Children with Disabilities in Child Welfare

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Defining Disability

People refer to children with complex needs in child welfare in a number of ways. In order to establish common terminology, the 2010 Reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA) adopted the Individuals with Disabilities Education Act (IDEA) definition of "child with a disability."

"Child with a disability means a child evaluated ... as having an intellectual disability, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this part as 'emotional disturbance'), an orthopedic impairment, autism, traumatic brain injury, and other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services."[1] In addition to federal legislation, states also have their own definitions of disability. State definitions cannot narrow the federal definition of disability; however, they can expand the definitions to be more inclusive.

This set of resource cards provides valuable information and practice considerations for working with children with developmental disabilities who are frequently seen in child welfare.

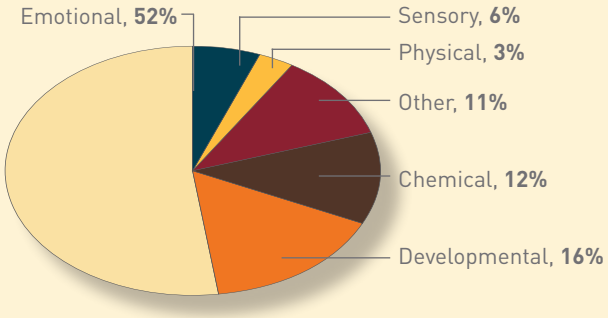
Knowing about children with disabilities in child welfare is important because:

- Children with disabilities are at increased risk of maltreatment compared to non-disabled children.[2]
- Children with disabilities have an increased likelihood of being abused, neglected, or exploited multiple times in multiple ways by multiple perpetrators.[2]
- Children with disabilities of all ages are 1.87 times more likely to be in out-of-home placement than children without disabilities.[3]
- Children with disabilities over age five are 2.16 times more likely to be placed in out-of-home placement than children without disabilities.[3]
- Children with disabilities experience more removals from their parents and fewer goals of family life than their peers without a disability in the child welfare system. Additionally, they also experience more residential settings and longer time in care.[2]

Disabilities in Child Welfare

Many children and youth in child welfare have been incorrectly labeled defiant, misbehaving, lazy, and oppositional. A disability may explain a child's challenging behaviors.

Out-of-home care by disability type – 2007[7]



The graph above reveals that nearly 70% of all children with an identified disability in out-of-home placement have an emotional disability or developmental disability.[4] According to the CDC, developmental disabilities are a group of conditions due to an impairment in physical, learning,

language, or behavior areas that occur prior to the age of 22 years. Developmental Disabilities may include: Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD), Fetal Alcohol Spectrum Disorders (FASD), and Intellectual Disability (ID). Developmental Disabilities such as ADHD and FASD have a high rate of co-occurrence with emotional behavioral disorders.[5]

Disabilities found in the child welfare population include, but are not limited to:

- **Attention Deficit Hyperactivity Disorder (ADHD):** A disorder that impacts a child's ability to remain attentive, complete tasks, and control impulsivity.
- **Autism Spectrum Disorder (ASD):** A disorder that may affect a child's ability to communicate and to navigate social interactions. ASD is also characterized by children having repetitive behavior, and many experience sensitivity to sensory stimuli.
- **Fetal Alcohol Spectrum Disorders (FASD):** A disorder that leads to difficulties processing information, controlling impulses and in overall reasoning abilities.
- **Intellectual Disability (ID):** A disorder that may impact the individual's capacity for learning and adaptive behavior.

Attention Deficit Hyperactivity Disorder

What is ADHD?

ADHD is a common neurodevelopmental disorder that occurs in childhood. Children with ADHD experience symptoms related to impulsivity, inability to pay attention, and over activity that affect their ability to function. ADHD is categorized into three different types:[6]

- **Predominantly Inattentive:** The child has difficulty organizing and finishing tasks, paying attention to details, following instructions or conversations, and is easily distracted.
- **Predominantly Hyperactive:** The child fidgets and has trouble sitting still for long periods of time (e.g., dining and doing homework). Small children may appear restless or impulsive. They may climb, run, and jump constantly.
- **Combined:** The symptoms of predominantly inattentive and predominantly hyperactive are equally present in the child.

