

CHAPTER FOUR

University-Government Partnerships for Examining Issues Relating to Children with Disabilities Coming in the Care of Mandated Child Welfare Agencies

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Community partnership comments by *Linda Burnside*

INTRODUCTION

There is a growing awareness that children with disabilities are over-represented among those children who are reported for child abuse and neglect, and among those who are in the care of child welfare agencies (Fudge Schormans and Brown 2006; Sullivan and Knutson 2000). There is also increasing evidence that the numbers of children in care with disabilities are continuing to grow at a significant rate (Fuchs et al. 2007a). Such overrepresentation may occur because of common risk factors for maltreatment such as poverty, substance misuse, social isolation, and stress increase if a child has a disability (Krahn et al. 2000). In addition, factors such as the child's need for long-term care, inadequate supports, parent and child characteristics, and some differences between parents' and professionals' understanding of the nature of the child's disability, contribute significantly to the risk of maltreatment for children with disabilities (Fuchs et al. 2007a). Whatever the reasons, the overrepresentation of children with disabilities in cases of abuse and neglect is a critical issue in child welfare because such children are particularly vulnerable.

From the perspective of service provision, meeting the needs of children with disabilities in care creates significant challenges for child welfare agencies. Because of additional risk factors associated with disability,

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these already vulnerable children have a greater potential than other children for requiring the support or protection of a child welfare agency. In Manitoba, it has been shown that one-third of children in care fall within a broad definition of disability (Fuchs et al. 2005). Significantly, 17% (963) of children in care were affected by a particular disability: diagnosed or suspected Fetal Alcohol Spectrum Disorder (FASD) (Fuchs et al. 2007b). Furthermore, many of these children continue to be involved with the child welfare system, not because of ongoing risk of maltreatment, but because they have high care demands as a result of their disabilities, and communities and services are unable to fully meet their needs or the needs of their families (Cooke and Standen 2002; Fuchs et al. 2007b). The capacity of the child welfare system to respond to the service needs of this growing number of children has become strained, particularly in light of the unique needs associated with having a child with disabilities in the family (Krahn et al. 2000). This is a serious social and economic concern (Sullivan and Knutson 2000).

Despite increased recognition of these issues, there has been little research aimed at developing a better understanding of the scope of the issue and the characteristics of the children requiring services (Horner-Johnson and Drum 2006). This chapter begins to address this knowledge gap. More specifically, this chapter will present a profile of children with disabilities in care in Manitoba that describes the number and distribution of children with disabilities in care, as well as the nature of their disabilities, their care needs, and the services provided. The full results of this research are report in *Children with Disabilities, Receiving Services from Child Welfare Agencies in Manitoba* (Fuchs, Burnside, Marchenski, & Mudry, 2005). A full list of publications arising from this study is provided at the end of the chapter.

This research would not have been possible without the collaboration of an innovative research-practice partnership among university researchers, government officials, and the community service organizations. This chapter discusses the nature, challenges, and benefits of this unique collaborative research-practice partnership that were factors that helped achieve the successful completion of this research. Finally, this chapter draws on its experience with these partnerships to outline some ways to develop innovative partnerships, and to suggest directions for further research.

RESEARCH SUMMARY

Research Design

The researchers used a broad cross-disabilities approach and the World Health Organization's (WHO) definition of disabilities, which includes developmental delay, physical disabilities, and other disability disorders, with a particular emphasis on FASD (World Health Organization 2002).

There has been a dearth of research in the area of children in care and disabilities and, as a consequence, there is limited research knowledge available. When the project was initiated there was no existing information, such as numbers of children with disabilities in care in Manitoba, on which to base any hypotheses, and thus there was a need to develop a descriptive profile of children with disabilities who were involved with child welfare agencies in Manitoba. For these reasons, the researchers used an exploratory and descriptive research design.

The initial tasks included: the development of a definition of disability; the identification of the data sources; the creation of a data collection instrument; the design of a data collection process; and the pretesting and refining of the definition, instrument, and process. These initial tasks were informed by a conceptual framework that was developed for the project and stands as one of the first products of the study (Fuchs et al. 2005).

