



Children with disabilities receiving services from child welfare agencies in Manitoba¹

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Children with disabilities are at greater risk of maltreatment than children without disabilities. In addition, because these children are particularly vulnerable, they are more likely to require the support or protection of a child welfare agency than other children. The *Children with Disabilities Receiving Services from Child Welfare Agencies in Manitoba* study was conducted to create a profile of children with disabilities who were receiving services from child and family service agencies in Manitoba. The profile described 1,869 children with disabilities who were receiving services on September 1, 2004. The study looked at the nature of their disabilities and their care needs.

Children with disabilities were defined as children whose abilities to participate in age-appropriate activities of daily living were compromised by limitations in one or more areas of functioning, and who required adaptations to meet their unique needs. Children with developmental delay, congenital conditions, complex medical needs, chronic psychological or mental health concerns, Fetal Alcohol Spectrum Disorder (FASD), and/or learning difficulties are included in this definition, recognizing the role of personal and environmental factors in health. In this study, six main types of disabilities were examined: intellectual, mental health, physical, sensory, and learning.

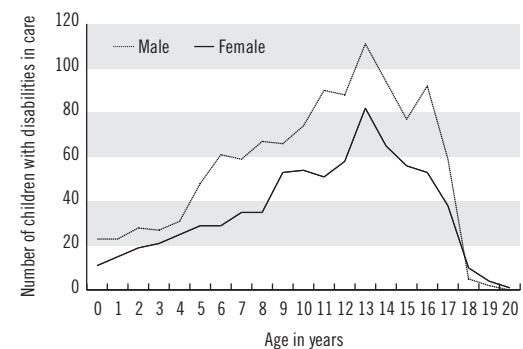
What is the profile of a child with disabilities in the Manitoba child welfare system?

Thirty-three percent of Manitoba's children in care had a disability and 58% of these children had multiple disabilities. Intellectual and mental health disabilities were most

frequent (75% of children had intellectual disabilities, 56% mental health, 22% medical, 18% physical, learning 6%, and sensory 5%). In children with multiple disabilities, the most common co-occurrence involved intellectual and mental health disabilities: 27.5% of children had both mental health and intellectual disabilities, and 96% of children with disabilities had a mental health disability, an intellectual disability, or both. Of those with mental health disabilities, 84% were prescribed medication.

Sixty percent of these children were boys and 40% were girls. Their ages ranged from 0–20 years, with a mean age of 10.5 years (see Figure 1). The higher proportion of boys was consistent across cultures of origin. First Nations children comprised 69% of children with disabilities, which is approximately the representation of First Nations children and youth in the Manitoba child welfare system.

Figure 1: Ages and gender of Manitoba children with disabilities in care



Source: Fuchs, D., Burnside, L., Marchenski, S. & Mudry, A. (2005).

Most of the children with disabilities came into care as a result of situations related to the characteristics or conduct of their parents, or their parents' inability to fulfill a parental role, rather than as a result of the

characteristics or conduct of the child. The majority (69%) were permanent wards, although 13% were in care under a Voluntary Placement Agreement.

Prenatal substance abuse was the origin of disability for 34.3% of the children with disabilities and was a suspected cause for an additional 17.3%. If suspected FASD is included, more than half of children in care with disabilities (51.5%) were disabled as a result of prenatal substance abuse.

The majority of the children in care with disabilities were not able to learn at an age-appropriate rate (63%) or to use language in an age-appropriate way (55%). Most of these children were not able to achieve age-appropriate dependability² (76%), emotional modulation (72%), interpersonal interaction (64%), or awareness of risk (59%). Aggressive behaviour was problematic for 43% of children with disabilities. Other problems associated with behaviour included sexually inappropriate behaviour (15%) and conflict with the law (11%).

To support functioning, 25% of children in the study needed assistance with the activities of daily living and 42% required medical support. The most frequently noted adaptive service was medication, which was provided for 48% of the children. Many organizations and agencies assisted in supporting children with disabilities. The greatest contributor was the education system, which provided additional support to more than 50% of the children with disabilities in care. Child and family service agencies were the second most frequent service providers, purchasing additional services and assistive devices for 19% of children with disabilities, most often for children with multiple disabilities. Some examples of these services and supplies include respite care, individual therapy, technical health aids, feeding devices and assistive devices such as wheelchairs, symbol boards, and hearing aids.

What are the implications for funding structures and service delivery?

The 33% rate of disability for children in care in Manitoba is considerably higher than the rate of disability for Manitoba as a whole (14.2%). It is much higher than the rate of disability for the general population of children in Canada, which varies between 1.6% and 4%.³ The extremely high rate of disability for children in care in Manitoba raises many questions. In part, it may reflect the increased rates of maltreatment experienced by children with disabilities. Children with disabilities have been reported to experience maltreatment at a

rate three times that of children with no disability.⁴ The high rate of disability for children in care may also indicate that funding structures and lack of intersectoral collaboration create many barriers for families who have children with disabilities, and that these children come into the child welfare system because of the lack of services in other health and social service sectors. For example, Aboriginal children with disabilities who live on reserves may not receive appropriate disability services because responsibility for First Nations people on reserves falls under federal jurisdiction, while disability services are provided by the province.

With one in three children in the child welfare system in Manitoba having at least one disability, and the majority of the children having two or more disabilities, social workers need to be aware of the different types of disabilities and the services available for them. In addition, they need to appreciate the additional stressors faced by families caring for a child with a disability, especially when the evidence indicates that many of these children require behavioural supervision. Children with disabilities who are in care have unique needs that require adaptations, personal supports and special services. To enable foster parents and other direct care providers to meet these needs, child welfare agencies should provide them with culturally appropriate family support and training programs to enhance their understanding of their foster child's disability and how it affects the child. This may include, for example, information on adaptations for children with multiple disabilities and strategies to help children who are coping with the behavioural aspects of disabilities, such as delayed functioning in one or more areas, lack of skill in foreseeing consequences and learning from previous experiences, and poor impulse control. Quality placements that can adequately meet the unique needs of these children is crucial, and supports for foster families, including well trained respite providers, are essential in order to prevent burnout and promote optimal development for children with disabilities.

Clearly defined protocols should be developed to increase collaboration between child welfare workers and disability workers. Child welfare workers need to become more knowledgeable of the resources and services that are available to children with disabilities so that they can make appropriate referrals. The role of prenatal substance abuse clearly indicates a need for Fetal Alcohol Spectrum Disorder prevention programs and services for children with FASD related disabilities.

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- 1 This information sheet is based on the report: Fuchs, D., Burnside, L., Marchenski, S & Mudry, A. (2005). *Children with disabilities receiving services from child welfare agencies in Manitoba*. Toronto, ON: Centre of Excellence for Child Welfare.
 - 2 Dependability was defined as age-appropriate ability to adhere to structure and expectations within home and/or school environments.
 - 3 Statistics Canada. (2002). A profile of disability in Canada, 2001. Ottawa, ON: Author.
 - 4 Sullivan, P.M. & Knutson, J.F. (2000). Maltreatment and disabilities: a population-based epidemiological study. *Child Abuse and Neglect*, 24, 1257–1274.

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Suggested citation: Gough, P. and Fuchs, D. (2006). Children with disabilities receiving services from child welfare agencies in Manitoba. CECW Information Sheet #32E. Toronto, ON: Faculty of Social Work, University of Toronto.

The Centre of Excellence for Child Welfare (CECW) is one of the Centres of Excellence for Children's Well-Being funded by Health Canada. The CECW is also funded by Canadian Institutes of Health Research and Bell Canada. The views expressed herein do not necessarily represent the official policy of the CECW's funders.



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