Prevalence:

- Approximately 1 in 10 children ages 4-17 years in the U.S. are diagnosed at some point in their lifetime with ADHD.[7]

- In Minnesota, 11.5% of children are diagnosed with ADHD at some point in their lifetime.[7]
- Children in child welfare are diagnosed and treated for ADHD at higher rates than the general population.[8]

What does this mean for child welfare?

Social workers and foster parents helping children with ADHD face many challenges. They must establish a trusting relationship and maintain boundaries while also helping the child manage symptoms related to ADHD.

Practical suggestions:[9]

- Remember that the child is not misbehaving deliberately.
- Social workers and foster parents should take care of their own stress and anxiety.
- Be accepting and committed – you can be a therapeutic role model and that will help with the symptoms of ADHD.
- If the child struggles with time management, provide him/her with a clock that the child can read to help set structure.
- Continue to use strategies that work even when it appears they are no longer necessary.

What is Autism Spectrum Disorder?

Autism Spectrum Disorder is a neurodevelopmental disorder characterized by limitations in communication, navigation of social interactions, and by repetitive behaviors. This disorder presents itself differently in every child; not all children with ASD have the same behaviors or characteristics.[5]

"If you meet one person with autism, you've met ONE person with autism." – Steve Shore, EdD, Professor Adelphi University

Prevalence:

- In Minnesota, the estimated prevalence of children with ASD is 1 in 48.[10]
- Approximately 1 in 32 Somali children aged 7-9 years are identified as having ASD in Minneapolis compared to 1 in 36 White children, 1 in 62 Black children, and 1 in 80 Hispanic children.[11]
- Nationally 1 in 68 children are identified as having ASD.[12]
- In the U.S. boys are 5 times more likely to have an ASD diagnosis than girls.[12]

What does this mean for child welfare?

- Children diagnosed with ASD and other disabilities were more likely to receive child protection services than children without an ASD diagnosis. More specifically, these children are significantly overrepresented for physical abuse as the primary reason for involvement in Child Protective Services (CPS).[13]
- Children do not "outgrow" Autism Spectrum Disorder, but studies show that early diagnosis and intervention lead to significantly improved outcomes.[12]

Practical suggestions:[14]

It is important to learn the signs of ASD. The earlier children get help, the better their outcomes will be. Here are some signs to look for:

- No big smiles or other warm, joyful expressions by six months or thereafter.
- No back-and-forth sharing of sounds, smiles, or other facial expressions by nine months.
- No babbling by 12 months.
- No back-and-forth gestures such as pointing, showing, reaching, or waving by 12 months.
- No words by 16 months.
- No two-word phrases by 24 months.

If you have concerns:[14]

- Act early! Don't wait for the child to "grow out of it."
- Express your concerns with the child's doctor or teacher to determine if a referral to a specialist is needed.

What are Fetal Alcohol Spectrum Disorders (FASD)?

FASD describes the effects of alcohol on fetal development. Prenatal exposure to alcohol may affect a child's facial features, brain development, and behaviors to varying degrees.[15]

There are three types of FASD[15]:

- Fetal Alcohol Spectrum (FAS): Characterized by facial abnormalities, growth deficits, and abnormalities of the central nervous system.
- Partial Fetal Alcohol Syndrome (pFAS): Identified through a confirmed history of prenatal alcohol exposure and central nervous system abnormalities.
- Alcohol Related Neurodevelopmental Disorders (ARND): Characterized by intellectual disability and challenges with learning.

Prevalence:[15]

- FASD is the leading cause of developmental disabilities in the United States.
- In Minnesota, 24-48 children out of every 1,000 have FASD.

What does this mean for child welfare?