The conceptual framework developed for this research attempted to incorporate the elements of the ecological or biopsychosocial model of disability (Fuchs et al. 2005). This meant it needed to include body components, the person as a whole, and the environment. The framework situated the child as a whole (represented by their functioning) within the family, and subject to the influences of their internal characteristics of assets and impairments and external environmental factors. The environmental factors identified as relevant to this research were adaptive services and service providers. Disability was conceptualized as one of the factors impacting the functioning of a child and his/her family. Functioning was also influenced by adaptive services; our view of disability and functioning included physical, medical, sensory, intellectual, and mental health components. Adaptive services also comprised several elements: medical, mechanical, technical, and personal support. This conceptual framework became the structural matrix for identifying, describing, and analyzing children with a disability (Fuchs et al. 2005).

Definition of Disability

Research on children with disabilities can become mired in defining disability. Consequently, the definition of disability was a critical first task in the development of this project. It was important that the definition met three criteria:

- *Broad.* It needed to capture a wide enough sample to provide as much information as possible (i.e., present the “big picture”).
- *Concise.* It needed to be easily interpreted and consistently understood by a variety of workers and agencies.
- *Relevant.* It needed to recognize current thinking in the field of disability so that results were meaningful and comparable to existing and future research studies.

The definition that was developed was an attempt not to classify children but to describe their health in the context of personal and environmental factors.

For the purposes of this study, a child with a disability is defined as any child whose ability to participate in age-appropriate activities of daily living is compromised by limitations in one or more of the following areas of functioning: physical (including chronic medical), sensory perceptual, cognitive/intellectual, or mental health (Fuchs et al. 2005, 19). This definition includes children with congenital conditions (e.g. spina bifida, Down syndrome) as well as children who have experienced life changing illness or injury. It includes children with complex medical needs and those with chronic psychological or mental health concerns. It also includes children with FASD and children with significant learning disabilities.

Research Methods

Development of instrument

The researchers worked closely with the staff responsible for the Provincial Government Child and Family Services Information System (CFSIS) to determine which data could be retrieved from the information system. It soon became apparent that it would not be possible to get the data relating to children with disabilities from the CFSIS, and thus it became necessary to develop a data collection tool unique to this research.

Two factors shaped the development of the data collection tool: the conceptual framework of disability that was adopted by the project, and the existing child welfare information gathering system. Because the

researchers relied entirely on information that could be found in the agency files, it was important that the tool be designed to collect information that was likely to be available. To this end, all of the information sources that were currently in the provincial Child and Family Services (CFS) database were reviewed. This investigation resulted in the decision to limit the research project by excluding financial information.

Knowing what information would likely be available, the task then was to design the tool so that information could be gathered related to the domains outlined within the conceptual framework established for the study. Table 1 shows how the definition of disability was operationalized based on the available data. The data collection instrument was constructed based on the categories outlined in the operational definition in Table 1. As indicated, data was gathered on the nature of the disability (or disabilities) and its associated impact on physical, medical, sensory, intellectual, or mental health. Where indicated, the origin of the condition was also noted. The tool further gathered information on the child's current functioning physically, medically, intellectually, and behaviourally. In addition, the nature of the adaptive services provided included medical, mechanical, technical, and/or personal supports, and their source of each support was recorded. Finally, basic demographic information was also gathered.

Table 4.1. Components of Factors Related to Functioning

Factor	Component	
Origin of Disability	<ul style="list-style-type: none"> • Genetic • Medical 	<ul style="list-style-type: none"> • Injury • Substance abuse
Nature of Disability	<ul style="list-style-type: none"> • Physical • Medical • Sensory perceptual 	<ul style="list-style-type: none"> • Cognitive intellectual • Mental health
Functioning and Service Needs	<ul style="list-style-type: none"> • Physical • Medical • Sensory perceptual 	<ul style="list-style-type: none"> • Cognitive intellectual • Mental health • Behavioural
Adaptive Services	<ul style="list-style-type: none"> • Medical • Mechanical 	<ul style="list-style-type: none"> • Technical • Support
Service providers	<ul style="list-style-type: none"> • Government • Non-government 	

