

# Managing Child Protection Cases Involving People with Disabilities

*Elizabeth Lightfoot & Traci LaLiberte*

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## **Background**

Over the past two decades there has been an increased focus on improving services for abused and neglected children. Because of federal funding through Title IV-E of the Social Security Act, many schools of social work have established child welfare programs to train future child welfare workers. These child welfare workers serve children and families from a wide range of ethnic and racial backgrounds, socioeconomic rankings, and levels of cognitive and physical abilities. Children with disabilities are an extraordinarily large percentage of the total number of children being served by through child welfare agencies (Wescott & Jones, 1999), and there are increasing numbers of children whose parents have a cognitive disability (Booth & Booth, 1998; Muenzer-Doy & Anderson, 1998). This summary presents preliminary findings from a recent study of the management of child protection cases involving individuals with disabilities in Minnesota.

## **Prevalence of People with Disabilities in the Child Welfare System**

In 2000, slightly less than a quarter of a million children were removed from their homes by child protection workers due to issues of abuse and neglect (U.S Department of Health and Human Services, 2002). It is unknown exactly how many of these children had a disability, or the number of times these removals occurred in the home of a parent who has a disability, as disability information is not required in child protection agency reports to the federal government. The decisions associated with safety assessments and any potential removal of a child is difficult and complex. However, the circumstances of working with children and parents with a disability can greatly increase this complexity.

Despite an abundance of research on the maltreatment of children with disabilities, there are inconsistencies in the prevalence of children with disabilities who are maltreated due

to varying definitions of "abuse" and "disability" (Westcott & Jones, 1999). As social and political attitudes have moved away from pathological understandings of disabilities and abuse to more complex understandings acknowledging the roles of societal barriers, discrimination and cultural differences, the definitions of both of these terms have become more complex and encompassing (Westcott & Jones, 1999). Nevertheless, there are general estimates of the amount of children with disabilities who experience abuse and/or neglect. Reports from Crosse et al. (1993) indicated that the overall incidence of abuse and neglect of children with disabilities is between 1.7 to 1.9 times that of children without disabilities. Sullivan et al. (1997) supports this with further data reporting that 64% of the maltreated children in a large scale archival and retrospective survey had some type of impairment or disability.

Children with disabilities are not the only people with disabilities that the child protection system serves on a daily basis. The child protection system also sees the children of parents who have a disability. While all parents face daily challenges in their roles and responsibilities as parents, people with disabilities can face additional challenges due to negative societal attitudes about their competency as parents, physical and programmatic barriers to services and supports, and unemployment and poverty which is chronic among many people with disabilities.

The number of parents with disabilities has been growing in recent years. A fundamental reason for this, particularly for people with intellectual disabilities, is that up until the 1970s, the government still forced sterilization of people with developmentally disabilities in parts of the United States. As a result, over 60,000 people with disabilities were sterilized without their consent in the twentieth century, and others who were not sterilized were encouraged not to have children (Human Relations Disability Programs Unit, 2001). Since forced sterilization was abolished and attitudes towards people with disabilities have begun to change in the United States, many more adults with disabilities have had the opportunity to become parents. Children with disabilities growing up in the 1970s are now in their childbearing years.

As the rate of adults with disabilities becoming parents has increased, more children of parents with disabilities have entered the child welfare system. Currently, approximately 120,000 children are born to parents with a developmental disability (Booth & Booth, 1998). It has been estimated that 40-60% of parents who have a developmental or cognitive disability have their children removed from their home at some point during child-rearing (Muenzer-Doy & Anderson, 1998). These high rates of both parents with disabilities and children with disabilities in the child welfare system demand a child welfare system that is aware and responsive of disability issues. A closer look at the child welfare system is therefore warranted.

## **Methods**

This study examined the question: What case management approaches are used in child protection cases that involve a person with a disability? The data comes from open-ended

interviews completed by 74 of 84 County Directors or their designees for child welfare agencies within Minnesota. Interviews explored the child welfare agency's formal policies for providing services to people with disabilities, case management approaches used to provide serves to clients with disabilities (i.e. specialized training, specialty workers, teaming, etc.), barriers agencies face when serving clients with disabilities, and strengths agencies have in serving clients with disabilities.

## **Findings**

### **Policies**

Less than 7 % of the county child welfare departments in this study identified having formal policy or procedure for working with clients with disabilities. Surprisingly, only 40% of the counties reported having accommodation policies.

### **Approaches**

The most common approach counties reported using to manage cases involving clients with disabilities was through informal collaboration or teaming internally with social workers in other units (72%), such as developmental disabilities, mental health or public health. However, these informal collaborations or teams are often haphazard, and depend largely on the initiative, knowledge and/or skills of individual child protection workers involved. A more formal mechanism of obtaining outside consultation of disability experts was the second most common case management approach (42%). See Table I for a list of case management approaches.

### **Barriers**

The barriers cited most often as limiting the quality of services to people with disabilities included lack of providers (38.7%), lack of funding (30.7%), driving distance (21.3%), lack of transportation (21%), and lack of disability knowledge (18.7%).

### **Strengths**

The data show a difference in counties' perceived strengths according to whether or not the county was located in a rural or metropolitan setting. Rural counties reported Individualizing and Tailoring Services for clients to be one of their best case practices (40%), while metropolitan counties reported Collaboration with Other County Workers to be one of their best case practices (35%). Both rural and metropolitan counties reported other strengths as; Accessing & Coordinating Services (38.2%, 45%) and Creative and Innovation Approaches (27.3%, 20%), respectively.

## Conclusion

A considerable amount of collaboration and system navigation is required to successfully manage child protection cases involving a person with a disability. Child protection workers, although skilled in many areas, often lack disability competency and therefore rely on non-child protection professionals to complete assessments and make judgments about issues of safety. A future outcome study should be considered to determine if this is indeed effective practice. In the meantime, the need for disability-competent child welfare workers and suggests that schools of social work, particularly schools with child welfare programs funded through Title IV-E, should look meaningfully at including disability content within their child welfare curriculum.

## Discussion Questions

- Should cases involving an individual with a disability be handled differently than cases without an individual with a disability?
- What steps do you think child protection agencies should take to provide appropriate accommodations to individuals with disabilities?
- Should providing support and resources to parents with disabilities who are in need of extensive services be the responsibility of child protection agencies, disability agencies, or both?
- Most disability services are voluntary services, while most child protection services are involuntary. Where do potential conflicts lie in cases where the individual is involved in both types of services? How can potential conflicts be minimized or avoided?

## Selected References for Additional Readings

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## Resource List

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- U.S. DHHS (2004). Child Maltreatment 2002. Washington, DC: U.S. Retrieved 3/15/04, from: [www.acf.hhs.gov/programs/cb/publications/cm02/index.htm](http://www.acf.hhs.gov/programs/cb/publications/cm02/index.htm)

## **Potential Guest Speakers**

- Elizabeth Lightfoot, PhD  
Assistant Professor, University of Minnesota School of Social Work  
elightfo@umn.edu, 612-624-4710  
Dr. Lightfoot has an extensive background in Public Policy with a specialization in disability policy and services. Dr. Lightfoot is the Principle Investigator on “Disability Plans and Minnesota’s Child Protection Agencies” project, and continues to conduct research in the area of child protection and disabilities.
- Traci LaLiberte, MSW  
Research Assistant, University of Minnesota School of Social Work  
lali0017@umn.edu, 612-624-2279  
Ms. LaLiberte is the director of CASCW. Ms. LaLiberte has extensive background in the field of child protection with additional experience in the disability field.