Life course approach to children with disabilities: What evidence for better practice?

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Overview

• Some background realities
• Interface between disability and child protection work
• Across the life course
  — Intervention at birth
  — Placement in care
  — Care arrangements
  — Transition from care
• Discussion
Some background realities

• Lack of research around children with disabilities and child protection
• Many authorities do not collect data on children with disabilities who are maltreated
• Methodological weaknesses
  – Differences across definitions of disability
  – Differences in how statistics are collected.
• Little known about:
  – risk factors
  – interventions and outcomes
Interface between disability and child protection

Two main populations

• Children with disabilities at risk
• Children of parents with disabilities who are at risk (some of these children also have disabilities)
Historical position: disability and child protection systems

(After Middleton 1999)

Child protection systems: Services for non-disabled children

Fear of disability

Unprotected children with disabilities

Disability service systems: Services for disabled children

Fear of dealing with children at risk
Current position

- Increased awareness of the vulnerability of children with disabilities to abuse and neglect
- Increase in evidence about prevalence
- Some modest increases in evidence about numbers of children with disabilities in child protection systems
- Still need stronger evidence about risks, interventions and outcomes
Current position

- Queensland working towards DSQ/DCS collaboration on data
  - In 2005–06, there were 133 children subject to substantiations who also received a CSTDA specialist service during the year.
  - 139 in 2004–05.
  - The Commission’s survey found that the rate of disability reported by children and young people in care was: 22.5% for 5–8 year olds; and 20.8% for 9–18 year olds.
Prevalence

- Many early studies - small scale (Sobsey, 1994; Westcott, 1993; Westcott & Jones, 1999)
- Crosse, Kaye & Ratnosfsky (1993)
  Children with disabilities 1.7 times more likely to be maltreated than children without disabilities
Prevalence

- **Sullivan & Knutson, 2000**
  
  Study conducted in Omaha, Nebraska. Retrospective approach which merged data bases from schools, social services and law enforcement. The findings showed:
  
  Children with disabilities 3.4 times more likely to be abused or neglected than children without disabilities.
## Summary

<table>
<thead>
<tr>
<th>Type of maltreatment</th>
<th>Crosse Kaye &amp; Ratnofsy</th>
<th>Sullivan &amp; Knutson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>1.6 times more likely</td>
<td>3.8 times more likely</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>1.8 times more likely</td>
<td>3.1 times more likely</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>2.1 times more likely</td>
<td>3.8 times more likely</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>2.8 times more likely</td>
<td>3.9 times more likely</td>
</tr>
</tbody>
</table>
Prevalence

  - Reviewed studies 1995-2005 USA
  - Only 5 studies provided maltreatment estimates for people with ID.
  - Limited data but suggests maltreatment more prevalent for people with ID than non-disabled
  - Maybe higher for people with ID than other disabilities
Evaluation of child protection agencies

  - 50 state child welfare administrators – USA
  - Ability to identify children with disabilities (<50%)
  - Ability to provide services to them
  - Training of CPS workers (20 of the 50 states do require training)
Intervention at birth

- Most children with disabilities are not removed at birth—though history of leaving children at hospital (pathway from Mater – Xavier)
- Main issue here is for parents with Intellectual disability
- For parents with intellectual disabilities often intervention from child protection authorities before the birth of the child
- Traumatic for mother may continue to have children in hope that they can keep one
Intervention at birth

  - Allegations of child abuse being perpetrated by parents with ID are quite rare
  - High prevalence of co-morbidity in this parent population.
  - A history of deprivation and social disadvantage often marks the lives of these parents
Placement in care

Different pathways into care

• Children found to be abused or neglected
• Parents who run out of options and relinquish care
Risk factors

— Society level – negative attitudes, assumptions (Sobsey, 1994; Middleton, 1999)
— Family level – stress, attachment, socioeconomic factors, poverty (Emerson & Hatton, 2007)
— Child level – communication, personal care, unable to resist or report (Miller, 2005)
— Inadequacies in service provision – family support, disability services (Miller, 2005)
Problem Behaviours in Australian Children (age 4-5) (from Emerson, 2007)
Interventions

  - NSW study
  - Mixed methods pre/post 0/6/12 months
  - Families in crisis & workers
  - Families’ levels of well being and functioning increased
  - Family focus rather than child specific; availability of the programmes; telephone availability of the workers; ensuring child safety
Care arrangements

- Out of home placements
- Foster carers
- Shared care
- Host families
- Residential – group homes etc
Care arrangements

  - Placement stability contributing factor to quality of life
  - Importance of meeting the child’s needs; provision of a family environment; and supporting the parents to support the child.
Transition from care

- Poor outcomes for many young people leaving care
- This is exacerbated for young people with a disability
- *Journeys of Exclusion* report 2006
  - Homelessness
  - Criminal justice system
  - Victims of crime, exploitation
  - Poor educational outcomes
  - Become parents themselves
Sobsey’s Ecological Model of abuse & disability  (Sobsey 1994)
Summary

- Children with disabilities have the same risks and issues around child protection as children without disabilities.
- What we know works for all children will also work for children with disabilities.
- However, there are factors that exacerbate risks for children with disabilities.
- Prevention of abuse and expressed need for out of home placement can be addressed through better family support.
- We need to be working with families earlier.
- This requires both disability and children’s services and researchers to collaborate to work through joint solutions.
- Need to strengthen evidence base for better practice.
Future Questions & Comments
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