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Items included in the tool were derived and/or adapted from a variety of sources. Categories used for placement, reasons for care, culture of origin, and culturally appropriate authority were taken directly from the CFSIS. Construction of the items relating to the nature of functioning was informed by a review of items in the *International Classification of Functioning (ICF)* (World Health Organization 2002), by the assessment tool *Looking after Children* (Flynn and Ghazal 2002), and Matheson's description of conceptual factors from the *Functional Assessment Taxonomy (FAT)* (Gaudino, Matheson, and Mael 2001). The data collected from the files were transferred into an electronic format and were entered in the CFSIS to track children with disabilities involved with the child welfare system in Manitoba on a continuous basis. The establishment of this database set the stage for an ongoing collaborative research-practice partnership that has generated two other studies and provided the potential for more studies of children with disabilities receiving services from the child and family service agencies in Manitoba.

Data Collection Process

Data collection began in October 2004 and concluded on June 3rd, 2005. It had been the intent of the researchers to include every agency in Manitoba, but this was not fully possible. In total, the files at 45 office sites for 21 agencies were reviewed. These files represented 5,088 children in care – 90% of the children who were listed in the CFSIS system on September 1st, 2004. Of these files, 2,381 were identified as children with disabilities in care, and 2,300 of those were reviewed. The 81 that were not reviewed were unavailable for a variety of reasons. Of the 2,300 files reviewed, it was determined that 1,869 had a disability diagnosis by a professional in a position qualified to make the appropriate diagnosis.

The researchers gathered the data directly from the children in care files using the data collection instrument constructed by the researchers. The data were then coded. To ensure consistency and accuracy in coding, only two individuals were involved in coding of the data and the research team met regularly to review and check the accuracy of the coding and transcription process. The data were then entered into *Statistical Package for the Social Sciences (SPSS) 14.0* files and analyzed using SPSS.

Results: Profiles of Children in Care with Disabilities

One-third (n=1,869) of children in care in Manitoba on September 1, 2004 were found to have a disability. The children ranged in age from 0-20 years with a mean of 10.5 years. Boys accounted for 60% and girls for

40% of the children with disabilities in care. The higher proportion of boys was consistent with gender proportions in most types of disability. The number of children with disabilities increased with age until age 13, when the numbers of both boys and girls began to decline. First Nations children comprised just over two-thirds (68.7%) of children with disabilities in care. Their representation within the disability population approximated their representation in the overall children-in-care population. Most children with disabilities were permanent wards (69%), but a significant proportion (13%) was in care under a Voluntary Placement Agreement (VPA). The proportion of permanent wards was somewhat greater among First Nations children. A comparison of the demographics of children with disabilities and the general population of children in care revealed that children with disabilities were more often older, male, and permanent wards than children without disabilities (Fuchs et al. 2005).

The most frequently cited reasons for children with disabilities coming into care were related to the conduct or condition of their parents. Children in care under a VPA were the exception. Approximately half of those children were in care for reasons related to the conduct or condition of the child. Of the total population of children in care with disabilities, most children (75%) were placed in foster homes, and only 2% required hospital or residential care at the time of data collection. The proportion of children requiring more intensive care was greater among those under a VPA (41%) than among those who were permanent wards (16%).

Disabilities were grouped into six main categories: intellectual, mental health, medical, physical, sensory, and learning. The most commonly occurring disabilities were intellectual (75.1%, 1,403 of the children with disabilities), and mental health (45.8%, 1,039). More than half of the children had more than one type of disability (58.1%, 1,085) and, not surprisingly, the most common combination of disabilities was intellectual and mental health. FASD was diagnosed in one-third of children with disabilities (34.2%, 640) or 11% of all children in care (Fuchs et al. 2007b). Children with a mental health diagnosis (95%, 816) were almost always given a diagnosis that fell in the Attention-Deficit/Disruptive Behaviour Disorders group. Attention-Deficit Disorders were the most frequently diagnosed (73%, 620). FASD and ADHD were co-morbid (occurred together) in 39.1% of children with an FASD diagnosis. The remaining disability types affected smaller proportions of children with disabilities: medical disabilities (22%, 419), physical disabilities (18%, 334), sensory disabilities (5%, 43), and diagnosed

learning disabilities (3%, 57). The majority of disabilities resulted from an unknown cause. However, substance abuse was reported as the origin of disability for 34.3% (641) of the disability population and was a suspected cause for an additional 17.3% (321) of those children.