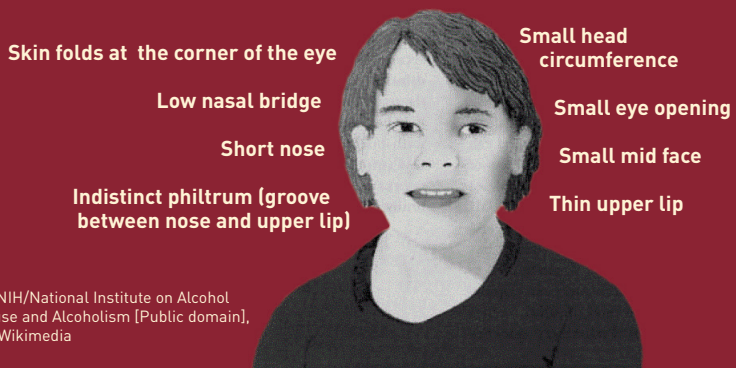
- Children with FASD are over represented in foster care and adoption[16]. In Minnesota, 70% of children in foster care are affected by some type of prenatal alcohol exposure.[17]
- Children with FASD experience permanent brain damage. Creating external supports so the child can feel safe and successful across environments can be helpful. Workers can also direct the family to a child neurologist or developmental pediatrician for assessment.[17]

Practical suggestions:

When a child receives a diagnosis of FASD it may help social workers and foster parents understand the difficulties they have been experiencing. Others may have difficulty accepting or understanding the diagnosis. Children with an FASD can be supported by:

- Keeping steady routines;
- Keeping it Short and Sweet (KISS);
- Repeating, repeating, repeating;
- Being specific – not using words with double meanings; and
- Providing adequate supervision.[18]

Facial Features of Fetal Alcohol Syndrome



By NIH/National Institute on Alcohol Abuse and Alcoholism [Public domain], via Wikimedia

What are intellectual disabilities?

According to the CDC, intellectual disabilities (ID) exist when "there are limits to a person's ability to learn at an expected level and function in daily life."[19] People with ID are characterized by:

- Limitations in intellectual functioning or intelligence; and
- Limitations in adaptive behaviors such as the ability to complete daily tasks.[19]

Prevalence:

- In the United States approximately 1% of the population have been diagnosed with an intellectual disabilit.[20]
- 4.6 million Americans have an intellectual or developmental disability.[20]

What does this mean for child welfare?

- One study found that children with intellectual disabilities were at twice the risk of physical and sexual abuse compared to children without disabilities.[21]
- Child welfare agencies have placed children with disabilities, including ID, more than twice as often in foster care than children without disabilities.[21]

Practical suggestions:[22]

- Get an early diagnosis and treatment to be most effective in helping a child with ID.
- Build upon strengths and support children and youth with ID in living independently while taking part in community life.
- Set appropriate expectations and boundaries while providing opportunities to teach children with ID how to handle the natural stresses of growing up.

Resources

Looking for advocacy and support?

Arc Twin Cities
(952) 920-0855 • www.arcgreatertwincities.org

Pacer
(952) 838-9000 • www.pacer.org

Autism Society of Minnesota
(651) 647-1083 • www.ausm.org

National Association of Mental Illness (NAMI)
(651) 645-2948 • www.namihelps.org

Looking for an evaluation?

Children's Hospitals and Clinics of Minnesota
(651) 220-6753 • www.childrensmn.org

Autism Spectrum and Neurodevelopmental Disorders Clinic
University of Minnesota
(612) 626-6777 • www.med.umn.edu

Fraser Child and Family Center
(612) 331-9413 • www.fraser.org

Looking for early intervention services?

MN Help Me Grow
1-866-693-GROW (4769)
http://helpmegrowmn.org/HMG/index.htm

St. David's Center for Child and Family Development
Minnetonka, MN 55305
(952) 939-0395 • www.stdavidscenter.org

Fraser Center Based Day Treatment
Minneapolis, MN
(612) 861-1688 • www.fraser.org

Minnesota Autism Center
Minnetonka, MN
(952) 767-4200 • www.mnautism.org

Looking for home based services?

Behavioral Dimensions
Hopkins, MN
(952) 814-0207 • www.behavioraldimensions.com

Nystrom and Associates
(651) 628-9566 • www.nystromcounseling.com

Fraser Child and Family Center
(612) 331-9413 • www.fraser.org

Looking for assistance with a crisis?

Bridge for Youth
Minneapolis, MN
(612) 377-8800 • www.bridgeforyouth.org

Casa de Esperanza
St Paul, MN
(651) 772-1611 • www.casadeesperanza.org

Crisis Connection
(612) 379-6363 • www.crisis.org

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