking and their countermeasures: A review. *Information Processing & Management, Vol. 61*(3), 1-29.

https://doi.org/10.1016/j.ipm.2024.103672

Stahl, N. A., & King, J. R. (2020). Expanding approaches for research: Understanding and using trustworthiness in qualitative research. *Journal of Developmental Education*, *44*(1), 26–28. https://doi.org/10.4324/9781003115762-7

Tarasoff, L., Murtaza, F., Carty, A., Salaeva, D., Hamilton, A., & Brown, H. (2020). Health of newborns and infants born to women with disabilities: A Meta-analysis. *Pediatrics, Vol. 146*(6), e20201635. https://doi.org/10.1542/peds.2020-1635.

Thompson, V., Ellmann, N., & Cokley, R. (2021). *Sexual Violence and the Disability Community*. https://www.americanprogress.org/article/sexual-violence-disability-community/

Ule, M., & Zivoder, A. (2023). "Good" parenting: Parental support in education as a factor in inequality. *Studia Paedagogica*, Vol. 28(2), 11-28.

UNICEF. (2021). Database on education of children with disabilities: Every child has a right to quality education. https://data.unicef.org/resources/education-for-children-with-disabilities/

United States Census Bureau. (2020). *Census Bureau Releases New Estimates on America's Families and Living Arrangements*. https://www.census.gov/newsroom/pres-releases/2020/estimates-families-living-arrangements.html

University of Kansas. (2024). *Concrete-to-Representational-to-Abstract Instruction*. Department of Special Education: Special Connections. https://specialconnections.ku.edu/instruction

USAHello. (2022). *Child and Parenting Laws in the U.S*. https://usahello.org/life-in-usa/family/parenting-law/

U.S. Bureau of Labor Statistics. (2022). *Persons with a disability: Labor Force Characteristics- 2021*. US. Department of Labor. www.bls.gov/cps

U.S. Centers for Disease Control and Prevention. (2024). *About Child Abuse and Neglect*. https://www.cdc.gv/child-abuse-neglect/about/index.html

U.S. Department of Education. (n.d.). About IDEA. https://sites.ed.gov/idea/about-idea/

U.S. Department of Education. (n.d.) Section 504. https://www.ed.gov/laws-and-policy/individuals-disabilities/section-504

U.S. Department of Education. (2024). *Protecting Students with Disabilities*. https://www.ed.gov/laws-and-policy/individuals0disabilities/protecting-students-with-disabilities

U.S Department of Health and Human Services. (n.d.). *What are some types of assistive devices, and how are they used?* Eunice Kennedy Shriver National Institute of Child Health and Human Development. https://www.nichd.nih.gov/health/topics/rehabtech/conditioninfo/device

U. S. Department of Health and Human Services. (2021). *About Intellectual and Developmental Disabilities (IDDs)*. Eunice Kennedy Shriver National Institute of Child Health and Human Development. https://www.nichd.nih.gov/health/topics/idds/condirionalinfo

U.S. Department of Health and Human Services. (2023). *Children's Bureau: An office of the Administration for Children and Families*. Data & Research. https://www.acf.hhs.gov/cb/data-research

U.S. Department of Justice Civil Rights Division. (n.d.). Americans with Disabilities Act of 1990, as Amended. https://www.ada.gov/law-and-regs/ada/

U.S. Department of Justice Civil Rights Division. (n.d.). *Introduction to the Americans with Disabilities Act*. https://www.ada.gov/topics/intro-to-ada/

U. S. Department of Labor. (n. d). *Job Accommodations*. https://www.dol.gov/general/topic/disability/jobaccommodations

U.S. Department of the Interior, Indian Affairs. (n.d.). *Indian Child Welfare Act*. https://www.bia.gov/bia/ois/dhs/icwa

U.S. Department of Transportation. (2022). *Transportation for Populations with Disabilities*. University of Pittsburgh. https://www.transportatio.gov/content/university-transportation-enters

U.S. Government Accountability Office. (2024). *Nationally, Black girls receive more frequent and more severe discipline in school than other girls*. GAO-24-106787.

Vander Lubbe, A., Swaab, H., Vermeiren, R., & Ester, W. (2024). Stress, eating behavior, and adverse health in parents of young children with autism spectrum disorder. Journal of Autism and Developmental Disorders, Vol. 54, 662-672. https://doi.org/101007/s10803-022-05825-3

Varkey Foundation. (2024). *Global Polling: Mapping attitudes to education in 35 countries and counting*. https://www.varkeyfoundation.org/research/global-parents-survey.

Walton, S. (2023). *What makes a Good Parent?* The Positive Parenting Centre: Helping to Develop Character in Children and Build Strong Families. https://www.the-positive-parenting-centre.com/good_parenting_skills.html

Washington State Legislature. (2024). *Title 26, Chapter 26.09,* section 26.09.002 PCW 26.0.002, 2007 c 496s801

White, J. (2021). *Americans with Disabilities Act and Rental Property: What you need to know*. https://blueroofpropertymanagement.com/americans-with-disabilities-act-adaand-rental-property-what-you-need-to-know/

Whittaker, J., Hofkens, T., Vitiello, V., Pianta, R., DeCoster, J., & Ansari, A. (2024). Patterns of Children's Readiness at School Entry and Their Associations with Kindergarten Academic and Social-Emotional Outcomes: Do Classroom Interactions Matter? *Grantee Submission*, Vol. 66, 112-123.

Wickenden, M. (2023). Disability and Other Identities? How do the Intersect? *Frontiers in Rehabilitation Sciences, Vol 4*, 1-6. https://doi.org/10.3389/fresc.2023.1200386

Wirth, J. & Kleve, H. (2023). Systems theory and social work. *Social Work Theory and Ethics*. https://doi.org/10.1007/978-981-19-1015-9_3

World Health Organization. (2024). *Assistive Technology*. https://www.who.int/news-room/fact-sheets/detail/assistive-technology

World Health Organization. (2024). *Disability*. https://www.who,int/news-room/fact-sheets/detail/disability-and-health

Yarborough, M. (2021). Moving towards less biased research. *BMJ Open Science Journal, Vol. 5*(1). https://doi.org/10.1136/bmjos-2020-100116

YWCA of Metro St. Louis (n.d.). Sexual Health and Disability Education. https://www.ywcastl.org/what-we-do/womens-crisis-and-housing-services/sexual-health-and disability-education/

Zalis, S. (2023). *Hidden No More: Focus on the Ability, Not the Disability*. https://www.forbes.com/sites/shelleyzalis/2023/10/13/hidden-o-more-focus-on-the-ability-not-the-disability/

Zijlstra, A., Joosten, D., and Orobio de Castro, B. (2023). The first 1001 days: A scoping review of parenting interventions strengthening good enough parenting in parents with intellectual disabilities. *Journal of Intellectual Disabilities, 29*(2), 447-468. https://doi.org/10.1177/17446295231219301