To support functioning, 25.1% (469) of the children needed assistance with the activities of daily living and 42.2% (805) required medical care. The majority of children were not age-appropriate in language (55.1%, 1,030) or learning (62.8%, 1,174). Of those with mental health disabilities, 84.4% (893) received medication. Most children with disabilities were not able to achieve age-appropriate behaviour in dependability (76.4%, 1,428), emotional modulation (72%, 1,364), interpersonal interaction (64.4%, 1,204), or awareness of risk (58.6%, 1,095). Aggressive behaviour was problematic for 43% of children with disabilities. Other problem behaviours included sexually inappropriate behaviour (15.7%, 294), and conflict with the law (11.3%, 212).

The most frequently noted adaptive service was medication, which was provided for 47.8% (893) of children. Children with multiple disabilities were the most frequent recipients of services. Many organizations and agencies outside of CFS assisted in supporting children with disabilities. The greatest contributor was the education system, which provided some form of additional support to more than 50% (948) of children. By purchasing extra services for 18.5% (346) of children with disabilities, CFS became the second most frequent additional service provider.

In summary, the study found that approximately one-third of Manitoba's children in care have a disability, and that most of these children have multiple disabilities. Children tended to be in the middle years of childhood, with males more likely than females to have a disability. The culture of origin of children with disabilities was reflective of the general population of children in care, where children of Aboriginal ancestry are overrepresented. Most children were permanent wards, and the majority of children in care with a disability were placed in foster homes. Intellectual disability was the most frequently found disability, followed by mental health disabilities. However, it is important to note that there were substantially higher numbers of Aboriginal children with all types of disabilities in care. The First Nations group had the highest percentage of children with intellectual disabilities and the lowest percentage of children affected by mental health disabilities. In the non-Aboriginal group, the opposite was true. Slightly more than one-third of children with disabilities had FASD; this rose to slightly more than half when suspected FASD was included. In most cases, children

had co-occurring disabilities, with intellectual disability and mental health problems being the most frequently noted combination (e.g., FASD and ADHD). Substance abuse was responsible for disabilities in approximately one-third of the children.

Major Implications of the Study Results

The data indicated that many children with disabilities and their families are not receiving, from the child welfare system or from other service sectors, the services necessary to meet their needs. This study has demonstrated that children with disabilities are a significant proportion of the children in care in the Province of Manitoba. Children with disabilities in care received services in and through the child welfare system. The child welfare system is not currently structured in a manner to serve children with disabilities and their families.

The large number of families and children with disabilities coming to the child welfare system creates increasing social and economic costs that must be addressed (Fuchs et al. 2005). There is a need for greater understanding, sensitivity, and awareness within the child welfare system to more effectively address the issues and needs of families and children with disabilities.

PARTNERSHIP: VIEW OF THE AUTHOR-RESEARCHER

This section presents a discussion of the nature of the partnerships that were formed to accomplish this research, the challenges that these partnerships faced, and the advantages of having conducted the research within the partnerships described.

Nature of the Partnership

There were three levels of partnerships in this research project. The Level 1 partnership included the co-principle investigators and the research associates. Level 2 included a research technical advisory committee, and Level 3 included a broad consultation committee made up of representatives from the CFS Authorities and other key stakeholders (Fuchs et al. 2005).

In Level 1, the primary partners were the Faculty of Social Work at the University of Manitoba, the Child Protection Branch of the Government of Manitoba Department of Family Services and Housing, and the project research associate under the endorsement of

the Prairie Child Welfare Consortium. The Level 1 partnership group was responsible for the day-to-day implementation and administration of the project. Funding was provided by the Public Health Agency of Canada through the Centre of Excellence for Child Welfare (CECW). At this level of partnership, the Child Protection Branch staff of the Manitoba Department of Family Services and Housing was involved in assisting with the development of the data collection tool, in locating data sources, and providing assistance in the data collection process. The staff also assisted with the interpretation of the study results.

The Level 2 partnership was a research technical advisory committee made up of key stakeholder representatives of various government departments and constituent groups whose mandates included policy planning, and monitoring of children's mental health and disability policy and programs. The Advisory Committee was both interdisciplinary and intersectoral. It included representatives of the Child Protection Branch of Manitoba Family Services and Housing Policy and Planning, and of the Children Special Services Division, representatives from the provincial Healthy Child Initiative, representatives of the Health Policy Research Unit of the Community Health Sciences, as well as representatives from various units within Family Services and Housing involved in program monitoring, policy analysis, and information system development. The committee members assisted in the identification and location of various data sources. They provided advice on the data collection instrument and procedures, and assisted in interpreting the results.

Level 3 of partnership took the form of consultations with the Standing Committee of the new CFS Authorities. The consultations with the Standing Committee of the Authorities provided a connection to direct practice. Because of the major restructuring of the child welfare system in Manitoba, the researchers decided to form linkages with the practice networks by connecting with the new CFS Authorities.

During the period of study, and as part of this restructuring, the Manitoba Government began implementation of a service model based on four Authorities. The four Authorities are: the First Nations Southern Authority, the First Nations Northern Authority, the General Authority, and the Métis Authority. Each of these four Authorities represents a number of agencies. The First Nations Southern Authority has seven agencies, the First Nations Northern Authority has five agencies, and the General Authority is made up of nine agencies. The Métis Authority is the exception—it has one agency with sub-offices throughout the

province. All Authorities and agencies were approached for inclusion in the research project.

The connections to the four major Authorities assisted the researchers in gaining access to the file data on children in care with disabilities. The Provincial Child Welfare System was in transition and files were being reassigned to their culturally appropriate Authority of service. To enlist the support of the four CFS Authorities, members of the research team attended a meeting of the Standing Committee and presented information about the project, explained what would be required of CFS agency staff, and responded to questions. The members of the Standing Committee appreciated the usefulness of the information to be collected in the study and endorsed the participation of the agencies within their Authority. Initial information describing the project was forwarded from the Authorities to their constituent agencies.

With the support of the Authorities, agencies were contacted and data collection began. Our initial approach to the many agencies required a full explanation of the project, its intent, and the extent to which agency workers would be required to assist. With very few exceptions, agencies were interested in being involved in a project looking at children with disabilities. It was important to the CFS agencies that the required involvement of agency staff was limited to a short period of time because of their high workload demands.

In addition, the Standing Committee of the Authorities had input at different times in the research process. The members identified areas that they might want to focus on concerning children with disabilities and the child welfare system. They reviewed some of the preliminary pretest data to suggest additional direction to the data collection process. Finally, the Authorities reviewed the preliminary results and suggested areas for further analysis that would be useful for them, and provided some significant input on the implications of the results for decision makers and other key project stakeholders.

Although there were three distinct levels of partnership, there were many individuals who participated in more than one level. This strengthened the research practice partnership and increased the levels of information sharing and collaboration among the different levels of partnership. In addition, these interlocking memberships of the partnership groups assisted the researchers with day-to-day problem solving throughout the research processes.

Challenges

There were many challenges in conducting this research. The three levels of collaborative partnerships assisted in addressing the significant challenges presented. One of the major challenges faced by the study was the fact that Manitoba's child welfare system was in the middle of major restructuring as part of the Aboriginal Justice Inquiry Child Welfare Initiative (AJI-CWI). This system was being restructured to facilitate the provision of more culturally appropriate services, away from full dependency on mainstream agencies and toward greater dependency on First Nations and Métis agencies. At the time of the study, the four new Authorities described above were being established, and all child welfare cases were being devolved to one of the four new Authorities. The timetable for the devolution of cases to their chosen Authority of service presented major challenges for the scheduling of the data collection process. Some agencies had completed file transfers at the time of data collection, but others had not. Locating file data, obtaining approvals for access to files, carrying out the logistics of travel, and connecting with staff were major challenges.

In addition, distance was a major problem in accessing files that were often in rural and remote areas. An added complication was that project staff found a great deal of variation of practice from one agency to another. Thus, the project staff travelled to the agency's main office and, in some cases, to their outreach office as well to gather full data using the tool designed for the project. The collaboration that resulted from the third level of partnership enabled the researchers to locate files in remote communities and assisted in connecting researchers to workers in the remote sites.

There were many challenges in identifying data sources relating to children with disabilities. Records relating to the nature, origin, function, and adaptive services for children in care with disability were quite fragmented, and the members of the different advisory committees proved to be an invaluable resource for the development of the data collection instrument and the data collection process.

In spite of the many challenges, the research partnership functioned very effectively in this project. One of the most important factors in the success of this partnership was the strong working relationship between the university researchers and government staff. It is important here to acknowledge the significant contribution of Linda Burnside, the Government of Manitoba representative and a co-principle investigator (a Ph.D. Candidate at the time of the study). Her interest, background,

research skills, and personal commitment were essential elements in building and sustaining the government-university partnership.

Benefits

This research would not have been possible without the collaborative partnerships that were developed to implement the study. The two primary partners, the Faculty of Social Work at the University of Manitoba and the Child Protection Branch of the Manitoba Family Services and Housing, brought many different but essential resources to the study. Each undertook different, but complimentary, tasks and roles in implementing the study. The study built on the partners' mutual interest in children with disabilities receiving services in the child welfare system. The Child Protection Branch brought technical and practice expertise relating to children with disabilities, brokered access to the CFS agencies throughout the province, and helped in case identification. The university brought staff with research expertise and technology to help with research design, and to gather the data. Funding was made available through the Centres of Excellence in Child Welfare. The Staff of the Child Protection Branch and of other divisions of Manitoba Family Services and Housing, as well as the staff of the four Authorities, assisted with the design of the data collection instrument and data collection procedures. In addition, they assisted with the interpretation of the results and examination of their implications.

Gathering the data for this research was time consuming and labour intensive. It necessitated travelling throughout the province to agencies and outreach offices, and manually reviewing thousands of files. The information that was gathered in this study has been entered into the updated CFSIS system. This has made more detailed analyses of the data from this study and other subsequent studies possible. Also, it has established a baseline for future comparative research.

The incorporation of the research tool into the existing CFSIS is a concrete outcome of this research project and the practical partnerships that emerged out of this research initiative. As a result of the study, this information is now available simply by requesting summary reports from CFSIS. All of the items on the data collection instrument developed for this study have been incorporated into the CFSIS system. The amended CFSIS system will require workers to identify and describe children with disabilities. The changes to the system will allow more detailed assessment of service delivery and service delivery over time.

This has and will continue to assist in identifying gaps and evaluating the effectiveness of services.

Conclusion

This research has begun to address a significant gap in the knowledge relating to children with disabilities in care. It also has demonstrated the importance of research related to children with disabilities and child welfare. There is a great need for continued research to inform policy makers, planners, and service providers. Ensuring that professionals are knowledgeable and that services are available is of utmost importance for the promotion of the safety, accessibility, and social inclusion of families and children with disabilities.

In addition, this initiative has established new forms of collaborative partnerships that can be built on for further research in this area. This initial research has created a dataset for further research on children with disabilities in care. It has built the infrastructure for ongoing research in the area of children with disabilities. More specifically, the CFSIS system has been adapted to enable continuing research in this area. The partnerships have continued and new collaborative research initiatives have and will continue to emerge as the partners continue to track children in care with FASD and other disabilities. Further partnerships could be developed for looking at the experiences of children with disabilities while in care, the factors that have brought them into care, and the issues these children face as they transition out of care to the adult health and social service sectors. The initial partnerships have set the stage for ongoing collaboration with the Manitoba Health Policy Research Centre for research using interlocking databases in Health, Education, and Social Services.

The partnerships developed in this study provide an important model for research practice partnerships in other child and family service jurisdictions. In addition, they illustrate how collaborative research practice partnerships can more effectively use administrative databases for research on needs assessment, and on policy and program implementation and outcomes. They also illustrate how research partnerships can be used to assist in the development of training programs and resources. Finally, these partnerships can be replicated in other provinces and could be used to develop much needed interprovincial comparative data on the needs of children with disabilities and the child welfare system.

This research provides a significant knowledge contribution to the future examination of policies, practices, funding models, and training

needs of child welfare practitioners. Most importantly, it creates a baseline database resource for future research with children with disabilities receiving service from the child welfare system—an area where there has often been a gap in child welfare research, and an area where there is a great need for evidence-based approaches to the development and provision of services.

**PARTNERSHIP:
A PRACTITIONER'S POINT OF VIEW**

Linda Burnside

Social services such as Manitoba's CFS system are built on the principle of partnership. Without strong working relationships throughout the community, child welfare agencies could not reasonably perform their mandate to strengthen families and ensure the safety and well-being of children. The tenets of partnership are articulated throughout child welfare legislation, and in Manitoba are fundamental to the new service structure implemented under the Aboriginal Justice Inquiry—Child Welfare Initiative (AJI-CWI).

Partnership is at the heart of the structures that supported the development and completion of the research project described in this chapter. The Prairie Child Welfare Consortium (PCWC) established a unique model of collaboration, bringing together faculties of social work and government child welfare ministries in the prairie provinces who shared an interest in research, education/training, policy development, and service delivery in child protection. This forum, with the support of the Public Health Agency of Canada and the Centre of Excellence for Child Welfare, provided the mechanism and impetus to formalize our common interests and, for the Faculty of Social Work at the University of Manitoba and the Child Protection Branch of Manitoba's Department of Family Services and Housing, to initiate the first of what has evolved into a series of research collaborations since 2004.

As my co-principal investigator Don Fuchs has described, partnership was required at several levels in order to accomplish this research. While the structures of partnership, such as those afforded by the PCWC and the CFS system, can support joint research projects such as this, it must be recognized that partnership is also about the relationships that are formed along the way. Without these relationships, which are the spirit

and essence of partnership, collaborative efforts may not achieve quality outcomes that are practical or useful to the partners or to others.

This research project was successful because of the many individuals who demonstrated the spirit and essence of partnership throughout its duration. These individuals include the leaders of the CFS Authorities and the staff at all levels of child welfare agencies throughout the province. It is especially remarkable and commendable that these qualities were present at a time of considerable transition for the Manitoba CFS system. Often, it is during such periods of change and stress that partnerships are tested and may falter. In this case, our experience has strengthened our commitment to working together to better understand the needs of children and families, and to support the valuable services that are provided every day in child welfare agencies in Manitoba.

We recognize that partnerships between researchers and government or community bodies can be fraught with challenges. Often, players come to the partnership with different perspectives and goals. Government partners, cognizant of service system priorities, need critical information to inform service delivery, policy, or funding purposes, and they need it now. Researchers skilled in the application of sound research practice must ensure that the collection and analysis of data is conducted in such a way as to provide results that are both accurate and meaningful. Integrating these potentially opposing objectives requires open communication and a willingness to appreciate the expertise possessed by each partner. Our experience has shown how attention to the quality of the working relationships between partners can aid in navigating these inherent differences.

In addition to the powerful relationships forged, this project resulted in two practical (and critical) outcomes for Manitoba's child welfare system. First, the research provided a comprehensive description of the nature and scope of disabilities affecting children in care, which can assist in planning for the service and care needs of these vulnerable children at a case level, agency/Authority level, and provincial level. Second, the incorporation of our data collection tool into the CFSIS creates the opportunity to track disabilities of children who require child welfare services in the future, allowing for the identification of trends and better strategic planning.

Speaking of the spirit and essence of partnership, Don and I must acknowledge our conscientious research partners, Shelagh Marchenski and Andria Mudry, who personified these qualities in all their dealings with the child welfare agencies and our collaterals throughout this project.

Their contributions to this project and its network of partnerships were invaluable to its ultimate success.

OTHER PUBLICATIONS ARISING FROM THE STUDY REPORTED IN THIS CHAPTER

- Fuchs, D., and L. Burnside. 2006. Children with disabilities involved with child welfare. *World Forum 2006: Future Directions in Child Welfare*, Vancouver, BC, November.
- Fuchs, D., and L. Burnside. 2008. The development of an economic impact model for FASD building on strengths: Stone by stone. *International Conference on FASD*, Banff, Alberta, May 21-24.
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